



OFFICE OF THE GOVERNOR
GUAM

MAY 26 2000

The Honorable Joanne M. S. Brown
Legislative Secretary
I Mina'Bente Singko na Liheslaturan Guåhan
Twenty-Fifth Guam Legislature
Suite 200
130 Aspinal Street
Hagåtña, Guam 96910


Dear Legislative Secretary Brown:

Enclosed please find Substitute Bill No. 399 (COR), "AN ACT *ADD* CHAPTER 93 TO DIVISION 4, PART 2 OF TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO CREATING THE GUAM SYSTEM OF CARE COUNCIL FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE, AND TO APPROPRIATE \$75,000.00 FOR SUCH PURPOSE", which I have signed into law today as **Public Law No. 25-141**.

This legislation creates a council that would prepare a comprehensive mental health policy addressing the needs of severely emotionally disturbed children and their families. The council will focus on coordinating services, developing plans, and getting technical assistance. The council will consist of nine consumer representatives, and also representatives from the Department of Education, Department of Public Health and Social Services, Department of Mental Health and Substance Abuse, Department of Integrated Services for Individuals with Developmental Disabilities, Department of Youth Affairs, Guam Legal Services Corporation, the University of Guam Affiliated Program, and the Department of Law.

There is an appropriation in this legislation from the Tobacco Settlement Act, Health and Human Services Fund.

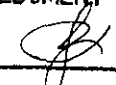
Very truly yours,


Madeleine Z. Bordallo
I Maga'Lahen Guåhan, Akto
Acting Governor of Guam

Attachment: copy attached for signed bill or overridden bill
original attached for vetoed bill

cc: The Honorable Antonio R. Unpingco
Speaker

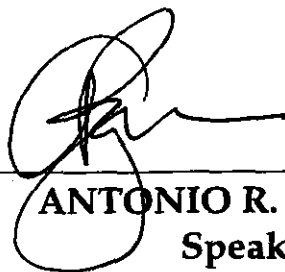
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OFFICE OF THE LEGISLATIVE SECRETARY	
ACKNOWLEDGMENT RECEIPT	
Received By	
Time	10:20 am
Date	5/30/00


MINA'BENTE SINGKO NA LIHESLATURAN GUAHAN
2000 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUAHAN

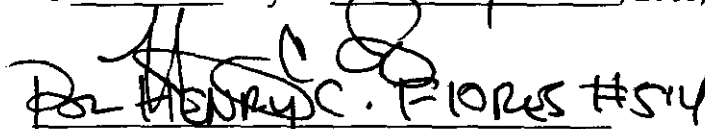
This is to certify that Substitute Bill No. 399 (COR) "AN ACT TO ADD CHAPTER 93 TO DIVISION 4, PART 2 OF TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO CREATING THE GUAM SYSTEM OF CARE COUNCIL FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE, AND TO APPROPRIATE \$75,000.00 FOR SUCH PURPOSE," was on the 11th day of May 2000, duly and regularly passed.



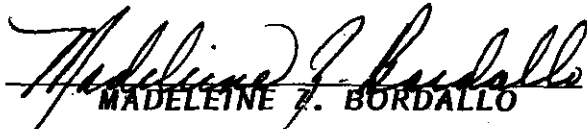
ANTONIO R. UNPINGCO
Speaker

Attested.

JOANNE M.S. BROWN
Senator and Legislative Secretary

This Act was received by I Maga'láhen Guahan this 16TH day of MAY, 2000,
at 5:14 o'clock P. .M.



HENRY C. FLORES #514
Assistant Staff Officer
Maga'láhi's Office

APPROVED:

MADELEINE Z. BORDALLO
I Maga'láhen Guahan, Akto

Date: 5/26/2000

Public Law No. 25-141



MINA' BENTE SINGKO NA LIHESLATURAN GUÅHAN
TWENTY-FIFTH GUAM LEGISLATURE
155 Hesler Street, Hagåtña, Guam 96910

May 16, 2000

The Honorable Carl T.C. Gutierrez
I Maga'lahaen Guåhan
Ufisinan I Maga'lahi
Hagåtña, Guam 96910

Dear Maga'lahi Gutierrez:

Transmitted herewith is Substitute Bill No. 399(COR), which was passed by *I Mina' Bente Singko Na Liheslaturan Guåhan* on May 11, 2000.

Sincerely,

JOANNE M.S. BROWN
Senator and Legislative Secretary

Enclosure (1)

FOR HENRY C. FLORES #574

MINA'BENTE SINGKO NA LIHESLATURAN GUÅHAN
2000 (SECOND) Regular Session

Bill No. 399 (COR)

As substituted by the Committee on
Health, Human Services and
Chamorro Heritage and further
amended by the Author and on the Floor.

Introduced by:

S. A. Sanchez, II
C. A. Leon Guerrero
A. C. Lamorena, V
L. F. Kasperbauer
F. B. Aguon, Jr.
E. C. Bermudes
A. C. Blaz
J. M.S. Brown
E. B. Calvo
M. G. Camacho
Mark Forbes
K. S. Moylan
V. C. Pangelinan
J. C. Salas
A. R. Unpingco

**AN ACT TO ADD CHAPTER 93 TO DIVISION 4,
PART 2 OF TITLE 10 OF THE GUAM CODE
ANNOTATED, RELATIVE TO CREATING THE
GUAM SYSTEM OF CARE COUNCIL FOR
CHILDREN WITH SERIOUS EMOTIONAL
DISTURBANCE, AND TO APPROPRIATE \$75,000.00
FOR SUCH PURPOSE.**

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

2 **Section 1.** Chapter 93 is hereby *added* to Division 4, Part 2 of Title 10 of
3 the Guam Code Annotated to read as follows:

4 **"CHAPTER 93.**

5 **GUAM SYSTEM OF CARE COUNCIL FOR CHILDREN WITH SERIOUS**
6 **EMOTIONAL DISTURBANCE.**

7 **Section 93100. Legislative Findings.** It is estimated that twelve
8 percent (12%) of children in the United States have emotional
9 disturbances. Existing research concludes that a conservative estimate of
10 children with serious emotional disturbances is five percent (5%), or
11 about three (3) million. It is also estimated that two-thirds of the
12 seriously disturbed children in the U.S. are *not* getting the services they
13 need.

14 While there is no aggregate data regarding Guam's children with
15 serious emotional disturbance, based on established national prevalence
16 rates, it is a safe assumption that at least five percent (5%) of
17 approximately forty-five thousand (45,000) school-age children on
18 Guam, or about two thousand two hundred fifty (2,250) children on
19 Guam have serious emotional disturbances.

20 The Community of Guam has exerted a sustained effort at trying
21 to serve children with emotional disabilities. Efforts over the past
22 twenty-five (25) years demonstrate a clear desire to serve these children
23 and their families. Guam, *however*, has experienced limited success.

1 This is reflective of a failure to place the child and family at the center of
2 efforts, and also is due to the lack of a coordinated plan.

3 In 1994, the Child and Adolescent Services Division ("CASD") of
4 the Department of Mental Health and Substance Abuse was established
5 to consolidate and improve mental health services for children,
6 adolescents and their families. Other individuals and organizations
7 providing services include the government departments of Youth
8 Affairs, Public Health and Social Services, Education, and Integrated
9 Services for Individuals with Disabilities, the Superior Court of Guam
10 through its counseling division, the Navy and Air Force Family
11 Advocacy Centers, *and* private non-profits and professionals in private
12 practice providing mental health services to children and families.

13 Funding of services is a concern. Guam is experiencing economic
14 retraction for the sixth year. Government resources are limited. Guam
15 continues to appropriate money to the Residential Treatment Fund to
16 support evaluation, therapy, residential care and related services for
17 emotionally disturbed children. This particular money could be made
18 more "flexible" to meet individual needs of children and their families.

19 Guam does *not* have a comprehensive mental health policy
20 addressing needs of children and families. In the past, and still today,
21 children are often placed into residential treatment outside of Guam.
22 Guam's children with serious emotional disturbances and their families
23 should be served in as normal an environment as possible. Guam must
24 work to facilitate the return of these children and to maintain as many
25 children as possible on Guam, in their own homes and/or community,

1 by providing a range of family-focused and community-based services
2 and supports. These services and supports should be part of one
3 comprehensive and coordinated system of care.

4 It is therefore the intention of *I Liheslaturan Guåhan* to establish a
5 "Guam System of Care Council" to develop a strategic plan to foster
6 collaboration among families, public and private service providers, and
7 other stakeholders towards the establishment of a system of care for
8 children with, and at risk for, serious emotional disturbances on Guam.

9 **Section 93101. Policy.** On Guam, a child with, or at risk of, a
10 serious emotional disturbance shall be provided access to a
11 comprehensive system of care tailored to meet the child's unique needs.
12 The system of care shall be child-centered and family-focused; culturally
13 competent; and non-discriminatory. The system also shall provide
14 services in the child's own community to the maximum degree possible
15 with available and appropriate resources, or else off-Island until such
16 services are available on Guam and shall provide services in the *least*
17 restrictive setting.

18 Guam's comprehensive system of care shall be integrated,
19 coordinated and shall promote an active partnership between the child,
20 the child's family and all service providers. The system shall be guided
21 by the following principles: collaboration; a full and flexible array of
22 services; a proactive approach; systematic and periodic evaluation and
23 accountability; *and* comprehensive training for all stakeholders and
24 providers.

25 GUIDING PRINCIPLES.

1 **Collaboration.**

2 Guam’s system of care shall promote partnerships between the
3 child, family and service providers from the initiation of services and
4 thereafter. The partnerships with the child and family necessarily require
5 effective collaboration with the child and family among and between
6 public and private providers of services, and with other appropriate
7 stakeholders in the community. In meeting the needs of the child and
8 family, collaboration shall promote:

- 9 a. availability and provision of all necessary services and
10 supports to the child and that child’s family;
- 11 b. smooth transitions among and between services,
12 including transition to adult services when appropriate;
- 13 c. protection of the rights of the child, and/or of the
14 family on behalf of the child;
- 15 d. full family participation at every step of the process, to
16 include family participation in policy and service development; *and*
- 17 e. utilization of informal family and other natural
18 community supports.

19 **A Full and Flexible Array of Services.**

20 In Guam’s system of care, a child shall have access to an array of
21 services and supports that are based in the community to the maximum
22 degree possible and within the resources available, which shall include,
23 but *not* be limited to:

- 24 a. child-specific and appropriate service models;

1 b. individualized planning and provision of integrated
2 services which capitalize on child strengths, family strengths and
3 family supports;

4 c. protection of the individual rights of the child, and/or
5 the rights of the child's family on behalf of the child (Protections
6 shall include the due process rights of notice, appearance and
7 participation in decision-making, representation by a person of
8 one's own choice, the right to appeal of decisions, and all rights
9 accorded under the existing local and federal law.);

10 d. therapeutic home aides and other services for a child in
11 that child's home offered by qualified persons to include qualified
12 family members;

13 e. community-based services for education, health, mental
14 health, care coordination, social service, substance abuse prevention
15 and intervention, *and* recreation;

16 f. skills development in career and work orientation,
17 family life and interpersonal relationships;

18 g. a full and flexible array of living options, which could
19 include family home, therapeutic foster care, therapeutic group
20 care, respite care, in-home care services, inpatient psychiatric care,
21 crisis care *and* any other appropriate service which is centered
22 around the specific needs of a child and the child's family; *and*

23 h. flexible funding sources that can come from both public
24 and private sources which can be combined and shared by different

1 organizations and government entities to facilitate and
2 accommodate a full and flexible array of services.

3 **Proactive Approaches.**

4 Guam's system of care shall include proactive approaches which
5 promote early identification of the child, early intervention on behalf of
6 the child and that child's family, crisis management, programs to prevent
7 serious emotional disturbance in children, and outreach programs to the
8 public to increase awareness, promote education and foster
9 understanding.

10 **Performance Evaluation and Accountability.**

11 The Guam system of care for children with, or at risk of, serious
12 emotional disturbance shall provide mechanisms for evaluation of
13 performance, and provide accountability to children, their families and
14 the community. These mechanisms shall be outcome-based, systematic
15 and periodic. These mechanisms shall measure interagency cooperation,
16 delivery of service, community collaboration and family involvement at
17 the level of the system of care, at the level of a program or programs
18 within the system of care and at the level of an individual case within the
19 system.

20 **Comprehensive Training For All Stakeholders and Providers.**

21 Guam's system of care shall include funding for a comprehensive,
22 broad outcome-based, systematic training component to promote
23 systems change, family and personnel capacity and skill-building, and
24 public awareness. Training activities shall focus on:

1 a. outreach training to family members and community
2 resources, including friends, neighbors, religious and recreational
3 support, including training of trainers for family and community
4 members;

5 b. the development of a comprehensive system of
6 personnel development consisting of:

7 1. Long range training plans based on supply and
8 demand, and needed career areas to fully support the system
9 of care;

10 2. the establishment of personnel standards and
11 competencies, and when appropriate, credentials;

12 3. the compilation and delivery of a core curriculum
13 for the system of care, including values, goals and planning
14 principles for pre-service professional training; *and*

15 4. the planning and implementation of ongoing in-
16 service personnel development to upgrade skills, and to
17 disseminate best practices in systems of care; *and*

18 c. public awareness campaigns to ensure that the
19 community at large is aware of the system of care and the training
20 opportunities, and to insure continuity of Guam's system of care
21 efforts when personnel and community leaders change.

22 **Section 93102. Definitions.** As used in reference to
23 the planning, implementation, and evaluation of the Guam System of
24 Care Council for Children with Serious Emotional Disturbance, the
25 following terms are defined:

1 (1) *'Access to services'*: the right to, and ease in securing
2 desired and needed services.

3 (2) *'Accountability'*: refers to the efficacy of services,
4 programs, and plans and their responsiveness to the needs of the
5 child/family.

6 (3) *'Best practices'*: successful approaches, strategies and
7 models in planning, implementation, service delivery and
8 evaluation.

9 (4) *'Blended (Funds)'*: a process of combining categorical
10 funds to gain more flexibility in how these funds can be spent on
11 individualized services.

12 (5) *'Capacity building'*: refers to a component of the system
13 of care that provides information, training, education or other
14 resources to enable people (family and personnel) to carry out the
15 needed and desired activities.

16 (6) *'Care coordination'*: see *'Case Management'* below.

17 (7) *'Case management'*: the task of coordinating various
18 service components and ensuring that service needs are assessed
19 and reassessed over time. In systems of care, case management
20 also denotes the actual provision of services, as opposed to the
21 limited *'brokering'* of services in traditional mental health
22 systems. In some settings, the term *'care coordination'* is used
23 instead of case management to connote broader job requirements
24 and to describe the actual case management model being used.

1 (8) '*Case manager*': an individual assigned with the
2 responsibilities of coordinating the care of the child and family.
3 The case manager is key to ensuring that the system is truly
4 responsive to the needs of the individuals it is designed to serve.

5 (9) '*Case management Team*': members identified to work
6 together as a team to help the child and family meet their needs.

7 (10) '*Child with serious emotional disturbance*': on Guam a
8 seriously, emotionally disturbed child or adolescent is defined as a
9 person who is under the age of eighteen (18) years old, or is under
10 the age of twenty-two (22) years old and has been receiving
11 services *prior to* the age of eighteen (18) years old that must be
12 continued for maximum therapeutic benefits, *and* who exhibits
13 any of the following characteristics for more than six (6) months:

14 (a) has received a DSM-IV diagnosis on axis I or II;

15 or

16 (b) exhibits severe behavioral, emotional or social
17 disabilities that cannot be attributed solely to intellectual,
18 physical or sensory deficits, such as, but *not* limited to:

19 (i) behaviors that are sufficiently intense or
20 severe enough to be considered seriously detrimental
21 to the child's growth, development, or welfare, or to
22 the safety or welfare of others;

23 (ii) behaviors that, although possibly
24 provoked, are judged to be extreme or out of

1 proportion to the provocation, or an inappropriate age
2 reaction;

3 (iii) behaviors that have been judged
4 sufficiently disruptive to lead to exclusion from school,
5 home, therapeutic or recreational settings; or

6 (iv) behaviors that require interdisciplinary
7 services and intensive, well coordinated care to be
8 successfully managed.

9 (11) '*Child at risk for serious emotional disturbance*': on Guam
10 a child or adolescent is considered to be at risk for a serious
11 emotional disturbance, as defined by this Act, if the child would
12 be subject to a serious emotional disturbance for any length of
13 time.

14 (12) '*Child-centered*': a core value of the system of care
15 whereby the needs of the child and family dictate the type and
16 mix of services provided rather than expecting the child and
17 family to conform to preexisting service configurations. This
18 approach is seen as a commitment to providing services in an
19 environment and in a manner that enhances the personal dignity
20 of children and families, respects their wishes and goals, and
21 maximizes opportunities for involvement and self-determination
22 in the planning and delivery of services.

23 (13) '*Child specific and appropriate service models*': services
24 and programs tailored specifically to meet the developmental

1 needs of children and adolescents, as opposed to programs geared
2 to address adult needs.

3 (14) '*Child's own community*': referring to within or close to
4 the child's home environment.

5 (15) '*Collaboration*': the process of bringing together those
6 who have a stake in children's mental health for the purpose of
7 interdependent problem solving that focuses on improving
8 services to children and families.

9 (16) '*Community-based (Based in the Community)*': a core
10 value of the system of care which emphasizes the need for services
11 provided to children in less restrictive, more normative
12 environments which are within or close to the child's home
13 environment.

14 (17) '*Comprehensive services*': pertaining to a 'continuum of
15 care' used to describe the range of services or program
16 components at varying levels of intensity needed by the child.

17 (18) '*Coordinated services*': refers to a process whereby
18 families and service providers agree upon a *plan of care* that meets
19 the needs of the child and family. These service providers can
20 include mental health, education, juvenile justice, and child
21 welfare. Case management is necessary to coordinate services.

22 (19) '*Crisis care*': refers to a continuum of crisis and
23 emergency services that range from nonresidential crisis services
24 to crisis services in a non-hospital, residential context.

1 (20) '*Culturally competent*': a set of behaviors, attitudes and
2 policies of a system, agency, or among service providers that
3 enables them to work effectively in cross-cultural situations.

4 (21) '*Early identification and intervention*': a process for
5 recognizing warning signs that children are at risk for emotional
6 disabilities and taking early action against factors that put them at
7 risk. Early intervention can have a significant effect on the course
8 of emotional disturbance in children and can help prevent
9 problems from reaching serious proportions.

10 (22) '*Family*': is defined by its members and each family
11 defines itself. Families can include biological and adoptive
12 parents and their partners, siblings, extended family members and
13 friends who provide a significant level of support to the child or
14 primary caregiver.

15 (23) '*Family-focused*': an approach to designing and
16 providing care that supports all family members involved with
17 the child's care; decisions about services are made considering the
18 strengths and needs of the family as a whole, as well as the
19 individual child with a severe emotional disturbance. Further,
20 family members are also involved in all aspects of planning and
21 evaluating the service delivery system. This approach is seen as a
22 commitment to support families in their role as caregivers and to
23 preserve family integrity to the greatest possible extent.

24 (24) '*Family-provider collaboration*': a process that
25 participants, including family coordinators and advocates,

1 therapists, administrators, social workers and case managers, in
2 the system of care engage in to improve services for children and
3 families. This process requires: ongoing dialogue on vision and
4 goals; attention to how power (administrative, financial, etc.) is
5 shared; attention to how responsibilities in planning and decision-
6 making are distributed; open and honest two-way communication
7 and sharing of information; and that all participants in the system
8 of care are seen as mutually respected equals.

9 (25) *'Family supports'*: community-based services and
10 supports to promote the well-being of children and families
11 designed to increase the strength and stability of families, to
12 increase parents' confidence and competence in their parenting
13 abilities, to afford children a supportive family environment, and
14 to enhance child development.

15 (26) *'Guam System of Care Council'* ('GSOCC'): the Council
16 established by this Act is responsible for the development and
17 implementation of plans and strategies to foster collaboration
18 among stakeholders so that the system of care policy is
19 substantially embraced in every program ministering to children
20 with serious emotional disturbances, and as otherwise provided
21 by this Act.

22 (27) *'Individualized services'*: services that are designed
23 specifically to address the unique needs and strengths of each
24 child and family.

1 (28) *'Inpatient psychiatric care'*: mental health treatment in a
2 hospital setting twenty-four (24) hours a day. The purpose of
3 inpatient hospitalization is: (1) short-term treatment in cases
4 where the child is in crisis and possibly a danger to self or others,
5 *and* (2) diagnosis and treatment when the patient cannot be
6 evaluated or treated appropriately in an outpatient setting.

7 (29) *'In-home care services/home-based services'*: services
8 provided in the family's home for either a defined time, or for as
9 long as a child with an emotional disability and that child's family
10 needs assistance. Examples include parent training, counseling
11 and working with family members to identify, find or provide
12 other help they may need. The goal is to prevent the child from
13 being placed out of the home.

14 (30) *'Integrated services'*: services that are provided in a
15 community through multiple agencies with decreased overlap and
16 decreased gaps in services.

17 (31) *'Least restrictive setting'*: children with emotional
18 disabilities should receive services within the *least* restrictive
19 setting. This means that children and adolescents should be
20 served in as normal an environment as possible. Preferred
21 interventions are those that provide the needed services and at the
22 same time are minimally intrusive in the normal day-to-day
23 routine of the child and family. An implicit goal of the system of
24 care is to maintain as many children as possible in their own

1 homes by providing a full range of family-focused and
2 community-based services and supports.

3 (32) '*Parent*': biological and adoptive mother or father, or
4 the legal guardian of the child, or a responsible relative or primary
5 caregiver, including foster parents, with whom the child regularly
6 resides.

7 (33) '*Prevention programs*': programs and services in the
8 system of care designed to reduce the incidence of emotional
9 disabilities in children. Interventions directed at children and/or
10 families who have *not* yet been identified, *especially* those children
11 who, by virtue of genetic, family or situational factors, are at the
12 highest risk for emotional disabilities.

13 (34) '*Qualified persons*': individuals within the system of
14 care responsible for developing a service plan and providing
15 services and supports for the child, including professionals
16 (people who have specific educational training), parents of the
17 child, and other individuals with knowledge or special expertise
18 regarding the child.

19 (35) '*Respite care*': a service that gives a family a short
20 break, relief, where someone else temporarily takes care of the
21 child for a few hours or a few days. Respite can be provided in
22 the family's home, at a respite provider's home or at a special
23 respite care facility.

1 (36) *'Strengths-Based Planning'* ('SBP'): a method to
2 improve the lives of the child and family who have complex needs
3 by working within the areas or domains of their lives and focusing
4 on what strengthens family functioning. Life domains include
5 safety, interpersonal health, family, home/shelter, social/leisure,
6 educational/vocational, legal and behavioral/emotional. The
7 plan incorporates strengths, goals, needs and strategies for the
8 selected life domains. SBPs are developed by a team of
9 individuals who care about the child, including family members.
10 This method of planning can be utilized in IEPs, mental health
11 treatment plans, case plans and/or coordinated child and family
12 plans.

13 (37) *'Systems change'*: to make modifications in existing
14 systems to increase the likelihood that individuals will encounter
15 favorable outcomes within the system, may include the transfer of
16 authority among individuals and agencies in order to alter the
17 system by which services are delivered.

18 (38) *'System of Care'* ('SOC'): a system of care is a
19 comprehensive spectrum of mental health and other necessary
20 services which are organized into a coordinated network to meet
21 the multiple and changing needs of children and adolescents with
22 severe emotional disturbances and their families. A system of care
23 *not* only includes the program and service components, but also
24 encompasses mechanisms, arrangements, structures or processes

1 to ensure that the services are provided in a coordinated, cohesive
2 manner.

3 (39) *'Therapeutic foster care home'*: a home where a child
4 with a serious emotional disturbance lives with trained foster
5 parents with access to other support services. These foster parents
6 receive special support from organizations that provide crisis
7 intervention, psychiatric and social work services. The intended
8 length of this care is usually from six to twelve (6-12) months.

9 (40) *'Therapeutic group care'*: community-based, home-like
10 settings that provide intensive treatment services to a small
11 number of young people (usually five to ten (5-10) persons).
12 These young people work on issues that require twenty-four (24)
13 hour supervision. The home should have many connections with
14 an interagency system of care. Psychiatric services offered in this
15 setting try to avoid hospital placement and to help the young
16 person move toward a less restrictive situation.

17 (41) *'Transitional services'*: services that help children leave
18 the system that provides help for children and move into
19 adulthood and the adult service system. Help includes mental
20 health care, independent living services, supported housing,
21 vocational services and a range of other support services.

22 (42) *'Wraparound'*: wraparound is a philosophy of care that
23 includes a definable planning process involving the child and
24 family that results in a unique set of community services and

1 natural supports, individualized for that child and family to
2 achieve a positive set of outcomes.

3 **Section 93104. Creation of the Guam System of Care Council.**

4 There is hereby created the Guam System of Care Council ('GSOCC').
5 The GSOCC shall be composed of the following:

6 (a) nine (9) consumer representatives appointed by *I*
7 *Maga'lahaen Guåhan*, to include parents or other family members of
8 children with, or at risk of, serious emotional disturbance or
9 consumers who have experienced serious emotional disturbance
10 and are cognizant of issues and barriers in the current delivery
11 system; *and*

12 (b) one (1) representative from each of the following
13 entities, designated by their respective appointing authorities: (1)
14 Department of Education; (2) Department of Public Health and
15 Social Services, (3) Department of Mental Health and Substance
16 Abuse, (4) Department of Integrated Services for Individuals with
17 Developmental Disabilities; (5) Department of Youth Affairs; (6)
18 Guam Legal Services Corporation; (7) University of Guam
19 Affiliated Program; *and* (8) Department of Law.

20 The Council members shall select a Chairperson, always from the
21 family representatives, and a Vice-Chairperson from the Council
22 membership.

23 **Section 93105. GSOCC Powers, Responsibilities and Duties.**

1 The Guam System of Care Council, in the first year following enactment
2 of this Act, shall be responsible for the development and
3 implementation of plans and strategies to foster collaboration among
4 stakeholders so that the system of care policy is substantially embraced
5 in every program ministering to children with serious emotional
6 disturbance.

7 The Council, with the technical and clerical assistance of the
8 University Affiliated Program, shall:

9 (1) develop technical assistance strategies to find, receive
10 and use resources to develop and maintain the Guam system of
11 care;

12 (2) develop and carry out activities which promote and
13 support parent and family understanding involvement education
14 training and participation in the system of care and system
15 development;

16 (3) facilitate collaboration of families, caregivers, service
17 providers, policy makers and community members to develop
18 Guam's system of care;

19 (4) educate families, caregivers, service providers, policy
20 makers and the community concerning children with emotional
21 disabilities and the system of care;

22 (5) develop a plan to provide parents, caregivers, service
23 providers, policy makers and the community access to an array of
24 services providing a continuous care for children and families;

25 (6) develop a system of evaluation and quality assurance;

1 (7) the Council may request for an appropriation for
2 continued funding of its operations as part of its report and
3 justifying its needs; *and*

4 (8) the Council may make such expenditures, *subject* to
5 the provisions of this Article or any other applicable law,
6 regulation or restriction, as may be necessary for the activities and
7 operations of the Council and carry out the purposes of this
8 Article.

9 All Departments and Agencies of the government shall fully
10 respond to requests for information from the Council within ten (10)
11 days, and *if* unable to fully respond therein, they shall provide a reason
12 for inability to timely respond and expected full response date.

13 The Council is empowered and authorized to participate in the
14 programs of the Federal Government, and its agencies that provide
15 assistance for systems of care for children with serious emotional
16 disturbance and related programs and services.

17 The Council shall submit a report to *I Maga'lahaen Guåhan* and *I*
18 *Lihaslaturan Guåhan* outlining its accomplishments, specific findings and
19 recommendations to improve Guam's compliance with this policy no
20 later than one (1) year after the enactment of this Act."

21 **Section 2. Appropriation.** There is hereby appropriated from the
22 Health and Human Services Fund, established by Public Law Number 24-174,
23 *The Tobacco Settlement Act*, the sum of Seventy-five Thousand Dollars
24 (\$75,000.00) to the Guam System of Care Council to cover the cost of planning,

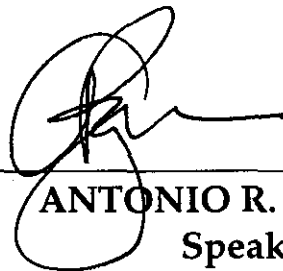
1 coordination and administration of the purposes of this Act. No funds shall
2 be expended for the hiring of permanent Council staff. The Council shall
3 contract for such administrative support as is deemed necessary. No funds
4 shall be expended for direct services to children with serious emotional
5 disturbances or their families. All funds appropriated shall remain with the
6 Council until fully expended.

7 **Section 3. Severability.** *If* any provision of this Law or its
8 application to any person or circumstance is found to be invalid or contrary to
9 law, such invalidity shall *not* affect other provisions or applications of this
10 Law which can be given effect without the invalid provisions or application,
11 and to this end the provisions of this Law are severable.

2000 (SECOND) REG.

CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUAHAN

This is to certify that Substitute Bill No. 399 (COR) "AN ACT TO ADD CHAPTER 93 TO DIVISION 4, PART 2 OF TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO CREATING THE GUAM SYSTEM OF CARE COUNCIL FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE, AND TO APPROPRIATE \$75,000.00 FOR SUCH PURPOSE," was on the 11th day of May 2000, duly and regularly passed.



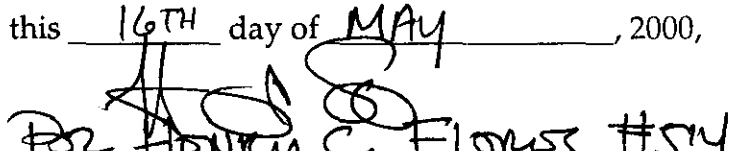
ANTONIO R. UNPINGCO
Speaker

Attested.



JOANNE M.S. BROWN
Senator and Legislative Secretary

This Act was received by *I Maga'lahaen Guahan* this 16TH day of MAY, 2000,
at 5:14 o'clock P.M.


FOR HENRY C. FLORES #514
Assistant Staff Officer
Maga'lahi's Office

APPROVED:

CARL T. C. GUTIERREZ
I Maga'lahaen Guahan

Date: _____

Public Law No. _____

MINA'BENTE SINGKO NA LIHESLATURAN GUÅHAN
2000 (SECOND) Regular Session

Bill No. 399 (COR)

As substituted by the Committee on
Health, Human Services and
Chamorro Heritage and further
amended by the Author and on the Floor.

Introduced by:

S. A. Sanchez, II
C. A. Leon Guerrero
A. C. Lamorena, V
L. F. Kasperbauer
F. B. Aguon, Jr.
E. C. Bermudes
A. C. Blaz
J. M.S. Brown
E. B. Calvo
M. G. Camacho
Mark Forbes
K. S. Moylan
V. C. Pangelinan
J. C. Salas
A. R. Unpingco

**AN ACT TO ADD CHAPTER 93 TO DIVISION 4,
PART 2 OF TITLE 10 OF THE GUAM CODE
ANNOTATED, RELATIVE TO CREATING THE
GUAM SYSTEM OF CARE COUNCIL FOR
CHILDREN WITH SERIOUS EMOTIONAL
DISTURBANCE, AND TO APPROPRIATE \$75,000.00
FOR SUCH PURPOSE.**

1 BE IT ENACTED BY THE PEOPLE OF GUAM:

2 Section 1. Chapter 93 is hereby *added* to Division 4, Part 2 of Title 10 of
3 the Guam Code Annotated to read as follows:

4 "CHAPTER 93.

5 GUAM SYSTEM OF CARE COUNCIL FOR CHILDREN WITH SERIOUS
6 EMOTIONAL DISTURBANCE.

7 Section 93100. Legislative Findings. It is estimated that twelve
8 percent (12%) of children in the United States have emotional
9 disturbances. Existing research concludes that a conservative estimate of
10 children with serious emotional disturbances is five percent (5%), or
11 about three (3) million. It is also estimated that two-thirds of the
12 seriously disturbed children in the U.S. are *not* getting the services they
13 need.

14 While there is no aggregate data regarding Guam's children with
15 serious emotional disturbance, based on established national prevalence
16 rates, it is a safe assumption that at least five percent (5%) of
17 approximately forty-five thousand (45,000) school-age children on
18 Guam, or about two thousand two hundred fifty (2,250) children on
19 Guam have serious emotional disturbances.

20 The Community of Guam has exerted a sustained effort at trying
21 to serve children with emotional disabilities. Efforts over the past
22 twenty-five (25) years demonstrate a clear desire to serve these children
23 and their families. Guam, *however*, has experienced limited success.

1 This is reflective of a failure to place the child and family at the center of
2 efforts, and also is due to the lack of a coordinated plan.

3 In 1994, the Child and Adolescent Services Division ("CASD") of
4 the Department of Mental Health and Substance Abuse was established
5 to consolidate and improve mental health services for children,
6 adolescents and their families. Other individuals and organizations
7 providing services include the government departments of Youth
8 Affairs, Public Health and Social Services, Education, and Integrated
9 Services for Individuals with Disabilities, the Superior Court of Guam
10 through its counseling division, the Navy and Air Force Family
11 Advocacy Centers, *and* private non-profits and professionals in private
12 practice providing mental health services to children and families.

13 Funding of services is a concern. Guam is experiencing economic
14 retraction for the sixth year. Government resources are limited. Guam
15 continues to appropriate money to the Residential Treatment Fund to
16 support evaluation, therapy, residential care and related services for
17 emotionally disturbed children. This particular money could be made
18 more "flexible" to meet individual needs of children and their families.

19 Guam does *not* have a comprehensive mental health policy
20 addressing needs of children and families. In the past, and still today,
21 children are often placed into residential treatment outside of Guam.
22 Guam's children with serious emotional disturbances and their families
23 should be served in as normal an environment as possible. Guam must
24 work to facilitate the return of these children and to maintain as many
25 children as possible on Guam, in their own homes and/or community,

1 by providing a range of family-focused and community-based services
2 and supports. These services and supports should be part of one
3 comprehensive and coordinated system of care.

4 It is therefore the intention of *I Liheslaturan Guåhan* to establish a
5 “Guam System of Care Council” to develop a strategic plan to foster
6 collaboration among families, public and private service providers, and
7 other stakeholders towards the establishment of a system of care for
8 children with, and at risk for, serious emotional disturbances on Guam.

9 **Section 93101. Policy.** On Guam, a child with, or at risk of, a
10 serious emotional disturbance shall be provided access to a
11 comprehensive system of care tailored to meet the child’s unique needs.
12 The system of care shall be child-centered and family-focused; culturally
13 competent; and non-discriminatory. The system also shall provide
14 services in the child’s own community to the maximum degree possible
15 with available and appropriate resources, or else off-Island until such
16 services are available on Guam and shall provide services in the *least*
17 restrictive setting.

18 Guam’s comprehensive system of care shall be integrated,
19 coordinated and shall promote an active partnership between the child,
20 the child’s family and all service providers. The system shall be guided
21 by the following principles: collaboration; a full and flexible array of
22 services; a proactive approach; systematic and periodic evaluation and
23 accountability; *and* comprehensive training for all stakeholders and
24 providers.

25 GUIDING PRINCIPLES.

1 b. individualized planning and provision of integrated
2 services which capitalize on child strengths, family strengths and
3 family supports;

4 c. protection of the individual rights of the child, and/or
5 the rights of the child's family on behalf of the child (Protections
6 shall include the due process rights of notice, appearance and
7 participation in decision-making, representation by a person of
8 one's own choice, the right to appeal of decisions, and all rights
9 accorded under the existing local and federal law.);

10 d. therapeutic home aides and other services for a child in
11 that child's home offered by qualified persons to include qualified
12 family members;

13 e. community-based services for education, health, mental
14 health, care coordination, social service, substance abuse prevention
15 and intervention, *and* recreation;

16 f. skills development in career and work orientation,
17 family life and interpersonal relationships;

18 g. a full and flexible array of living options, which could
19 include family home, therapeutic foster care, therapeutic group
20 care, respite care, in-home care services, inpatient psychiatric care,
21 crisis care *and* any other appropriate service which is centered
22 around the specific needs of a child and the child's family; *and*

23 h. flexible funding sources that can come from both public
24 and private sources which can be combined and shared by different

1 organizations and government entities to facilitate and
2 accommodate a full and flexible array of services.

3 **Proactive Approaches.**

4 Guam's system of care shall include proactive approaches which
5 promote early identification of the child, early intervention on behalf of
6 the child and that child's family, crisis management, programs to prevent
7 serious emotional disturbance in children, and outreach programs to the
8 public to increase awareness, promote education, and foster
9 understanding.

10 **Performance Evaluation and Accountability.**

11 The Guam system of care for children with, or at risk of, serious
12 emotional disturbance shall provide mechanisms for evaluation of
13 performance, and provide accountability to children, their families and
14 the community. These mechanisms shall be outcome-based, systematic
15 and periodic. These mechanisms shall measure interagency cooperation,
16 delivery of service, community collaboration and family involvement at
17 the level of the system of care, at the level of a program or programs
18 within the system of care and at the level of an individual case within the
19 system.

20 **Comprehensive Training For All Stakeholders and Providers.**

21 Guam's system of care shall include funding for a comprehensive,
22 broad outcome-based, systematic training component to promote
23 systems change, family and personnel capacity and skill-building, and
24 public awareness. Training activities shall focus on:

1 a. outreach training to family members and community
2 resources, including friends, neighbors, religious and recreational
3 support, including training of trainers for family and community
4 members;

5 b. the development of a comprehensive system of
6 personnel development consisting of:

7 1. Long range training plans based on supply and
8 demand, and needed career areas to fully support the system
9 of care;

10 2. the establishment of personnel standards and
11 competencies, and when appropriate, credentials;

12 3. the compilation and delivery of a core curriculum
13 for the system of care, including values, goals and planning
14 principles for pre-service professional training; *and*

15 4. the planning and implementation of ongoing in-
16 service personnel development to upgrade skills, and to
17 disseminate best practices in systems of care; *and*

18 c. public awareness campaigns to ensure that the
19 community at large is aware of the system of care and the training
20 opportunities, and to insure continuity of Guam's system of care
21 efforts when personnel and community leaders change.

22 **Section 93102. Definitions.** As used in reference to
23 the planning, implementation, and evaluation of the Guam System of
24 Care Council for Children with Serious Emotional Disturbance, the
25 following terms are defined:

1 (1) *'Access to services'*: the right to, and ease in securing
2 desired and needed services.

3 (2) *'Accountability'*: refers to the efficacy of services,
4 programs, and plans and their responsiveness to the needs of the
5 child/family.

6 (3) *'Best practices'*: successful approaches, strategies and
7 models in planning, implementation, service delivery and
8 evaluation.

9 (4) *'Blended (Funds)'*: a process of combining categorical
10 funds to gain more flexibility in how these funds can be spent on
11 individualized services.

12 (5) *'Capacity building'*: refers to a component of the system
13 of care that provides information, training, education or other
14 resources to enable people (family and personnel) to carry out the
15 needed and desired activities.

16 (6) *'Care coordination'*: see *'Case Management'* below.

17 (7) *'Case management'*: the task of coordinating various
18 service components and ensuring that service needs are assessed
19 and reassessed over time. In systems of care, case management
20 also denotes the actual provision of services, as opposed to the
21 limited 'brokering' of services in traditional mental health
22 systems. In some settings, the term *'care coordination'* is used
23 instead of case management to connote broader job requirements
24 and to describe the actual case management model being used.

1 (8) '*Case manager*': an individual assigned with the
2 responsibilities of coordinating the care of the child and family.
3 The case manager is key to ensuring that the system is truly
4 responsive to the needs of the individuals it is designed to serve.

5 (9) '*Case management Team*': members identified to work
6 together as a team to help the child and family meet their needs.

7 (10) '*Child with serious emotional disturbance*': on Guam a
8 seriously, emotionally disturbed child or adolescent is defined as a
9 person who is under the age of eighteen (18) years old, or is under
10 the age of twenty-two (22) years old and has been receiving
11 services *prior to* the age of eighteen (18) years old that must be
12 continued for maximum therapeutic benefits, *and* who exhibits
13 any of the following characteristics for more than six (6) months:

14 (a) has received a DSM-IV diagnosis on axis I or II;

15 *or*

16 (b) exhibits severe behavioral, emotional or social
17 disabilities that cannot be attributed solely to intellectual,
18 physical or sensory deficits, such as, but *not* limited to:

19 (i) behaviors that are sufficiently intense or
20 severe enough to be considered seriously detrimental
21 to the child's growth, development, or welfare, or to
22 the safety or welfare of others;

23 (ii) behaviors that, although possibly
24 provoked, are judged to be extreme or out of

1 proportion to the provocation, or an inappropriate age
2 reaction;

3 (iii) behaviors that have been judged
4 sufficiently disruptive to lead to exclusion from school,
5 home, therapeutic or recreational settings; *or*

6 (iv) behaviors that require interdisciplinary
7 services and intensive, well coordinated care to be
8 successfully managed.

9 (11) '*Child at risk for serious emotional disturbance*': on Guam
10 a child or adolescent is considered to be at risk for a serious
11 emotional disturbance, as defined by this Act, *if* the child would
12 be subject to a serious emotional disturbance for any length of
13 time.

14 (12) '*Child-centered*': a core value of the system of care
15 whereby the needs of the child and family dictate the type and
16 mix of services provided rather than expecting the child and
17 family to conform to preexisting service configurations. This
18 approach is seen as a commitment to providing services in an
19 environment and in a manner that enhances the personal dignity
20 of children and families, respects their wishes and goals, and
21 maximizes opportunities for involvement and self-determination
22 in the planning and delivery of services.

23 (13) '*Child specific and appropriate service models*': services
24 and programs tailored specifically to meet the developmental

1 needs of children and adolescents, as opposed to programs geared
2 to address adult needs.

3 (14) '*Child's own community*': referring to within or close to
4 the child's home environment.

5 (15) '*Collaboration*': the process of bringing together those
6 who have a stake in children's mental health for the purpose of
7 interdependent problem solving that focuses on improving
8 services to children and families.

9 (16) '*Community-based (Based in the Community)*': a core
10 value of the system of care which emphasizes the need for services
11 provided to children in less restrictive, more normative
12 environments which are within or close to the child's home
13 environment.

14 (17) '*Comprehensive services*': pertaining to a 'continuum of
15 care' used to describe the range of services or program
16 components at varying levels of intensity needed by the child.

17 (18) '*Coordinated services*': refers to a process whereby
18 families and service providers agree upon a *plan of care* that meets
19 the needs of the child and family. These service providers can
20 include mental health, education, juvenile justice, and child
21 welfare. Case management is necessary to coordinate services.

22 (19) '*Crisis care*': refers to a continuum of crisis and
23 emergency services that range from nonresidential crisis services
24 to crisis services in a non-hospital, residential context.

1 (20) *'Culturally competent'*: a set of behaviors, attitudes and
2 policies of a system, agency, or among service providers that
3 enables them to work effectively in cross-cultural situations.

4 (21) *'Early identification and intervention'*: a process for
5 recognizing warning signs that children are at risk for emotional
6 disabilities and taking early action against factors that put them at
7 risk. Early intervention can have a significant effect on the course
8 of emotional disturbance in children and can help prevent
9 problems from reaching serious proportions.

10 (22) *'Family'*: is defined by its members and each family
11 defines itself. Families can include biological and adoptive
12 parents and their partners, siblings, extended family members and
13 friends who provide a significant level of support to the child or
14 primary caregiver.

15 (23) *'Family-focused'*: an approach to designing and
16 providing care that supports all family members involved with
17 the child's care; decisions about services are made considering the
18 strengths and needs of the family as a whole, as well as the
19 individual child with a severe emotional disturbance. Further,
20 family members are also involved in all aspects of planning and
21 evaluating the service delivery system. This approach is seen as a
22 commitment to support families in their role as caregivers and to
23 preserve family integrity to the greatest possible extent.

24 (24) *'Family-provider collaboration'*: a process that
25 participants, including family coordinators and advocates,

1 therapists, administrators, social workers and case managers, in
2 the system of care engage in to improve services for children and
3 families. This process requires: ongoing dialogue on vision and
4 goals; attention to how power (administrative, financial, etc.) is
5 shared; attention to how responsibilities in planning and decision-
6 making are distributed; open and honest two-way communication
7 and sharing of information; and that all participants in the system
8 of care are seen as mutually respected equals.

9 (25) *'Family supports'*: community-based services and
10 supports to promote the well-being of children and families
11 designed to increase the strength and stability of families, to
12 increase parents' confidence and competence in their parenting
13 abilities, to afford children a supportive family environment, and
14 to enhance child development.

15 (26) *'Guam System of Care Council' ('GSOCC')*: the Council
16 established by this Act is responsible for the development and
17 implementation of plans and strategies to foster collaboration
18 among stakeholders so that the system of care policy is
19 substantially embraced in every program ministering to children
20 with serious emotional disturbances, and as otherwise provided
21 by this Act.

22 (27) *'Individualized services'*: services that are designed
23 specifically to address the unique needs and strengths of each
24 child and family.

1 (28) *'Inpatient psychiatric care'*: mental health treatment in a
2 hospital setting twenty-four (24) hours a day. The purpose of
3 inpatient hospitalization is: (1) short-term treatment in cases
4 where the child is in crisis and possibly a danger to self or others,
5 *and* (2) diagnosis and treatment when the patient cannot be
6 evaluated or treated appropriately in an outpatient setting.

7 (29) *'In-home care services/home-based services'*: services
8 provided in the family's home for either a defined time, or for as
9 long as a child with an emotional disability and that child's family
10 needs assistance. Examples include parent training, counseling
11 and working with family members to identify, find or provide
12 other help they may need. The goal is to prevent the child from
13 being placed out of the home.

14 (30) *'Integrated services'*: services that are provided in a
15 community through multiple agencies with decreased overlap and
16 decreased gaps in services.

17 (31) *'Least restrictive setting'*: children with emotional
18 disabilities should receive services within the *least* restrictive
19 setting. This means that children and adolescents should be
20 served in as normal an environment as possible. Preferred
21 interventions are those that provide the needed services and at the
22 same time are minimally intrusive in the normal day-to-day
23 routine of the child and family. An implicit goal of the system of
24 care is to maintain as many children as possible in their own

1 homes by providing a full range of family-focused and
2 community-based services and supports.

3 (32) '*Parent*': biological and adoptive mother or father, or
4 the legal guardian of the child, or a responsible relative or primary
5 caregiver, including foster parents, with whom the child regularly
6 resides.

7 (33) '*Prevention programs*': programs and services in the
8 system of care designed to reduce the incidence of emotional
9 disabilities in children. Interventions directed at children and/or
10 families who have *not* yet been identified, *especially* those children
11 who, by virtue of genetic, family or situational factors, are at the
12 highest risk for emotional disabilities.

13 (34) '*Qualified persons*': individuals within the system of
14 care responsible for developing a service plan and providing
15 services and supports for the child, including professionals
16 (people who have specific educational training), parents of the
17 child, and other individuals with knowledge or special expertise
18 regarding the child.

19 (35) '*Respite care*': a service that gives a family a short
20 break, relief, where someone else temporarily takes care of the
21 child for a few hours or a few days. Respite can be provided in
22 the family's home, at a respite provider's home or at a special
23 respite care facility.

1 (36) '*Strengths-Based Planning*' ('SBP'): a method to
2 improve the lives of the child and family who have complex needs
3 by working within the areas or domains of their lives and focusing
4 on what strengthens family functioning. Life domains include
5 safety, interpersonal health, family, home/shelter, social/leisure,
6 educational/vocational, legal and behavioral/emotional. The
7 plan incorporates strengths, goals, needs and strategies for the
8 selected life domains. SBPs are developed by a team of
9 individuals who care about the child, including family members.
10 This method of planning can be utilized in IEPs, mental health
11 treatment plans, case plans and/or coordinated child and family
12 plans.

13 (37) '*Systems change*': to make modifications in existing
14 systems to increase the likelihood that individuals will encounter
15 favorable outcomes within the system, may include the transfer of
16 authority among individuals and agencies in order to alter the
17 system by which services are delivered.

18 (38) '*System of Care*' ('SOC'): a system of care is a
19 comprehensive spectrum of mental health and other necessary
20 services which are organized into a coordinated network to meet
21 the multiple and changing needs of children and adolescents with
22 severe emotional disturbances and their families. A system of care
23 *not* only includes the program and service components, but also
24 encompasses mechanisms, arrangements, structures or processes

1 to ensure that the services are provided in a coordinated, cohesive
2 manner.

3 (39) *'Therapeutic foster care home'*: a home where a child
4 with a serious emotional disturbance lives with trained foster
5 parents with access to other support services. These foster parents
6 receive special support from organizations that provide crisis
7 intervention, psychiatric and social work services. The intended
8 length of this care is usually from six to twelve (6-12) months.

9 (40) *'Therapeutic group care'*: community-based, home-like
10 settings that provide intensive treatment services to a small
11 number of young people (usually five to ten (5-10) persons).
12 These young people work on issues that require twenty-four (24)
13 hour supervision. The home should have many connections with
14 an interagency system of care. Psychiatric services offered in this
15 setting try to avoid hospital placement and to help the young
16 person move toward a less restrictive situation.

17 (41) *'Transitional services'*: services that help children leave
18 the system that provides help for children and move into
19 adulthood and the adult service system. Help includes mental
20 health care, independent living services, supported housing,
21 vocational services and a range of other support services.

22 (42) *'Wraparound'*: wraparound is a philosophy of care that
23 includes a definable planning process involving the child and
24 family that results in a unique set of community services and

1 natural supports, individualized for that child and family to
2 achieve a positive set of outcomes.

3 **Section 93104. Creation of the Guam System of Care Council.**

4 There is hereby created the Guam System of Care Council ('GSOCC').
5 The GSOCC shall be composed of the following:

6 (a) nine (9) consumer representatives appointed by *I*
7 *Maga'lahaen Guåhan*, to include parents or other family members of
8 children with, or at risk of, serious emotional disturbance or
9 consumers who have experienced serious emotional disturbance
10 and are cognizant of issues and barriers in the current delivery
11 system; *and*

12 (b) one (1) representative from each of the following
13 entities, designated by their respective appointing authorities: (1)
14 Department of Education; (2) Department of Public Health and
15 Social Services, (3) Department of Mental Health and Substance
16 Abuse, (4) Department of Integrated Services for Individuals with
17 Developmental Disabilities; (5) Department of Youth Affairs; (6)
18 Guam Legal Services Corporation; (7) University of Guam
19 Affiliated Program; *and* (8) Department of Law.

20 The Council members shall select a Chairperson, always from the
21 family representatives, and a Vice-Chairperson from the Council
22 membership.

23 **Section 93105. GSOCC Powers, Responsibilities and Duties.**

1 The Guam System of Care Council, in the first year following enactment
2 of this Act, shall be responsible for the development and
3 implementation of plans and strategies to foster collaboration among
4 stakeholders so that the system of care policy is substantially embraced
5 in every program ministering to children with serious emotional
6 disturbance.

7 The Council, with the technical and clerical assistance of the
8 University Affiliated Program, shall:

9 (1) develop technical assistance strategies to find, receive
10 and use resources to develop and maintain the Guam system of
11 care;

12 (2) develop and carry out activities which promote and
13 support parent and family understanding involvement education
14 training and participation in the system of care and system
15 development;

16 (3) facilitate collaboration of families, caregivers, service
17 providers, policy makers and community members to develop
18 Guam's system of care;

19 (4) educate families, caregivers, service providers, policy
20 makers and the community concerning children with emotional
21 disabilities and the system of care;

22 (5) develop a plan to provide parents, caregivers, service
23 providers, policy makers and the community access to an array of
24 services providing a continuous care for children and families;

25 (6) develop a system of evaluation and quality assurance;

1 (7) the Council may request for an appropriation for
2 continued funding of its operations as part of its report and
3 justifying its needs; and

4 (8) the Council may make such expenditures, *subject* to
5 the provisions of this Article or any other applicable law,
6 regulation or restriction, as may be necessary for the activities and
7 operations of the Council and carry out the purposes of this
8 Article.

9 All Departments and Agencies of the government shall fully
10 respond to requests for information from the Council within ten (10)
11 days, and *if* unable to fully respond therein, they shall provide a reason
12 for inability to timely respond and expected full response date.

13 The Council is empowered and authorized to participate in the
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16 disturbance and related programs and services.

17 The Council shall submit a report to *I Maga'lahen Guåhan* and *I*
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1 coordination and administration of the purposes of this Act. No funds shall
2 be expended for the hiring of permanent Council staff. The Council shall
3 contract for such administrative support as is deemed necessary. No funds
4 shall be expended for direct services to children with serious emotional
5 disturbances or their families. All funds appropriated shall remain with the
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7 **Section 3. Severability.** *If* any provision of this Law or its
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9 law, such invalidity shall *not* affect other provisions or applications of this
10 Law which can be given effect without the invalid provisions or application,
11 and to this end the provisions of this Law are severable.

CLERK OF THE LEGISLATURE
TRANSMISSION CHECKLIST TO I MAGA'LAHEN GUAHAN

(Included in File w/ All Bills Transmitted)

BILL NO. *399 (en)*

FINAL PROOF-READING OF BLUEBACK COPY

Initialed by:

and Date:

- EXHIBITS ATTACHED *no*
- CONFIRM NUMBER OF PAGES *22*
- CAPTION ON CERTIFICATION MATCHES BILL CAPTION
- ENGROSSED SIGN "*" REMOVED FROM BILL
- 15 SENATORS IN SPONSORSHIP OR CONFIRM OTHERWISE
- CERTIFICATION SIGNED BY SPEAKER & LEGIS. SECRETARY
- EMERGENCY DECLARATION, if any *none*

Confirmed By: *JW/*

Dated: *file*

- HAND CARRY BILL IN BLUEBACK (ORIGINAL & COPY)
TO THE GOVERNOR. (DANNY, ROBERT OR OTHERS)
- ACKNOWLEDGED COPY W/ ORIGINAL BLUEBACK
PLACED ON CLERK'S DESK. (Same copy given to Susan)
- FILED by: Danny, Robert or others

MINA'BENTE SINGKO NA LIHESLATURAN GUAHAN
2000 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUAHAN

This is to certify that Substitute Bill No. 399 (COR) "AN ACT TO ADD CHAPTER 93 TO DIVISION 4, PART 2 OF TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO CREATING THE GUAM SYSTEM OF CARE COUNCIL FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE, AND TO APPROPRIATE \$75,000.00 FOR SUCH PURPOSE," was on the 11th day of May 2000, duly and regularly passed.

ANTONIO R. UNPINGCO
Speaker

Attested:

JOANNE M.S. BROWN
Senator and Legislative Secretary

This Act was received by *I Maga'lahaen Guahan* this _____ day of _____, 2000,
at _____ o'clock _____ .M.

APPROVED:

OFFICE OF THE LEGISLATIVE SECRETARY	
ACKNOWLEDGMENT RECEIPT	
Received By	<u>[Signature]</u>
Time	<u>2:41 p.m.</u>
Date	<u>16 May 2000</u>

Assistant Staff Officer
Maga'lahaen's Office

CARL T. C. GUTIERREZ
I Maga'lahaen Guahan

Date: _____

Public Law No. _____

Office of the speaker
ANTONIO R. UNPINGCO
Date: 5-16-00
Time: 1:20 p.m.
Rec'd by: [Signature]
Print Name: RITA CRUZ

I MINA' BENTE SINGKO NA LIHESLATURAN GUAHAN

2000 (SECOND) Regular Session

Date: 5/11/00 6

VOTING SHEET

S Bill No. 399 (COR)

Resolution No. _____

Question: _____

NAME	YEAS	NAYS	NOT VOTING/ ABSTAINED	OUT DURING ROLL CALL	ABSENT
AGUON, Frank B., Jr.	✓				
BERMUDES, Eulogio C.	✓				
BLAZ, Anthony C.	✓				
BROWN, Joanne M.S.	✓				
CALVO, Eduardo B.	✓				
CAMACHO, Marcel G.	✓				
FORBES, Mark	✓				
KASPERBAUER, Lawrence F.	✓				
LAMORENA, Alberto C., V	✓				
LEON GUERRERO, Carlotta A.	✓				
MOYLAN, Kaleo Scott	✓				
PANGELINAN, Vicente C.	✓				
SALAS, John C.	✓				
SANCHEZ, Simon A., II					EA
UNPINGCO, Antonio R.	✓				

TOTAL

14 0 0 0 1EA

CERTIFIED TRUE AND CORRECT:

Clerk of the Legislature

* 3 Passes = No vote
EA = Excused Absence



FILE

MINA' BENTE SINGKO NA LIHESLATURAN GUÅHAN
TWENTY-FIFTH GUAM LEGISLATURE
155 Hesler Street, Hagåtña, Guam 96910

April 27, 2000

(DATE)

Memorandum

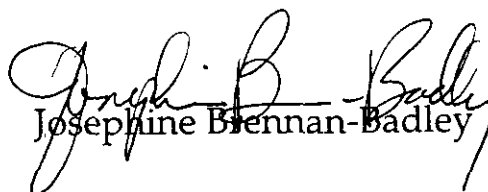
To: Senator Simon A. Sanchez, II

From: Clerk of the Legislature


Subject: Report on Bill No. 399(COR)

Pursuant to §7.04 of Rule VII of the 25th Standing Rules, transmitted herewith is a copy of the Committee Report on Bill No. 399(COR), for which you are the prime sponsor.

Should you have any questions or need further information, please call the undersigned at 472-3464/5.


Josephine Brennan-Badley

Attachment

Received

4/28/00

I MINA' BENTE SINGKO NA LIHESLATURAN GUÅHAN
Committee on Health, Human Services and Chamorro Heritage
Kumiten Salut, Setbision Tinaotao yan Irensian Chamoru
Sinadot Simon A. Sanchez II, Ge'Hilo'

April 20, 2000

Speaker Antonio R. Unpingco
I Mina' Bente Singko Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guåhan 96910

Dear Mr. Speaker:

I Kumiten Salut, Setbision Tinaotao yan Irensian Chamoru has completed its evaluation of Bill No. 399 and hereby issues the enclosed Committee Report.

A public hearing was held on the measure on March 23, 2000.

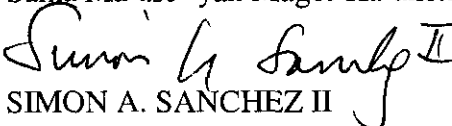
Committee Members voted as follows:

To pass	<u>8</u>
Not to pass	<u>0</u>
Abstain	<u>0</u>
Inactive File	<u>0</u>

Consequently, the Committees submits its recommendation to "DO PASS" Bill No. 399, as substituted by the Committee on Health, Human Services and Chamorro Heritage.

Your kind attention to this matter is immensely appreciated.

Saina Ma'åse' yan Magof Ha'ånen Yu'os,


SIMON A. SANCHEZ II

I MINA' BENTE SINGKO NA LIHESLATURAN GUÁHAN
Committee on Health, Human Services and Chamorro Heritage
Kumiten Salut, Setbision Tinaotao yan Irensian Chamorro
Sinadot Simon A. Sanchez II, Ge'Hilo'

April 19, 2000

MEMORANDUM

TO: Committee Members

FROM: Chairperson

SUBJECT: Committee Report for Bill No. 399, as substituted by the Committee on Health, Human Services and Chamorro Heritage – An act to add a new chapter 93 to Title 10 of the Guam Code Annotated, relative to creating the Guam System of Care for Children with Serious Emotional Disturbance, and to appropriate the sum of Seventy-Five Thousand Dollars (\$75,000.00) for such purpose.

Attached hereto is the Committee Report for your review and consideration. Please call me if you need clarification or additional information. Then, please mark and sign the accompanying Voting Sheet.

Saina Ma'åse' yan Magof Ha'ånen Yu'os,

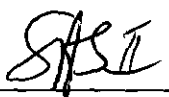

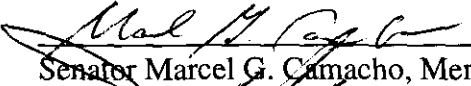
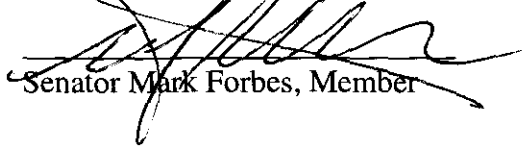
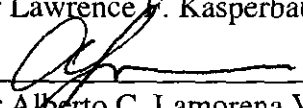
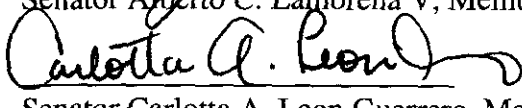

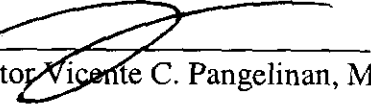

SIMON A. SANCHEZ II

Orlean Pacific Plaza, Suite B-103
865 South Marine Drive
Tamuning, Guam 96911

Phone: (671) 649-LIFE (5433) • 647-3234/5/6
Fax: (671) 647-3267
Email: sensanchez@kuentos.guam.net

I Muna' Bente Singko Na Liheslaturan Guåhan
Kumiten Salut, Setbision Tinaotao Yan Irensian Chamoru
VOTING SHEET

Bill No. 399, as substituted by the Committee on Health, Human Services and Chamorro Heritage –
 An act to add a new chapter 93 to Title 10 of the Guam Code Annotated, relative to creating the Guam System of Care for Children with Serious Emotional Disturbance, and to appropriate the sum of Seventy-Five Thousand Dollars (\$75,000.00) for such purpose

	To Pass	Not to Pass	Abstain	Inactive File
 _____ Senator Simon A. Sanchez II, Chairperson	✓	_____	_____	_____
 _____ Senator Joanne M.S. Brown, Vice Chairperson	✓	_____	_____	_____
_____ Senator Frank B. Aguon, Jr., Member	_____	_____	_____	_____
_____ Senator Anthony C. Blaz, Member	_____	_____	_____	_____
_____ Senator Eduardo B. Calvo, Member	_____	_____	_____	_____
 _____ Senator Marcel G. Camacho, Member	✓	_____	_____	_____
 _____ Senator Mark Forbes, Member	✓	_____	_____	_____
_____ Senator Lawrence F. Kasperbauer, Member	_____	_____	_____	_____
 _____ Senator Alberto C. Lamorena V, Member	✓	_____	_____	_____
 _____ Senator Carlotta A. Leon Guerrero, Member	✓	_____	_____	_____
 _____ Senator Kaleo S. Moylan, Member	✓	_____	_____	_____
 _____ Senator Vicente C. Pangelinan, Member	✓	_____	_____	_____

*I Mina' Bente Singko na Liheslaturan Guåhan
Kumiten Salut, Setbision Tinaotao yan Iremsian Chamorro*

**Committee Report
Bill No. 399**

as substituted by the Committee on Health, Human Services and Chamorro Heritage

"An act to add a new chapter 93 to Title 10 of the Guam Code Annotated, relative to creating the Guam System of Care for Children with Serious Emotional Disturbance, and to appropriate the sum of Seventy-Five Thousand Dollars (\$75,000.00) for such purpose."

**Simon A. Sanchez II, Chairperson
Joanne M.S. Brown, Vice Chairperson**

Members

**Frank B. Aguon, Jr.
Anthony C. Blaz
Marcel G. Camacho
Lawrence F. Kasperbauer
Carlotta A. Leon Guerrero
Vicente C. Pangelinan**

**Eulogio C. Bermudes
Eduardo B. Calvo
Mark Forbes
Alberto C. Lamorena V
Kaleo S. Moylan**

I. OVERVIEW

Bill No. 399 proposes to add a new chapter 93 to Title 10 of the Guam Code Annotated, relative to creating the Guam System of Care for Children with Serious Emotional Disturbance, and to appropriate the sum of Seventy-Five Thousand Dollars (\$75,000.00) for such purpose.

The Bill was introduced March 15, 2000 and referred to this Committee on March 17, 2000. A public hearing was held on March 23, 2000.

II. COMMITTEE FINDINGS

It is estimated that 11.89% of children in the United States have "clinical maladjustment." Existing research concludes that a conservative estimate of children with serious emotional disturbances is 5%, or about 3 million. It is also estimated that two-thirds of the seriously disturbed children in the U.S. are not getting the services they need.

While there is no aggregate data regarding Guam's children with serious emotional disturbance, based on established national prevalence rates, it is a safe assumption that at least 5% of approximately 45,000 school-age children on Guam, or about two thousand two hundred fifty (2,250) children on Guam have serious emotional disturbances.

The community of Guam has exerted a sustained effort at trying to serve children with emotional disabilities. Efforts over the past 25 years demonstrate a clear desire to serve these children and their families. Guam, however, has experienced limited success. This is reflective of a failure to place the child and family at the center of efforts, and also is due to the lack of a coordinated plan.

In 1994, the Child and Adolescent Services Division (CASD) of the Department of Mental Health and Substance Abuse was established to consolidate and improve mental health services for children, adolescents and their families. Other individuals and organizations providing services include the government departments of Youth Affairs, Public Health and Social Services, Education, and Integrated Services for Individuals with Disabilities, the Superior Court of Guam through its counseling division, the Navy and Air Force Family Advocacy Centers, private non-profits and professionals in private practice providing mental health services to children and families.

Funding of services is a concern. Guam is experiencing economic retraction for the sixth year. Government resources are limited. Guam continues to appropriate money to the Residential Treatment Fund to support evaluation, therapy, residential care and related services for emotionally disturbed children. This particular money could be made more 'flexible' to meet individual needs of children and their families.

Guam does not have a comprehensive mental health policy addressing needs of children and families. In the past, and still today, children are often placed into residential treatment outside of Guam. Guam's children with serious emotional disturbances and their families should be served in as normal an environment as possible. Guam must work to facilitate the return of these children and to maintain as many children as possible on Guam, in their own homes and/or Community, by providing a range of family-focused and community-based services and supports. These services and supports should be part of one comprehensive and coordinated system of care.

It is therefore the intention of this Bill to establish a Guam System of Care Council to develop and implement strategies to foster collaboration among families, public and private service providers, and

other stakeholders towards the establishment of a system of care for children with, and at risk for, serious emotional disturbances on Guam.

The Bill sets forth a policy that a child with, or at risk of, a serious emotional disturbance shall be provided access to a comprehensive system of care tailored to meet the child's unique needs. The system of care shall be child-centered and family-focused; culturally competent; non-discriminatory; the system also shall provide services in the child's own community to the maximum degree possible with available and appropriate resources or else off-island until such services are available in Guam and shall provide services in the least restrictive setting.

Guam's comprehensive system of care shall be integrated, coordinated, and shall promote an active partnership between the child, the child's family and all service providers. The system shall be guided by the following principles: collaboration; a full and flexible array of services; a proactive approach; systematic and periodic evaluation and accountability; and comprehensive training for all stakeholders and providers.

The Guam System of Care Council shall be responsible for the development and implementation of strategies to foster collaboration among stakeholders so that the system of care policy is substantially embraced in every program ministering to children with serious emotional disturbances.

At the March 23rd public hearing, there was overwhelming support to pass the Bill. In addition, the collaborative group advocating for its passage submitted revisions to the original Bill, which have mostly been incorporated into the substitute version.

III. COMMITTEE RECOMMENDATIONS

The Committee on Health, Human Services and Chamorro Heritage thus recommends **that Bill No. 399, as substituted by the Committee, "TO PASS"**.

MINA BENTE SINGKO NA LIHESLATURAN GUÅHAN
2000 (SECOND) Regular Session

Bill No. 399 (COR)

as substituted by the Committee on
Health, Human Services and Chamorro Heritage

Introduced by:

S. A. Sanchez, II
C. A. Leon Guerrero
A. C. Lamorena V

**AN ACT TO ADD A NEW CHAPTER 93 TO TITLE 10 OF
THE GUAM CODE ANNOTATED, RELATIVE TO
CREATING THE GUAM SYSTEM OF CARE FOR
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE,
AND TO APPROPRIATE THE SUM OF SEVENTY-FIVE
THOUSAND DOLLARS (75,000.00) FOR SUCH PURPOSE.**

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

2 **Section 1. A new Chapter 93 is added to Title 10 of the Guam Code**
3 **Annotated to read as follows:**

4 **"Chapter 93. Guam System of Care for Children with Serious Emotional**
5 **Disturbance.**

6 **§93100. Legislative findings.** It is estimated that 12% of children in the United
7 States have emotional disturbances. Existing research concludes that a conservative
8 estimate of children with serious emotional disturbances is 5%, or about 3 million. It
9 is also estimated that two-thirds of the seriously disturbed children in the U.S. are
10 not getting the services they need.

11 While there is no aggregate data regarding Guam's children with serious
12 emotional disturbance, based on established national prevalence rates, it is a safe

1 assumption that at least 5% of approximately 45,000 school-age children on Guam,
2 or about two thousand two hundred fifty (2,250) children on Guam have serious
3 emotional disturbances.

4 The community of Guam has exerted a sustained effort at trying to serve
5 children with emotional disabilities. Efforts over the past 25 years demonstrate a
6 clear desire to serve these children and their families. Guam, however, has
7 experienced limited success. This is reflective of a failure to place the child and
8 family at the center of efforts, and also is due to the lack of a coordinated plan.

9 In 1994, the Child and Adolescent Services Division (CASD) of the Department
10 of Mental Health and Substance Abuse was established to consolidate and improve
11 mental health services for children, adolescents and their families. Other individuals
12 and organizations providing services include the government departments of Youth
13 Affairs, Public Health and Social Services, Education, and Integrated Services for
14 Individuals with Disabilities, the Superior Court of Guam through its counseling
15 division, the Navy and Air Force Family Advocacy Centers, private non-profits and
16 professionals in private practice providing mental health services to children and
17 families.

18 Funding of services is a concern. Guam is experiencing economic retraction for
19 the sixth year. Government resources are limited. Guam continues to appropriate
20 money to the Residential Treatment Fund to support evaluation, therapy, residential
21 care and related services for emotionally disturbed children. This particular money
22 could be made more 'flexible' to meet individual needs of children and their
23 families.

24 Guam does not have a comprehensive mental health policy addressing needs
25 of children and families. In the past, and still today, children are often placed into
26 residential treatment outside of Guam. Guam's children with serious emotional
27 disturbances and their families should be served in as normal an environment as

1 possible. Guam must work to facilitate the return of these children and to maintain
2 as many children as possible on Guam, in their own homes and/or Community, by
3 providing a range of family-focused and community-based services and supports.
4 These services and supports should be part of one comprehensive and coordinated
5 system of care.

6 It is therefore the intention of *I Liheslaturan Guåhan* to establish a Guam System
7 of Care Council to develop a strategic plan to foster collaboration among families,
8 public and private service providers, and other stakeholders towards the
9 establishment of a system of care for children with, and at risk for, serious emotional
10 disturbances on Guam.

11 **§93101. Policy.** On Guam, a child with, or at risk of, a serious emotional
12 disturbance shall be provided access to a comprehensive system of care tailored to
13 meet the child’s unique needs. The system of care shall be child-centered and family-
14 focused; culturally competent; non-discriminatory; the system also shall provide
15 services in the child’s own community to the maximum degree possible with
16 available and appropriate resources or else off-island until such services are available
17 in Guam and shall provide services in the least restrictive setting.

18 Guam’s comprehensive system of care shall be integrated, coordinated, and
19 shall promote an active partnership between the child, the child’s family and all
20 service providers. The system shall be guided by the following principles:
21 collaboration; a full and flexible array of services; a proactive approach; systematic
22 and periodic evaluation and accountability; and comprehensive training for all
23 stakeholders and providers.

24 **GUIDING PRINCIPLES**

25 **Collaboration**

26 Guam’s system of care shall promote partnerships between the child, family
27 and service providers from the initiation of services and thereafter. The partnerships

1 with the child and family necessarily require effective collaboration with the child and
2 family among and between public and private providers of services and with other
3 appropriate stakeholders in the community. In meeting the needs of the child and
4 family, collaboration shall promote:

5 a. Availability and provision of all necessary services and supports to the child
6 and her/his family;

7 b. Smooth transitions among and between services, including transition to adult
8 services when appropriate;

9 c. Protection of the rights of the child, and/or of the family on behalf of the
10 child;

11 d. Full family participation at every step of the process, to include family
12 participation in policy and service development;

13 e. Utilization of informal family and other natural community supports.

14 **A Full and Flexible Array of Services**

15 In Guam's system of care, a child shall have access to an array of services and
16 supports that are based in the community to the maximum degree possible and
17 within the resources available, which shall include but not be limited to:

18 a. Child-specific and appropriate service models;

19 b. Individualized planning and provision of integrated services which capitalize
20 on child strengths, family strengths and family supports;

21 c. Protection of the individual rights of the child, and/or the rights of the child's
22 family on behalf of the child. Protections shall include the due process rights of notice,
23 appearance and participation in decision-making, representation by a person of one's
24 own choice, the right to appeal of decisions, and all rights accorded under the existing
25 local and federal law;

26 d. Therapeutic home aides and other services for a child in his home offered by
27 qualified persons to include qualified family members;

1 e. Community-based services for education, health, mental health, care
2 coordination, social service, substance abuse prevention and intervention, and
3 recreation;

4 f. Skills development in career and work orientation, family life and
5 interpersonal relationships;

6 g. A full and flexible array of living options which could include family home,
7 therapeutic foster care, therapeutic group care, respite care, in-home care services,
8 inpatient psychiatric care, and crisis care and any other appropriate service which is
9 centered around the specific needs of a child and the child's family;

10 h. Flexible funding sources that can come from both public and private sources
11 which can be combined and shared by different organizations and government
12 entities to facilitate and accommodate a full and flexible array of services.

13 **Proactive Approaches**

14 Guam's system of care shall include proactive approaches which promote early
15 identification of the child, early intervention on behalf of the child and her/his family,
16 crisis management, programs to prevent serious emotional disturbance in children,
17 and outreach programs to the public to increase awareness, promote education and
18 foster understanding.

19 **Performance Evaluation and Accountability**

20 The Guam system of care for children with, or at risk of, serious emotional
21 disturbance shall provide mechanisms for evaluation of performance, and provide
22 accountability to children, their families and the community. These mechanisms shall
23 be outcome-based, systematic and periodic. These mechanisms shall measure
24 interagency cooperation, delivery of service, community collaboration, and family
25 involvement at the level of the system of care, at the level of a program or programs
26 within the system of care, and at the level of an individual case within the system.

27 **Comprehensive Training For All Stakeholders and Providers**

1 Guam's system of care shall include funding for a comprehensive, broad
2 outcomes-based, systematic training component to promote systems change, family
3 and personnel capacity and skill-building, and public awareness.

4 Training activities shall focus on:

5 a. Outreach training to family members and community resources including
6 friends, neighbors, religious and recreational support, including training of trainers
7 for family and community members;

8 b. The development of a comprehensive system of personnel development
9 consisting of:

10 1. Long range training plans based on supply and demand and needed
11 career areas to fully support the system of care;

12 2. The establishment of personnel standards and competencies, and when
13 appropriate, credentials;

14 3. The compilation and delivery of a core curriculum for the system of
15 care including values, goals, and planning principles for pre-service
16 professional training; and

17 4. The planning and implementation of ongoing in-service personnel
18 development to upgrade skills and to disseminate best practices in
19 systems of care.

20 c. Public awareness campaigns to ensure that the community at large is aware
21 of the system of care and the training opportunities, and to insure continuity of
22 Guam's system of care efforts when personnel and community leaders change.

23 **§93102. Definitions.** As used in reference to the planning, implementation,
24 and evaluation of the Guam System of Care for Children with Serious Emotional
25 Disturbance, the following terms are defined:

26 ■ **Access to Services** – The right to, and ease in securing desired and needed
27 services.

- 1 ▪ **Accountability** – Refers to the efficacy of services, programs, and plans and
2 their responsiveness to the needs of the child/family.
- 3 ▪ **Best Practices** – Successful approaches, strategies and models in planning,
4 implementation, service delivery, and evaluation.
- 5 ▪ **Blended (Funds)** – A process of combining categorical funds to gain more
6 flexibility in how these funds can be spent on individualized services.
- 7 ▪ **Capacity Building** – Refers to a component of the system of care that provides
8 information, training, education, or other resources to enable people (family and
9 personnel) to carry out the needed and desired activities.
- 10 ▪ **Care Coordination** – See “Case Management” below.
- 11 ▪ **Case Management** – The task of coordinating various service components and
12 ensuring that service needs are assessed and reassessed over time. In systems of
13 care, case management also denotes the actual provision of services as opposed to
14 the limited “brokering” of services in traditional mental health systems. In some
15 settings, the term “care coordination” is used instead of case management to
16 connote broader job requirements and to describe the actual case management
17 model being used.
- 18 ▪ **Case Manager** –An individual assigned with the responsibilities of
19 coordinating the care of the child and family. The case manager is key to ensuring
20 that the system is truly responsive to the needs of the individuals it is designed to
21 serve.
- 22 ▪ **Case Management Team** – Members identified to work together as a team to
23 help the child and family meet their needs.
- 24 ▪ **Child with Serious Emotional Disturbance** – On Guam, a seriously
25 emotionally disturbed child or adolescent is defined as a person who is under the
26 age of 18, or is under the age of 22 and has been receiving services prior to the age of

1 18 that must be continued for maximum therapeutic benefits, and who exhibits any
2 of the following characteristics for more than six (6) months:

- 3 - has received a DSM-IV diagnosis on axis I or II
- 4 - exhibits severe behavioral, emotional, or social disabilities that cannot be
5 attributed solely to intellectual, physical, or sensory deficits, such as but not limited
6 to:

- 7 • behaviors that are sufficiently intense or severe enough to be considered
8 seriously detrimental to the child's growth, development, or welfare, or to the safety
9 or welfare of others;

- 10 • behaviors that, although possibly provoked, are judged to be extreme or out of
11 proportion to the provocation, or an inappropriate age reaction;

- 12 • behaviors that have been judged sufficiently disruptive to lead to exclusion
13 from school, home, therapeutic, or recreational settings;

- 14 • behaviors that require interdisciplinary services and intensive, well
15 coordinated care to be successfully managed.

- 16 ▪ **Child at Risk for Serious Emotional Disturbance** – On Guam, a child or
17 adolescent is considered to be at risk for a serious emotional disturbance as defined
18 by this Act if the child would be subject to a serious emotional disturbance for any
19 length of time.

- 20 ▪ **Child-Centered** – A core value of the system of care whereby the needs of the
21 child and family dictate the type and mix of services provided rather than expecting
22 the child and family to conform to preexisting service configurations. This approach
23 is seen as a commitment to providing services in an environment and in a manner
24 that enhances the personal dignity of children and families, respects their wishes
25 and goals, and maximizes opportunities for involvement and self-determination in
26 the planning and delivery of services.

- 1 ▪ **Child Specific and Appropriate Service Models** – Services and programs
2 tailored specifically to meet the developmental needs of children and adolescents as
3 opposed to programs geared to address adult needs.
- 4 ▪ **Child’s Own Community** – Referring to within or close to the child’s home
5 environment.
- 6 ▪ **Collaboration** – The process of bringing together those who have a stake in
7 children’s mental health for the purpose of interdependent problem solving that
8 focuses on improving services to children and families.
- 9 ▪ **Community-Based (Based in the Community)** - A core value of the system of
10 care which emphasizes the need for services provided to children in less restrictive,
11 more normative environments which are within or close to the child’s home
12 environment.
- 13 ▪ **Comprehensive Services** – Pertaining to a “continuum of care” used to
14 describe the range of services or program components at varying levels of intensity
15 needed by the child.
- 16 ▪ **Coordinated Services** – Refers to a process whereby families and service
17 providers agree upon a *plan of care* that meets the needs of the child and family.
18 These service providers can include mental health, education, juvenile justice, and
19 child welfare. *Case management* is necessary to coordinate services.
- 20 ▪ **Crisis Care** – Refers to a continuum of crisis and emergency services that
21 range from nonresidential crisis services to crisis services in a non-hospital,
22 residential context.
- 23 ▪ **Culturally Competent** – A set of behaviors, attitudes, and policies of a system,
24 agency, or among service providers that enables them to work effectively in cross-
25 cultural situations.
- 26 ▪ **Early Identification and Intervention** – A process for recognizing warning
27 signs that children are at risk for emotional disabilities and taking early action

1 against factors that put them at risk. Early intervention can have a significant effect
2 on the course of emotional disturbance in children and can help prevent problems
3 from reaching serious proportions.

4 ▪ **Family** – Family is defined by its members and each family defines itself.
5 Families can include biological and adoptive parents and their partners, siblings,
6 extended family members and friends who provide a significant level of support to
7 the child or primary caregiver.

8 ▪ **Family-Focused** – An approach to designing and providing care that supports
9 all family members involved with the child’s care; decisions about services are made
10 considering the strengths and needs of the family as a whole as well as the
11 individual child with a severe emotional disturbance. Further, family members are
12 also involved in all aspects of planning and evaluating the service delivery system.
13 This approach is seen as a commitment to support families in their role as caregivers
14 and to preserve family integrity to the greatest possible extent.

15 ▪ **Family-Provider Collaboration** – A process that participants (including
16 family coordinators and advocates, therapists, administrators, social workers, and
17 case managers) in the system of care engage in to improve services for children and
18 families. This process requires: on going dialogue on vision and goals; attention to
19 how power (administrative, financial, etc.) is shared; attention to how
20 responsibilities in planning and decision-making are distributed; open and honest
21 two-way communication and sharing of information; and that all participants in the
22 system of care are seen as mutually respected equals.

23 ▪ **Family Supports** – Community-based services and supports to promote the
24 well-being of children and families designed to increase the strength and stability of
25 families, to increase parents’ confidence and competence in their parenting abilities,
26 to afford children a supportive family environment, and to enhance child
27 development.

- 1 ▪ **Guam System of Care Council ("GSOCC")** - the Council established by this
2 Act is responsible for the development and implementation of plans and strategies
3 to foster collaboration among stakeholders so that the system of care policy is
4 substantially embraced in every program ministering to children with serious
5 emotional disturbances, and as otherwise provided by this Act.
- 6 ▪ **Individualized Services** – Services that are designed specifically to address
7 the unique needs and strengths of each child and family.
- 8 ▪ **Inpatient Psychiatric Care** – Mental health treatment in a hospital setting 24
9 hours a day. The purpose of inpatient hospitalization is (1) short-term treatment in
10 cases where the child is in crisis and possibly a danger to self or others, and (2)
11 diagnosis and treatment when the patient cannot be evaluated or treated
12 appropriately in an outpatient setting.
- 13 ▪ **In-Home Care Services/Home-Based Services** - Services provided in the
14 family's home for either a defined time or for as long as a child with an emotional
15 disability and his/her family needs assistance. Examples include parent training,
16 counseling, and working with family members to identify, find, or provide other
17 help they may need. The goal is to prevent the child from being placed out of the
18 home.
- 19 ▪ **Integrated Services** – Services that are provided in a community through
20 multiple agencies with decreased overlap and decreased gaps in services.
- 21 ▪ **Least Restrictive Setting** – Children with emotional disabilities should receive
22 services within the least restrictive setting. This means that children and adolescents
23 should be served in as normal an environment as possible. Preferred interventions
24 are those that provide the needed services and at the same time are minimally
25 intrusive in the normal day-to-day routine of the child and family. An implicit goal
26 of the system of care is to maintain as many children as possible in their own homes

1 by providing a full range of family-focused and community-based services and
2 supports.

3 ▪ **Parent** - Biological and adoptive mother or father, or the legal guardian of the
4 child, or a responsible relative or primary caregiver (including foster parents) with
5 whom the child regularly resides.

6 ▪ **Prevention Programs** –Programs and services in the system of care designed
7 to reduce the incidence of emotional disabilities in children. Interventions directed at
8 children and/or families who have not yet been identified, especially those children
9 who, by virtue of genetic, family or situational factors, are at the highest risk for
10 emotional disabilities.

11 ▪ **Qualified Persons** –Individuals within the system of care responsible for
12 developing a service plan and providing services and supports for the child
13 including professionals (people who have specific educational training), parents of
14 the child, and other individuals with knowledge or special expertise regarding the
15 child.

16 ▪ **Respite Care** – A service that gives a family a short break – relief – where
17 someone else temporarily takes care of the child for a few hours or a few days.
18 Respite can be provided in the family’s home, at a respite provider’s home, or at a
19 special respite care facility.

20 ▪ **Strengths-Based Planning (SBP)**– A method to improve the lives of the child
21 and family who have complex needs by working within the areas or domains of
22 their lives and focusing on what strengthens family functioning. Life domains
23 include safety, interpersonal health, family, home/shelter, social/leisure,
24 educational/vocational, legal and behavioral/emotional. The plan incorporates
25 strengths, goals, needs and strategies for the selected life domains. SBPs are
26 developed by a team of individuals who care about the child, including family

1 members. This method of planning can be utilized in IEPs, mental health treatment
2 plans, case plans and/or coordinated child and family plans.

3 ▪ **Systems Change** –To make modifications in existing systems to increase the
4 likelihood that individuals will encounter favorable outcomes within the system.
5 May include the transfer of authority among individuals and agencies in order to
6 alter the system by which services are delivered.

7 ▪ **System of Care (SOC)** – A system of care is a comprehensive spectrum of
8 mental health and other necessary services which are organized into a coordinated
9 network to meet the multiple and changing needs of children and adolescents with
10 severe emotional disturbances and their families. A system of care not only includes
11 the program and service components, but also encompasses mechanisms,
12 arrangements, structures, or processes to ensure that the services are provided in a
13 coordinated, cohesive manner.

14 ▪ **Therapeutic Foster Care Home** - A home where a child with a serious
15 emotional disturbance lives with trained foster parents with access to other support
16 services. These foster parents receive special support from organizations that
17 provide crisis intervention, psychiatric, and social work services. The intended
18 length of this care is usually from 6-12 months.

19 ▪ **Therapeutic Group Care** – Community-based, home-like settings that provide
20 intensive treatment services to a small number of young people (usually 5-10
21 persons). These young people work on issues that require 24-hour supervision. The
22 home should have many connections with an interagency system of care. Psychiatric
23 services offered in this setting try to avoid hospital placement and to help the young
24 person move toward a less restrictive situation.

25 ▪ **Transitional Services** – Services that help children leave the system that
26 provides help for children and move into adulthood and the adult service system.

1 Help includes mental health care, independent living services, supported housing,
2 vocational services, and a range of other support services.

3 ▪ **Wraparound** – Wraparound is a philosophy of care that includes a definable
4 planning process involving the child and family that results in a unique set of
5 community services and natural supports individualized for that child and family to
6 achieve a positive set of outcomes.

7 **§93104. Creation of the Guam System of Care Council.** There is hereby
8 created the Guam System of Care Council.

9 The GSOCC shall be composed of the following:

- 10 a. Nine (9) consumer representatives appointed by the Governor, to include
11 parents or other family members of children with, or at risk of, serious
12 emotional disturbance or consumers who have experienced serious
13 emotional disturbance and are cognizant of issues and barriers in the
14 current delivery system; and
- 15 b. One representative from each of the following entities, designated by their
16 respective appointing authorities: (1) Department of Education; (2)
17 Department of Public Health and Social Services, (3) Department of Mental
18 Health and Substance Abuse, (4) Department of Integrated Services for
19 Individuals with Developmental Disabilities; (5) Department of Youth
20 Affairs; (6) Guam Legal Services Corporation; (7) University of Guam
21 Affiliated Program; and (8) Department of Law.

22 The Council members shall select a Chairperson, always from the family
23 representatives, and a Vice-Chairperson from the Council membership.

24 **§93105. GSOCC Powers, Responsibilities and Duties.** The Guam System of
25 Care Council, in the first year following enactment of this Act, shall be responsible
26 for the development and implementation of plans and strategies to foster
27 collaboration among stakeholders so that the system of care policy is substantially

1 embraced in every program ministering to children with serious emotional
2 disturbance.

3 The Council, with the technical and clerical assistance of the University
4 Affiliated Program, shall:

- 5 1) Develop technical assistance strategies to find, receive, and use resources to
6 develop and maintain the Guam system of care;
- 7 2) Develop and carry out activities which promote and support parent and
8 family understanding involvement education training and participation in
9 the system of care and system development;
- 10 3) Facilitate collaboration of families, care givers, service providers, policy
11 makers, and community members to develop Guam's system of care;
- 12 4) Educate families, care givers, service providers, policy makers and the
13 community concerning children with emotional disabilities and the system
14 of care;
- 15 5) Develop a plan to provide parents, care givers, service providers, policy
16 makers and the community access to an array of services providing a
17 continuous care for children and families;
- 18 6) Develop a system of evaluation and quality assurance; and
- 19 7) The Council may request for an appropriation for continued funding of its
20 operations as part of its report and justifying its needs;
- 21 8) The Council may make such expenditures, subject to the provisions of this
22 Article or any other applicable law, regulation or restriction, as may be
23 necessary for the activities and operations of the Council and carry out the
24 purposes of this Article.

25 All Departments and Agencies of the Government shall fully respond to
26 requests for information from the Council within ten (10) days and if unable to fully

1 respond therein, they shall provide a reason for inability to timely respond and
2 expect full response date.

3 The Council is empowered and authorized to participate in the programs of
4 the Federal Government and its agencies that provide assistance for systems of care
5 for children with serious emotional disturbance and related programs and services.

6 The Council shall submit a report to *I Maga'lahaen Guåhan* and *I Liheslaturan*
7 *Guåhan* outlining its accomplishments, specific findings and recommendations to
8 improve Guam's compliance with this policy no later than one (1) year after the
9 enactment of this Act.

10 **Section 2. Appropriation.** There is hereby appropriated from the General
11 Fund the sum of Seventy-Five Thousand Dollars (\$75,000.00) to the Guam System of
12 Care Council to cover the cost of planning, coordination, and administration of the
13 purposes of this Act. No funds shall be expended for the hiring of permanent
14 Council staff. The Council shall contract for such administrative support as is
15 deemed necessary. No funds shall be expended for direct services to children with
16 serious emotional disturbances or their families. All funds appropriated shall
17 remain with the Council until fully expended.

18 **Section 3. Severability.** *If* any provision of this Law or its application to any
19 person or circumstance is found to be invalid or contrary to law, such invalidity
20 shall *not* affect other provisions or applications of this Law which can be given effect
21 without the invalid provisions or application, and to this end the provisions of this
22 Law are severable.

MINA'BENTE SINGKO NA LIHESLATURAN GUÁHAN

2000 (SECOND) Regular Session

Clerk of the Legislature

Bill No. 399 (COR)

Introduced by:

ACKNOWLEDGEMENT RECEIPT

Received by: SA Sanchez, II *SA*

Date: Leon Guerrero *3/15/00*

A.C. Lamorena *V.ich*

AN ACT TO ADD A NEW ARTICLE _____ TO TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO CREATING THE GUAM SYSTEM OF CARE FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE, AND TO APPROPRIATE THE SUM OF SEVENTY-FIVE THOUSAND DOLLARS (75,000.00) FOR SUCH PURPOSE.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. A new Article ___ is added to Title 10 of the Guam Code Annotated to read as follows:

"Article __. Guam System of Care for Children with Serious Emotional Disturbance.

Chapter __. Declaration of legislative findings and policy. § ____. Findings. It is estimated that 11.89% of children in the United States have "clinical maladjustment." Existing research concludes that a conservative estimate of serious emotional disturbance in children is 5%, or about 3 million. It is also estimated that two-thirds of the seriously disturbed children in the U.S. are not getting the services they need.

While there is no aggregate data regarding Guam's children with serious emotional disturbance, based on national data it is a safe assumption that at least 5% or about twenty thousand (20,000) children of the children on Guam have serious emotional disturbances.

The community of Guam has exerted a sustained effort at trying to serve children with emotional disabilities. Our efforts over at least the past 25 years demonstrate a sincere

1 desire to serve these children and their families. We have, however, experienced only
2 limited success. this is reflective of our failure to place the child and family at the center of
3 our efforts.

4 In 1994, the Child and Adolescent Services Division (CASD) of the Department of
5 Mental health and Substance Abuse was established to consolidate and improve mental
6 health services for children, adolescents and their families. Other individuals and
7 organizations providing services include the government departments of Youth Affairs,
8 Public Health and Social Services, Education, and Integrated Services for Individuals with
9 Disabilities, the Superior Court of Guam through its counseling division, the Navy and Air
10 Force Family Advocacy Centers, private non-profits and professionals in private practice
11 providing mental health services to children and families.

12 Funding of services is a concern. Guam is experiencing economic retraction for the
13 sixth year. Government resources are limited. We continue to appropriate money to the
14 Residential Treatment Fund to support evaluation, therapy, residential care and related
15 services for emotionally disturbed children. This particular money could be made more
16 'flexible' to meet individual needs of children and their families.

17 Guam does not have a comprehensive mental health policy addressing needs of
18 children and families. In the past, and still today, children are placed into residential
19 treatment outside of Guam. However, we want our children to return to our community.
20 We want our children to stay in our community. We want our children and their families to
21 be better served in our community.

22 Our community must have families, public and private service providers, policy
23 makers, and community members work in collaboration to develop a system of care on
24 Guam; educate families' care givers, providers and the community concerning children
25 with emotional disturbance and the system of care on Guam; parents, care givers and
26 providers will have access to a 'one stop center'; an array of services will exist in the
27 community providing a continuum of care for children and families; and a system of

1 evaluation and quality assurance exists and the quality of care to children and families
2 continues to improve as a result.

3 §_____. **Policy.** On Guam, a child with, or at risk of, a serious emotional disturbance
4 shall be provided access to a comprehensive system of care tailored to meet the child's
5 unique needs. The system of care shall be child-centered and family-focused; culturally
6 competent; non-discriminatory; the system also shall provide services in the child's own
7 community to the maximum degree possible with available and appropriate resources or else
8 off-island until such services are available in Guam and shall provide services in the least
9 restrictive setting.

10 Guam's comprehensive system of care shall be integrated, coordinated, and shall
11 promote an active partnership between the child, the child's family and all service providers.
12 The system shall be guided by the following principles: collaboration; a full and flexible
13 array of services; a proactive approach; systematic and periodic evaluation and
14 accountability; and comprehensive training for all stakeholders and providers.

15 **GUIDING PRINCIPLES**

16 **Collaboration**

17 Guam's system of care shall promote partnerships between the child, family and
18 service providers from the initiation of services and thereafter. The partnerships with the
19 child and family necessarily require effective collaboration with the child and family among
20 and between public and private providers of services and with other appropriate stakeholders
21 in the community. In meeting the needs of the child and family, collaboration shall promote:

22 a. Availability and provision of all necessary services and supports to the child and
23 her/his family;

24 b. Smooth transitions among and between services, including transition to adult
25 services when appropriate;

26 c. Protection of the rights of the child, and/or of the family on behalf of the child;

1 d. Full family participation at every step of the process, to include family participation
2 in policy and service development;

3 e. Utilization of informal family and other natural community supports.

4 **A Full and Flexible Array of Services**

5 In Guam's system of care, a child shall have access to an array of services and
6 supports that are based in the community to the maximum degree possible and within the
7 resources available, which shall include but not be limited to:

8 a. Child-specific and appropriate service models

9 b. Individualized planning and provision of integrated services which capitalize on
10 child strengths, family strengths and family supports;

11 c. Protection of the individual rights of the child, and/or the rights of the child's family
12 on behalf of the child. Protections shall include the due process rights of notice, appearance
13 and participation in decision-making, representation by a person of ones' own choice, the
14 right to appeal of decisions, and all rights accorded under the existing local and federal law;

15 d. Therapeutic home aides and other services for a child in his home offered by
16 qualified persons to include qualified family members;

17 e. Community-based services for education, health, mental health, care coordination,
18 social service, substance abuse prevention and intervention, and recreation;

19 f. Skills development in career and work orientation, family life and interpersonal
20 relationships;

21 g. A full and flexible array of living options which could include family home,
22 therapeutic foster care, therapeutic group care, respite care, in-home care services, inpatient
23 psychiatric care, and crisis care and any other appropriate service which is centered around
24 the specific needs of a child and the child's family;

25 h. Flexible funding sources that can come from both public and private sources which
26 can be combined and shared by different organizations and government entities to facilitate
27 and accommodate a full and flexible array of services.

1 **Proactive Approaches**

2 Guam’s system of care shall include proactive approaches which promote early
3 identification of the child, early intervention on behalf of the child and her/his family, crisis
4 management, programs to prevent serious emotional disturbance in children, and outreach
5 programs to the public to increase awareness, promote education and foster understanding.

6 **Performance Evaluation and Accountability**

7 The Guam system of care for children with, or at risk of, serious emotional
8 disturbance shall provide mechanisms for evaluation of performance, and provide
9 accountability to children, their families and the community. These mechanisms shall be
10 outcome-based, systematic and periodic. These mechanisms shall measure interagency
11 cooperation, delivery of service, community collaboration, and family involvement at the
12 level of the system of care, at the level of a program or programs within the system of care,
13 and at the level of an individual case within the system.

14 **Comprehensive Training For All Shareholders and Providers**

15 Guam’s system of care shall include funding for a comprehensive, broad outcomes-
16 based, systematic training component to promote systems change, family and personnel
17 capacity and skill-building, and public awareness.

18 Training activities shall focus on:

- 19 a. Outreach training to family members and community resources including friends,
20 neighbors, religious and recreational support, including training of trainers for family and
21 community members;
- 22 b. The development of a comprehensive system of personnel development consisting
23 of:
 - 24 1. Long range training plans based on supply and demand and needed career
25 areas to fully support the system of care;
 - 26 2. The establishment of personnel standards and competencies, and when
27 appropriate, credentials;

1 3. The compilation and delivery of a core curriculum for the system of care
2 including values, goals, and planning principles for pre-service professional
3 training; and

4 4. The planning and implementation of ongoing in-service personnel
5 development to upgrade skills and to disseminate best practices in systems of
6 care.

7 c. Public awareness campaigns to ensure that the community at large is aware of the
8 system of care and the training opportunities, and to insure continuity of Guam’s system of
9 care efforts when personnel and community leaders change.

10 **Chapter __. Definitions.** As used in reference to the planning, implementation, and
11 evaluation of the Guam System of Care for Children with Serious Emotional Disturbance,
12 the following terms are defined:

13 ▪ **Access to Services** – The right to, and ease in securing desired and needed services.

14 ▪ **Accountability** – Refers to the efficacy of services, programs, and plans and their
15 responsiveness to the needs of the child/family.

16 ▪ **Best Practices (SOC)** – Successful approaches, strategies and models in planning,
17 implementation, service delivery, and evaluation.

18 ▪ **Blended (Funds)** – A process of combining categorical funds to gain more
19 flexibility in how these funds can be spent on individualized services.

20 ▪ **Capacity Building** – Refers to a component of the system of care that provides
21 information, training, education, or other resources to enable people (family and personnel)
22 to carry out the needed and desired activities.

23 ▪ **Care Coordination** – See “Case Management” below.

24 ▪ **Case Management** – The task of coordinating various service components and
25 ensuring that service needs are assessed and reassessed over time. In systems of care, case
26 management also denotes the actual provision of services as opposed to the limited
27 “brokering” of services in traditional mental health systems. In some settings, the term

1 “care coordination” is used instead of case management to connote broader job
2 requirements and to describe the actual case management model being used.

3 ▪ **Case Manager** –An individual assigned with the responsibilities of coordinating the
4 care of the child and family. The case manager is key to ensuring that the system is truly
5 responsive to the needs of the individuals it is designed to serve.

6 ▪ **Case Management Team** – Members identified to work together as a team to help
7 the child and family meets their needs.

8 ▪ **Child with Serious Emotional Disturbance** – On Guam, a seriously emotionally
9 disturbed child or adolescent is defined as a person who is under the age of 18, or is under
10 the age of 22 and has been receiving services prior to the age of 1 that must be continued
11 for maximum therapeutic benefits, and who exhibits either of the following characteristics
12 for more than six (6) months:

13 - has received a DSM-IV diagnosis on axis I or II
14 - exhibits severe behavioral, emotional, or social disabilities that cannot be attributed
15 solely to intellectual, physical, or sensory deficits, such as but not limited to:

16 • behaviors that are sufficiently intense or severe enough to be considered seriously
17 detrimental to the child’s growth, development, or welfare, or to the safety or welfare of
18 others;

19 • behaviors that, although possibly provoked, are judged to be extreme or out of
20 proportion to the provocation, or an inappropriate age reaction;

21 • behaviors that have been judged sufficiently disruptive to lead to exclusion from
22 school, home, therapeutic, or recreational settings;

23 • behaviors that require interdisciplinary services and intensive, well coordinated care
24 to be successfully managed.

25 ▪ **Child at Risk for Serious Emotional Disturbance** – On Guam, a child or
26 adolescent is considered to be at risk for a serious emotional disturbance if she or he has
27 either of the characteristics above for any length of time,

1 Or is a child or adolescent with a history of
2 • abuse or neglect,
3 • failure to thrive syndrome,
4 • homelessness,
5 • chronic physical illness,
6 • receiving special education services,
7 • attempted or threatened suicide,
8 • use of drugs or alcohol,
9 • receiving inappropriate services, services from undertrained and untrained persons,
10 or failing to receive necessary services,

11 Or is a child or adolescent from a family with a history of

- 12 • parent or care giver with a serious mental illness,
- 13 • parent or care giver dependence on drugs or alcohol,
- 14 • parental death,
- 15 • divorce, suicide, family violence, abuse, neglect, or chronic unemployment.

16 ▪ **Child-Centered** – A core value of the system of care whereby the needs of the child
17 and family dictate the type and mix of services provided rather than expecting the child and
18 family to conform to preexisting service configurations. This approach is seen as a
19 commitment to providing services in an environment and in a manner that enhances the
20 personal dignity of children and families, respects their wishes and goals, and maximizes
21 opportunities for involvement and self-determination in the planning and delivery of
22 services.

23 ▪ **Child Specific and Appropriate Service Models** – Services and programs tailored
24 specifically to meet the developmental needs of children and adolescents as opposed to
25 programs geared to address adult needs.

26 ▪ **Child's Own Community** – Referring to within or close to the child's home
27 environment.

- 1 ▪ **Collaboration** – The process of bringing together those who have a stake in
2 children’s mental health for the purpose of interdependent problem solving that focuses on
3 improving services to children and families.
- 4 ▪ **Community-Based (Based in the Community)** - A core value of the system of
5 care which emphasizes the need for services provided to children in less restrictive, more
6 normative environments which are within or close to the child’s home environment.
- 7 ▪ **Comprehensive Services** – Pertaining to a “continuum of care” used to describe
8 the range of services or program components at varying levels of intensity needed by the
9 child.
- 10 ▪ **Coordinated Services** – Refers to a process whereby families and service providers
11 agree upon a *plan of care* that meets the needs of the child and family. These service
12 providers can include mental health, education, juvenile justice, and child welfare. *Case*
13 *management* is necessary to coordinate services.
- 14 ▪ **Crisis Care** – Refers to a continuum of crisis and emergency services that range
15 from nonresidential crisis services to crisis services in a non-hospital, residential context.
- 16 ▪ **Culturally Competent** – A set of behaviors, attitudes, and policies of a system,
17 agency, or among service providers that enables them to work effectively in cross-cultural
18 situations.
- 19 ▪ **Early Identification and Intervention** – A process for recognizing warning signs
20 that children are at risk for emotional disabilities and taking early action against factors that
21 put them at risk. Early intervention can have a significant effect on the course of emotional
22 disturbance in children and can help prevent problems from reaching serious proportions.
- 23 ▪ **Family** – Family is defined by its members and each family defines itself. Families
24 can include biological and adoptive parents and their partners, siblings, extended family
25 members and friends who provide a significant level of support to the child or primary
26 caregiver.

- 1 ▪ **Family-Focused** – An approach to designing and providing care that supports all
2 family members involved with the child’s care; decisions about services are made
3 considering the strengths and needs of the family as a whole as well as the individual child
4 with a severe emotional disturbance. Further, family members are also involved in all
5 aspects of planning and evaluating the service delivery system. This approach is seen as a
6 commitment to support families in their role as caregivers and to preserve family integrity
7 to the greatest possible extent.
- 8 ▪ **Family–Provider Collaboration** – A process that participants (including family
9 coordinators and advocates, therapists, administrators, social workers, and case managers)
10 in the system of care engage in to improve services for children and families. This process
11 requires: on going dialogue on vision and goals; attention to how power (administrative,
12 financial, etc.) is shared; attention to how responsibilities in planning and decision-making
13 are distributed; open and honest two-way communication and sharing of information; and
14 that all participants in the system of care are seen as mutually respected equals.
- 15 ▪ **Family Supports** – Community-based services and supports to promote the well-
16 being of children and families designed to increase the strength and stability of families, to
17 increase parents’ confidence and competence in their parenting abilities, to afford children
18 a supportive family environment, and to enhance child development.
- 19 ▪ **Homelessness** – One of the characteristics of a child at risk for serious emotional
20 disturbance. Means a child who lacks a fixed and regular night time residence or a child
21 whose primary night time residence is: 1) a supervised shelter designed to provide
22 temporary accommodations (such as a welfare hotel or congregate shelter); 2) a halfway
23 house or similar institution that provides temporary residence for individuals intended to be
24 institutionalized; 3) a temporary accommodation for not more than 90 days in the residence
25 of another individual; or 4) a place not designed for, or ordinarily used as, as regular
26 sleeping accommodation for human beings (a hallway, a bus station, a lobby or similar
27 places).

- 1 ▪ **Individualized Services** – Services that are designed specifically to address the
2 unique needs and strengths of each child and family.
- 3 ▪ **In Patient Psychiatric Care**– Mental health treatment in a hospital setting 24 hours
4 a day. The purpose of inpatient hospitalization is (1) short-term treatment in cases where
5 the child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment
6 when the patient cannot be evaluated or treated appropriately in an outpatient setting.
- 7 ▪ **In Home Care Services/Home-Based Services** - Services provided in the family’s
8 home for either a defined time or for as long as assistance is needed by a child with an
9 emotional disability and his/her family. Examples include parent training, counseling, and
10 working with family members to identify, find, or provide other help they may need. The
11 goal is to prevent the child from being placed out of the home.
- 12 ▪ **Integrated Services** – Services that are provided in a community through multiple
13 agencies with decreased overlap and decreased gaps in services.
- 14 ▪ **Least Restrictive Setting** – Children with emotional disabilities should receive
15 services within the least restrictive setting. This means that children and adolescents should
16 be served in as normal an environment as possible. Preferred interventions are those that
17 provide the needed services and at the same time are minimally intrusive in the normal
18 day-to-day routine of the child and family. An implicit goal of the system of care is to
19 maintain as many children as possible in their own homes by providing a full range of
20 family-focused and community-based services and supports.
- 21 ▪ **Parent** - Biological and adoptive mother or father, or the legal guardian of the child,
22 or a responsible relative or primary caregiver (including foster parents) with whom the
23 child regularly resides.
- 24 ▪ **Prevention Programs** –Programs and services in the system of care designed to
25 reduce the incidence of emotional disabilities in children. Interventions directed at children
26 and/or families who have not yet been identified, especially those children who by virtue of
27 genetic, family or situational factors are at the highest risk for emotional disabilities.

- 1 ▪ **Qualified Persons** –Individuals within the system of care responsible for
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- 5 ▪ **Respite Care** – A service that gives a family a short break– relief – where someone
6 else temporarily takes care of the child for a few hours or a few days. Respite can be
7 provided in the family’s home, at a respite provider’s home, or at a special respite care
8 facility.
- 9 ▪ **Strengths-Based Planning** – A method to improve the lives of the child and family
10 who have complex needs by working within the areas or domains of their lives and
11 focusing on what strengthens family functioning. Life domains include safety,
12 interpersonal health, family, home/shelter, social/leisure, educational/vocational, legal and
13 behavioral/emotional. The plan incorporates strengths, goals, needs and strategies for the
14 selected life domains. SBP’s are developed by a team of individuals who care about the
15 child, including family members. This method of planning can be utilized in IEP’s, mental
16 health treatment plans, case plans and/or coordinated child and family plans.
- 17 ▪ **Systems Change** – Reforming the system. Making modifications in systems to
18 increase the likelihood that individuals will encounter favorable outcomes within the
19 system. May include the transfer of authority among individuals and agencies in order to
20 alter the system by which services are delivered.
- 21 ▪ **System of Care (SOC)** – A system of care is a comprehensive spectrum of mental
22 health and other necessary services which are organized into a coordinated network to
23 meet the multiple and changing needs of children and adolescents with severe emotional
24 disturbances and their families. A system of care not only includes the program and service
25 components, but also encompasses mechanisms, arrangements, structures, or processes to
26 ensure that the services are provided in a coordinated, cohesive manner.

1 ▪ **Therapeutic Foster Care Home** - A home where a child with a *serious emotional*
2 *disturbance* lives with trained foster parents with access to other support services. These
3 foster parents receive special support from organizations that provide crisis intervention,
4 psychiatric, and social work services. The intended length of this care is usually from 6-12
5 months.

6 ▪ **Therapeutic Group Care** – Community-based, home-like settings that provide
7 intensive treatment services to a small number of young people (usually 5-10 persons).
8 These young people work on issues that require 24-hour supervision. The home should
9 have many connections with an interagency *system of care*. Psychiatric services offered in
10 this setting try to avoid hospital placement and to help the young person move toward a
11 less restrictive situation.

12 ▪ **Transitional Services** – Services that help children leave the system that provides
13 help for children and move into adulthood and the adult service system. Help includes
14 mental health care, independent living services, supported housing, vocational services,
15 and a range of other support services.

16 ▪ **Wraparound** – Wraparound is a philosophy of care that includes a definable
17 planning process involving the child and family that results in a unique set of community
18 services and natural supports individualized for that child and family to achieve a positive
19 set of outcomes.

20 **Chapter __. Creation of the Guam System of Care Council.** There is hereby
21 created within the University Affiliated Program the Guam System of Care Council
22 ("GSOCC").

23 The GSOCC shall comprise fifteen (15) members as follows:

- 24 a. Eight (8) parents or other family members of children with, or at risk of, severe
25 emotional disturbance; and
- 26 b. One official from each of the following entities, designated by their respective
27 appointing authorities: (1) Department of Education; (2) Department of Public

1 Health, (3) Department of Mental Health, (4) Department of Integrated Services
2 for People with Developmental Disabilities; (5) Department of Youth Affairs; (6)
3 Protection and Advocacy; and (7) ~~University Affiliated Program.~~ *private non-profit organization which provides services to S.E.D.s*
4 *non-government provider*

5 The members shall select a Chairperson, always from the family representatives, and
6 a Vice-Chairperson from the membership.

7 **Chapter __. GSOCC Powers, Responsibilities and Duties.** The Guam System of
8 Care Council, in the first year following enactment of this Act, shall be responsible for the
9 development and implementation of strategies to foster collaboration among stakeholders
10 so that the system of care policy is substantially embraced in every program ministering to
11 children with serious emotional disturbance.

12 The Guam System of Care Council, following enactment of this Act, shall be
13 responsible for the development of strategies to foster collaboration among stakeholders so
14 that the system of care policy is substantially embraced in every program ministering to
15 children with serious emotional disturbance.

16 The Council with the technical and clerical assistance of the University Affiliated
17 Program shall:

- 18 1) Develop technical assistance strategies to find, receive, and use resources to
19 develop and maintain the Guam system of care;
- 20 2) Develop and carry out activities which promote and support parent and family
21 understanding involvement education training and participation in the system of
22 care and system development;
- 23 3) Facilitate collaboration of families, care givers, service providers, policy makers,
24 and community members to develop Guam's system of care;
- 25 4) Educate families, care givers, service providers, policy makers and the
26 community concerning children with emotional disabilities and the system of
care;

- 1 5) Develop a plan to provide a one stop center where parents, care givers, service
2 providers, policy makers and the community can have access to an array of
3 services providing a continuous care for children and families;
4 6) Develop a system of evaluation and quality assurance; and
5 7) Request an appropriation for continued funding of its operations as part of its
6 report and justifying its needs.

7 All Departments and Agencies of the Government shall fully respond to requests for
8 information from the Council within ten (10) days and if unable to fully respond therein,
9 they shall provide a reason for inability to timely respond and expect full response date.

10 The Council is empowered and authorized to participate in the programs of the
11 Federal Government and its agencies that provide assistance for systems of care for
12 children with serious emotional disturbance and related programs and services.

13 The Council shall submit a report to *I Maga'lahaen Guåhan* and *I Liheslaturan*
14 *Guåhan* outlining its accomplishments, specific findings and recommendations to improve
15 Guam's compliance with this policy no later than one (1) year after the enactment of this
16 Act.

17 ~~The council shall request for an appropriation for continued funding of its operations~~
18 ~~as part of its report and justifying its needs.~~

19 The Council also shall develop technical assistance strategies to find, receive, and
20 use resources to develop and maintain the Guam system of care.

21 The Council may make such expenditures, subject to the provisions of this Article or
22 any other applicable law, regulation or restriction, as may be necessary for the activities
23 and operations of the Council and carry out the purposes of this Article.

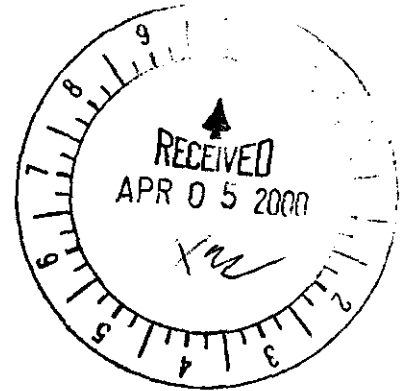
24 The Council shall submit an annual report to *I Maga'lahaen Guåhan* and *I*
25 *Liheslaturan Guåhan* outlining its accomplishments, specific findings and
26 recommendations to improve Guam's compliance with this policy.

1 The Council shall request an annual appropriation for continued funding of its
2 operations as part of its annual report justifying its needs.

3 **Section 2. Appropriation.** There is hereby appropriated from the General Fund the
4 sum of Seventy-Five Thousand Dollars (\$75,000.00) to the Guam System of Care Council
5 to cover administrative start-up costs. No funds shall be expended for the hiring of
6 permanent Council staff. The Council shall contract for such administrative support as is
7 deemed necessary.

8 **Section 3. Severability.** *If* any provision of this Law or its application to any person
9 or circumstance is found to be invalid or contrary to law, such *invalidity shall not* affect
10 other provisions or applications of this Law which can be given effect without the invalid
11 provisions or application, and to this end the provisions of this Law are severable.

LOURDES T. BASCON
238 Tumon Heights Rd.
Tumon, GU 96911
Phone: 649-2761



April 6, 2000

Senator Simon A. Sanchez II
Committee on Health, Human Services, and Chamorro Heritage
25th Guam Legislature
155 Hesler Street
Hagatna, GU 96932

Dear Senator:

Re. Bill 399;
An Act to Add a New Article _____ to Title 10 of the Guam Annotated, Relative to Creating the Guam System of Care for Children with Serious Emotional Disturbance, and to Appropriate the Sum of Seventy-Five Thousand Dollars (75,000.00) for Such Purpose.

I fully support Bill 399. I am a parent of children with different developmental disabilities and this Bill which shall be child-centered and family focused is what we as parents, families, and advocates have been striving for. The magnitude of frustrations in situations we encounter regarding our children and families is sometimes indescribable, and Bill 399 to us is like a dream come true.

With your support and your colleagues I look forward to working and collaborating with the community to enhance our children and families lives. After all we all pursue the same right to happiness, only we need everyone's help in achieving it.

Sincerely yours,

Lourdes T. Bascon

Lourdes T. Bascon
Parent of Children with Disabilities

Daniel B. Cobb
294 Y-Sengsong Road
Dededo, Guam 96912

April 5, 2000

Simon A. Sanchez II, Chairman
 Committee on Health, Human Services, and Chamoru Heritage
 Mina'Bente Singko Na Liheslaturan Guahan
 155 Hesler Street
 Hagatna, Guam 96910

Dear Senator Sanchez:

I would like to thank you for this opportunity to submit my written testimony on Bill 399 (COR). I am a parent of a child with a disability, who is at risk of being a child with Serious Emotional Disturbance (SED).

Since July 1999, I have been very actively involved with a collaboration group, who has been attempting to establish a System of Care (SOC) for children with SED and children at risk on Guam. I also attended the Policy Academy in Annapolis, Maryland on developing Systems of Care for Children with Mental Health Needs and Their Families. We found out that most states have or are developing SOC's and have experienced very positive and cost effective results.

As a parent I feel it is past the time for Guam to develop a System of Care. We need to help our children before another child develops SED. I humbly request the support of the Legislature to move quickly on this Bill.

Thank you,

Daniel Cobb

Post-it® Fax Note	7871	Date	4/5	# of pages	1
To	SEN. SANCHEZ				
From	DANIEL COBB				
Co./Dept.	Co.				
Phone #	Phone # 475-9127				
Fax #	Fax # 647-3267				



AGUEDA I. JOHNSTON MIDDLE SCHOOL

"Home of the Pirates"
DEPARTMENT OF EDUCATION
GOVERNMENT OF GUAM
P. O. BOX HA
HAGATNA, GUAM 96921
TEL: 472-6785 or 472-6947
FAX: 477-2248



MANUEL C. BARTONICO, Ed. D
PRINCIPAL

MICHAEL J. REIDY
Director of Education, Acting

Fully Accredited by the Western Association of Schools and Colleges

LETTER OF TRANSMITTAL

Date: 4/5/00

ATTN: Simon Sanchez, II
TO: Guam Legislature
FROM: Ed Feeley - private citizen
RE: Bill 399
FACSIMILE NO: 647-3267
Number of pages including cover sheet: 2

THE FOLLOWING:

Date: _____ Document: _____

IS/ARE TRANSMITTED HEREWITH FOR:

- | | | |
|--|--|---|
| <input type="checkbox"/> Your Information | <input type="checkbox"/> Necessary Action | <input type="checkbox"/> Your files |
| <input type="checkbox"/> Confirmation Per Our Conversation | <input type="checkbox"/> Your review and comment | <input type="checkbox"/> Your approval |
| <input type="checkbox"/> Return executed copy to office | <input type="checkbox"/> See remarks below | <input type="checkbox"/> Per Your Request |

Vote yes on 399 !!

THIS MESSAGE IS INTENDED ONLY FOR THSES OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error please notify me immediately by telephone and return the original message to me by mail. Thank you.

Should problem occur with is transmission, contact our office or respond via return facsimile at (671) 477-2248.

Bringing the "Treasure" Out of Every Student

ROSELLA S. CAMPOS
Assistant Principal

FRANCES McDONALD
Assistant Principal

MICHELLE SANTOS
Assistant Principal

To: The Honorable Senator Simon Sanchez, II
From: Edward Feeley, Parent and SED Teacher
Re: Written Testimony for Bill 399
Date: April 5, 2000

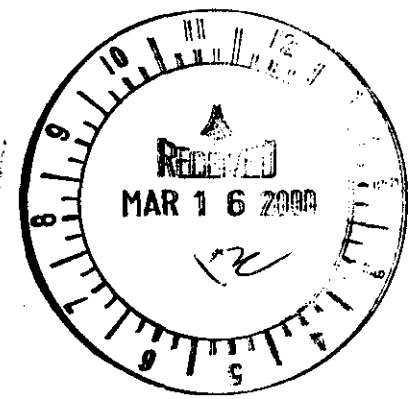
I strongly urge the members of the 25th Guam Legislature to pass bill 399, An Act to Create the Guam System of Care for Children with Serious Emotional Disturbance. This bill is urgently needed for our island and for the sake of those children who suffer with an emotional disability.

While no one questions the need to care for our children, SED children are usually leftover and left out. These children have a right to be treated fairly and equally in order to reach their potential as productive citizens, but on Guam these rights are consistently denied. DYA and off island treatment centers are not the answer! It is long past time for we as a collective community to begin to show our care and commitment to all our children, even the difficult ones.

I can't begin to share with you the frustrations of parenting an SED child on Guam. Having an SED child means never ending battles with officials from Mental Health, DOE, CPS, Public Health, etc., etc., etc., just to try to obtain the services my child needs to be successful and has a right to receive. When my child threatens to kill himself or someone else because of years of frustration, anger, or abuse, I receive blame and guilt instead of help. When I finally find a sympathetic individual, they can't help me because of the rep tape, lack of communication and coordination, and turf battles of the various providers. Everyone tries to make my child fit their own needs instead of making their services fit the unique needs of my child.

At the recent policy academy in Maryland, an expert reviewed the funding provided on Guam and concluded that we have enough money to meet the needs of our children here on island, if only we would cooperate and spend it correctly. This bill does not ask for a huge chunk of money. We ask that providers be required to cooperate, collaborate, be flexible in funding, and put the needs of our children and their families first in a wrap-around process. We currently appropriate 1.5 million dollars each year to send our children off island to strangers when we fail them. It is far better to spend a small amount of money here and now to ensure that we can meet the needs of all our children here on island. I know personally that we are spending \$400 a day for one child to be sent to a prison in Oklahoma. Am I to believe that with a little cooperation and flexibility we couldn't use that same money to keep that boy on island and design a program to meet not only his needs, but the needs of other children like him? As a service provider myself I know we could! The sad truth is that we just refuse to do so.

This bill is a first step in changing the pathetic conditions for SED children here on Guam. If the legislature is willing to join forces with the dedicated parents and individuals who are working on this cause, we can go a long way in caring for these most difficult children. I know for a fact that it will help to alleviate some of the pain and heartache that are in store for my child and me if we keep the current shameful status quo. Please put aside your differences and work with us to pass this bill for the sake of the children. Thank You.



March 15, 2000

Honorable Senator Simon Sanchez
Chairman
Committee on Health, Human Services, and Chamorro Heritage
Ufisinan I Lihestura
155 Hesler Street Hagatna GU 96910

Dear Senator Sanchez,

It was indeed my pleasure to be able to speak with you about my concerns for the individuals with autism on our island. I was even more inspired about the new bill that you are working on along with Senator Carlota Leon Guerrero, titled, *"AN ACT TO ADD A NEW ARTICLE-----TO TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO CREATING THE GUAM SYSTEM OF CARE FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE, AND TO APPROPRIATE THE SUM OF FIFTY THOUSAND DOLLARS (\$50,000) SEVENTY-FIVE THOUSAND DOLLARS(\$75,000) FOR SUCH PURPOSE"*.

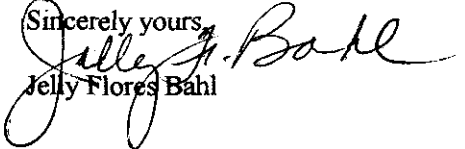
I am glad that this bill will provide services to individuals who have serious emotional disturbance. However, I feel that it might exclude others who will also benefit from this bill such as individuals with Autism. Currently, some individuals with autism on Guam are not receiving appropriate services that they deserve. Parents of the autism Society of Guam can attest to that. My son, Jay Flores Macadagum is the only fortunate one who was able to receive such services. He attends a special school in the U.S. mainland who specializes in teaching only students with autism. He has been in that school since he was nine years old because at the time, Guam Department of Special Education did not have the staff capable of teaching him. I believe this Bill could make a great impact in the lives of these individuals and their families including my son who will be turning 22 and returning to Guam, and who will continue to need the necessary services throughout his life span.

Autism – is a lifetime developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age 3 that adversely affects educational performance. It is a neurological disorder that affects functioning of the brain. Autism and its associated behaviors are four times common in boys than in girls and know no racial, ethnic, or social boundaries. Family income, lifestyle, and educational levels do not affect the chance of autism occurrence. According to the Autism society of America, it is estimated that nearly 400,000 people in the U.S. today have some form of autism. Its prevalence rate now places it as the third most common developmental disability, more common than Down syndrome. Yet the majority of the public, including many professionals in the medical, educational, and vocational

fields are still unaware of how autism affects people and how to effectively work with individuals with autism (Autism Society of America, 1998). The term autism does not include students with the characteristics of the disability Serious Emotional Disturbance, which is the only category stated in the Bill.

It is my hope that necessary changes be made into this new bill to include; "Children or individuals with autism". Please be aware that Autism is now a separate eligibility category which means autism is a disability in its own right under P.L. 101-476 (I.D.E.A.) Individuals with Disabilities Education Act. No longer can IEP's fail to address autism or exclude those with autism from appropriate programming and services including services like the **GROUP HOMES FOR ADULTS WITH AUTISM AND EARLY INTERVENTIONS FOR CHILDREN WITH AUTISM TO BE PROVIDED BY EXPERIENCED AND WELL- TRAINED PROFESSIONALS IN THE AREA OF AUTISM AND HAVE A TEACHING CERTIFICATE WITH A MAJOR IN SEVERE SPECIAL NEEDS.**

On behalf of the individuals with autism, their teachers and families, I thank you and your colleagues for your initiatives and efforts in working on this very needed and important bill. Please do not hesitate to solicit the parents of individuals with autism for their inputs. They are the experts. If I can be of assistance in any way please contact me at 565-1336 or Dan Somerfleck, Managing attorney, Guam Legal Services at 477-9811. I look forward to hearing from you.

Sincerely yours,

Jelly Flores Bahl

Cc: Guam Legal services
Autism Society of Guam
Senator Lawrence Kasperbauer

John and Elizabeth Weisenberger
P.O. Box 5067
Hagåtña, Guam 96932

Honorable Simon Sanchez, Senator
Twenty Fifth Guam Legislature
Hagåtña, Guam
Via Fax

Re: Support for Bill 399 relative to a System of Care for Seriously Emotionally Disturbed Children.

Dear Senator Sanchez:

I support Bill 399. This law will do two important things. First, Bill 399 will establish a policy for the Government of Guam, setting out a clear path to follow in order to establish a system of care for children with serious emotional disturbance and their families. Second, Bill 399 will establish a mechanism to develop a comprehensive strategic plan for creating the system of care on Guam. This plan can be developed in less than one year.

There are many sources of funds, beyond the Government of Guam, which are available and can be tapped in developing our system of care. A clear government policy and a strategic plan for piecing together the various elements of a Guam system of care will greatly aide in tapping into these sources of funds for our children and families. A collaborative group of families, professionals and providers of service, both government and private, are ready to do this important work. Passage of Bill 399 will greatly aide them in taking this next important step.

I support putting these two important elements of our system of care for seriously emotionally disturbed children in place at this time. Thank you for your support.

Sincerely,



Juan M. Kapada
PMB #653
535 Ch. Pals RH Ste 116
Vigo, Guam 96929

April 03, 2000

Senator Simon Sanchez II

Chairman, Committee on Health,

Human Services and Community Heritage

Christen Pacific Plaza, Ste B-103

865 South Marine Drive

Tamuning, Guam 96911

Dear Simon:

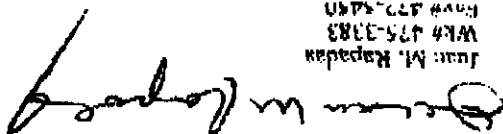
I am submitting this letter as written testimony in strong support of Bill 399, a bill to create a Guam System of Care Council for children with various emotional disturbances and their families. The bill seeks to appropriate the sum of (\$75,000) for such purpose.

Since June of last year I have been closely involved with these family members and various professionals who work with this special population. In my capacity as a family counselor, I deal with these children and families on a daily basis and I believe that they need a strong, unified voice to emphatically state that Guam currently has no operating, collaborative system of care that adequately meets their needs. From these family members they often privately share how our system has failed them but they seem unwilling at times to speak up. Many family members have since begun to speak about the problems they have been experiencing but there needs to be many more families to speak about their good and bad experiences with Guam's system of care.

It is true that Guam currently moves in the direction that many U.S. States have already gone... the development of a system of care that works, is relevant, accessible, culturally appropriate, and most importantly family-centered. This Council, if created, will substantially upgrade the efforts that heretofore have been done by conscientious and concerned Guam citizens without much financial backing or significant political support. I urge you Senator to place this bill for discussion as soon and possible and to help convince your colleagues that this is one of the most important, timely, and groundbreaking legislations that can impact many lives and actually begin to alleviate some unnecessary suffering of our children and families. It can be the beginning of a solution.

Thank you for allowing me to express my views and to submit this written testimony.

Sincerely,



Juan M. Kapada
Wk# 475-3183
Fax# 475-4450



Chambers of
Hon. Katherine A. Maraman
Judge

Superior Court of Guam
Judicial Center
120 West O'Brien Drive
Hagåtña, Guam 96910
Tel: (671) 475-3589 • Fax: (671) 477-1852
E-mail: kmaraman@ns.gu



March 23, 2000

The Honorable Simon A. Sanchez II
Chair, Committee on Health, Human Services
and Chamorro Heritage
Mina'Bente Singko Na Liheslaturan Guahan
155 Hesler Street
Hagatna, Guam 96910

Dear Mr. Chair:

For the past several years a number of people have gathered to develop better ways to serve our children. As time has passed the group has grown to encompass parents, family members and providers - both government and private. We share a common goal of meeting the needs of seriously emotionally disturbed children in our community.

The Superior Court has two roles in this process. The Court is a service provider. Both the Probation and Client Services and Family Counseling Divisions provide direct counseling and case management services. As Family Court Judge it is necessary for me to give direction in those cases where the system has broken down or where the child has no family member capable of providing for his or her needs.

Unfortunately, many of my experiences with Guam's current system of providing for our children often involve the worst system failures - the child left at the Court's doorstep with every agency refusing to take responsibility for the child. I face parents whose child I must send off-island for therapeutic foster care or institutional care. I face stressed, overworked social workers demanding that they do more without delay or excuse. I face 17, 18 and 19 year old children for whom there is no transitional plan for their adulthood. Children that I am afraid will soon be homeless, jobless and without a chance to make a decent life for themselves.

Most every person whom I know involved in caring for Guam's emotionally disturbed children is deeply committed to the children's well being. I know many go well beyond their job descriptions -- I hear about workers who buy clothes when needed, drop birthday or Christmas gifts and take "their kids" on outings. It is extremely difficult to understand how there can be failure when there is so much dedication and hard work by those involved in providing care to our children.

There is a huge gap between achieving what we all envision and know is best for our children and the present system. We need a fundamental change in how we address the services needed for our

The Honorable Simon A. Sanchez II

March 23, 2000

Page Two

children. Bill 399 represents the considered judgment of parents, family members and service providers on how we on Guam should care for our seriously emotionally disturbed children. It is a dream. But to quote a famous American, "I have a dream" and mine is that each of our children will be respected, will be safe and will be nurtured. Bill 399 is an important step towards achieving this dream because it represents a commitment from our island leaders to change how we care for our children and it represents a commitment from parents and other people who will serve on and work with the Guam System of Care Council to keep fighting for change and improvement.

I urge you to immediately enact Bill 399 into law.

Thank you for this opportunity to testify.

Respectfully,



KATHERINE A. MARAMAN



DEPARTMENT OF EDUCATION

P.O. Box DF
Agaña, Guam 96932
Tel: (671) 475-0457
Fax: (671) 472-5003



March 21, 2000

The Honorable Simon Sanchez, II
Chairman, Committee on Health, Human Services, and Chamorro Heritage
865 South Marine Drive
Suite B 103
Tamuning, Guam 96911

The Division of Special Education recognizes the need for a System of Care and is in full support of the development of a local system of care for children/adolescents with serious emotional disturbance and their families.

Guam has always struggled to meet the needs of the SED population. Limited resources and antiquated practices have been roadblocks to growth and improved service delivery. Guam's quest to develop a local system of care for children/adolescents with SED and their families has come to fruition. Bill 399 specifically addresses the needs of this resource taxing population. The proposed bill is a result of many hours of collaboration between service providers, policy makers, and most importantly family members. Bill 399 sets the stage to start the change process into action. It utilizes lessons from research conducted by the Center for Mental Health Services regarding the development of Systems of Care plus Technical Assistance from the Georgetown Child Guidance Center. Bill 399 outlines the steps needed to localize the SOC.

It must be noted that having the label SED does not automatically entitle children/adolescents to receive special education services. There is a separate process for eligibility for special education services under the Program for Students with Emotional Disabilities. In order to minimize confusion a statement to that effect after the definition of SED would assist in clarifying this situation.

In closing, Bill 399 promotes placing the child and family at the center of the system of care. This is the best way to ensure follow through with treatment because families help to design their own treatment plans. Effective collaboration is the key to meeting the needs of the SED population. Therefore, the Division of Special Education is committed to the development of a local system of care.


ROSIE R. TAINATONGO

Director, Guam Department of Education



COMMONWEALTH NOW!

4/6
of
5:00 PM

Guam Alliance for Mental Health Incorporated
P.O. Box 2502
Hagåtña, Guam 96932

March 23, 2000

Honorable Senator Simon A. Sanchez, II
Committee on Health, Human Services and Chamorro Heritage
Twenty-Fifth Guam Legislature
Hagåtña, Guam 96910

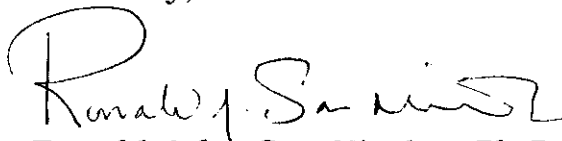
Dear Senator Sanchez,

Hafa Adai. On behalf of the Board of Directors and members of the Guam Alliance for Mental Health Incorporated - GAMHI, I am writing to extend support for Bill 399 an act to establish a policy for the Government of Guam for a System of Care on Guam. As a nonprofit organization, GAMHI supports this legislation because it has implications for improving the quality of mental health care for children, adolescents and their families in Guam.

The multiple problems associated with "serious emotional disturbance" in children and adolescents are best addressed with a "systems" approach in which multiple service sectors work in an organized, collaborative way. Research on the effectiveness of systems of care shows positive results for system outcomes and functional outcomes for children and adolescents. Therefore, enactment of this legislation is a step in the right direction in addressing the critical mental health needs of children, adolescents and their families in Guam.

Please feel free to call me (735-2741) if you or the members of the committee have any questions. Thank you for accepting this written testimony. Si Yu'os Ma'ase.

Sincerely,



Ronald John San Nicolas, Ph.D., ACSW
President - GAMHI

I MINA' BEÑTE SINGKO NA LIHESLATURAN GUÅHAN

**Committee on Health, Human Services and Chamorro Heritage
Kumiten Salut, Setbision Tinaotao yan Ireñsian Chamorro**

TESTIMONY RECORD for

PUBLIC HEARING, March 23, 2000, 1:00 PM, Legislative Hearing Room, Hagåtña, Guam

Bill No. 399 - An act to add a new article ___ to Title 10 of the Guam Code Annotated, relative to creating the Guam system of care for children with emotional disturbance, and to appropriate the sum of seventy-five thousand dollars (\$75,000.00) for such purpose; by S.A. Sanchez II, C.A. Leon Guerrero, A.C. Lamorena V.

<u>CAROL BAUOS</u> NAME	<u>PARENT/ATTY</u> ORGANIZATION	WRITTEN or <u>ORAL</u> Testimony? [please circle one or both] - I can follow up w/ written
<u>PMB 541</u> <u>1270 N. MARINE DR #101</u> MAILING ADDRESS	<u>653-3356</u> <u>TAM 96711 477-9730</u> CONTACT NUMBER(S)	FOR or <u>AGAINST</u> ? [please circle one]

<u>Katherine Moroman</u> NAME	<u>Court</u> ORGANIZATION	WRITTEN or <u>ORAL</u> Testimony? [please circle one or both]
<u>Judicial Center</u> MAILING ADDRESS	<u>475-3589</u> CONTACT NUMBER(S)	<u>FOR</u> or AGAINST? [please circle one]

<u>Heidi San Nicolas MD</u> NAME	<u>Parent</u> ORGANIZATION	WRITTEN or ORAL Testimony? [please circle one or both]
<u>UCG Station</u> <u>Marcelino, Guam</u> MAILING ADDRESS	<u>724-2481</u> CONTACT NUMBER(S)	FOR or AGAINST? [please circle one]

<u>Daniel Somersbeck</u> NAME	<u>GLSC</u> ORGANIZATION	<u>WRITTEN</u> or <u>ORAL</u> Testimony? [please circle one or both]
<u>113 Broadway Plaza</u> MAILING ADDRESS	<u>477-9711</u> CONTACT NUMBER(S)	<u>FOR</u> or AGAINST? [please circle one]

<u>Daniel Somersbeck</u> NAME	<u>Self</u> ORGANIZATION	<u>WRITTEN</u> or <u>ORAL</u> Testimony? [please circle one or both]
<u>PO Box 75-1</u> MAILING ADDRESS	<u>477-9711</u> CONTACT NUMBER(S)	<u>FOR</u> or AGAINST? [please circle one]

I MINA' BENTE SINGKO NA LIHESLATURAN GUÅHAN
Committee on Health, Human Services and Chamorro Heritage
Kumiten Salut, Setbision Tinaotao yan Irengian Chamorro

TESTIMONY RECORD for

PUBLIC HEARING, March 23, 2000, 1:00 PM, Legislative Hearing Room, Hagåtña, Guam

Bill No. 399 – An act to add a new article ___ to Title 10 of the Guam Code Annotated, relative to creating the Guam system of care for children with emotional disturbance, and to appropriate the sum of seventy-five thousand dollars (\$75,000.00) for such purpose; by S.A. Sanchez II, C.A. Leon Guerrero, A.C. Lamorena V.

<u>Edward Feeley</u> NAME	<u>parent</u> ORGANIZATION	WRITTEN or <u>ORAL</u> Testimony? [please circle one or both]
<u>P.O. Box 4578</u> MAILING ADDRESS	<u>789-3490</u> CONTACT NUMBER(S)	<u>FOR</u> or AGAINST? [please circle one]

<u>JOHN WEISENBERGER</u> NAME	<u>CITIZEN OF CHALAN PAGO</u> ORGANIZATION	WRITTEN or <u>ORAL</u> Testimony? [please circle one or both]
<u>P.O. BOX 5067</u> <u>HAGATNA, Gu 96932</u> MAILING ADDRESS	<u>(W) 475-2528</u> <u>(H) 734-6051</u> CONTACT NUMBER(S)	<u>FOR</u> or AGAINST? [please circle one]

<u>Mildred S. LUJAN</u> NAME	<u>Parent</u> ORGANIZATION	WRITTEN or <u>ORAL</u> Testimony? [please circle one or both]
<u>P.O. Box 5067</u> <u>HAGATNA</u> MAILING ADDRESS	<u>649-4868</u> CONTACT NUMBER(S)	FOR or AGAINST? [please circle one]

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Events

KAMALEN Karikat Anniversary SALE 50% Off Entire Store
734-2479 Donations Accepted

Yard Sale

SAT 121 Serafin Matinas St Yona Car pis. Elect, 789-0421 Call after 6pm TK Rt at Fire Station
A/C Student Dsk Chest drawer, TV Std, Coffee Tbl Couch & Much More Sat 3/18 7am-11 637-5041
DJ & Band Eqpt, Records, Spkrs & More Dive Gear, Tools, Households Sunday Afternoon Pili May Call after 7pm only Chris 477-5742

Machinery

#116 Capena Ct Barr His Puti Tai Nobio St Misc Items, Sat 6:30-7:30am 137 Mendrola Dr Agana His 477-6584

Pets

1-Male Tan Dog, Good Guard Dog, Mean Bark, but friendly to owners 688-0686

Commercial Rentals

3F German Shepherd 11 weeks Black & Tan AKC Working Lines \$999 721-2949 687-7928

Yard Sale Magnets (Refrig Type)

3000+ stock, display, signs grt sm bus, flea mkt shop 472-2030
Household Sale B21 & B22 Per- ez Apt Tumon 3/18 & 19 8am-2pm No Early Bird call 646-9623

MULTIFAMILY-Yard Sale

Santa Rosa Subdiv, Santa Rita 7-11am Mar. 18-19 No Early Birds
SAT 3/18 6-9am ALL ITEMS UNDER \$3.00 #33 Going Villa Yigo Toys, Clothes, & Misc 653-1055
Fri 3/17 7:30-5:00 Sat. 3/18 7:30-3:00 Many Items. 129 Roberto St. Mangilao Bhdnd, Savings Mkt III
Yard Sale-Furn, Hsehold Items & Car @ 294 San Vicente Dr Barr 3/18 to 3/19 Sonny @ 734-0405

Commercial Rentals

Calvo Center (Dededo behind John del) 2,298 s.f. former Pacific Dialysis 8,539 s.f. former PMC Isla includes back up power
Oceanview Bldg. Tumon 2,450 s.f. with back up power
Calvo Plaza (Yigo) 800 s.f.
Micronesia Media Warehouse Space (Harmon) 3,750 s.f.
Palm Village (Harmon) 13,085 s.f. formerly Doctor's Clinic. Includes back up power

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4 PURE DALMATIAN PUPPIES

8 WEEKS OLD AT \$450 EACH
2 PAYMENTS OK 653-1159
AKC 2 Blk & 4 Yw Labs M & F \$1400 Puppies & parents avail to see. Great Family Dog 477-7130
AKC Rotweiler 1-Female \$800 Call 789-3123 or Rudy @ 647-7862

AKC SILKY TERRIER

ALL SHOTS - GREAT W/ KIDS \$450 CALL 653-0785
Big Female Doberman (Red) 2yrs old \$300 734-7783 or 635-2286 pgr
Chihuahua Puppies- 6wks old 646-5368 before 7pm
Dogue De Bordeaux Male 2yrs Old Extremely Rare Serious Buyer Only 734-6239 482-7871
IMPORTED HATCH KELSO COCKS FOR DERBIES 2yr Old \$200 734-3298 After 5pm
Imported Puppies for Sale Guaranteed 100% pure Breed Avail Now Call AUS DOG 687-2993

PUPPIES!!! BOXERS, SHIH TZU, SHEL TIES, SHARPEIS, SAMOYED, PUG CALL 649-PETS

ROASTING PIGS FOR SALE \$150 & Blw
Call Rex or Tony 637-4218



OVERSIGHT/PUBLIC HEARINGS NOTICE

Mina Bente Singko Liheslaturan Guahan
Committee on Health, Human Services & Chamorro Heritage
Sinnador Simon A. Sanchez: II, Ge' Hilo'
AGENDAS
Tuesday, March 21, 2000, 1:00 PM, Legislative Session Hall
Guam Memorial Hospital Authority
Status of: Leadership-Accreditation-Outstanding receivables
Staff shortage-Rate increase-Management audit

AVON PRODU

Presently seeking Independent Sales Representatives:
Flexible Hours
Earn up to 50% Commission Will Train
No Experience Necessary
Respond to Leslie via mail: lawjion@te.net
In Guam & Saipan call 647-4417 after 10:00 A.M.
Fax (671) 637-19

BUSINESS OPPORTUNITY

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Fax (671) 637-19

CALVO REALTY & MANAGEMENT
138 Martyr Street Agana, Guam * PH: (671) 472-4451/2/3 * FAX: 472-8653

APARTMENT RENTALS	
ONE BEDROOM	
Angua	\$450.00
Dededo	450.00
Tamuning	500.00
TWO BEDROOMS	
Agana	\$700.00
Tamuning	600.00
Yigo	600.00

COMMERCIAL RENTALS

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Calvo Plaza (Yigo) 800 s.f.	500.00
Micronesia Media Warehouse Space (Harmon) 3,750 s.f.	\$700.00
Palm Village (Harmon) 13,085 s.f. formerly Doctor's Clinic. Includes back up power	600.00

OPEN HOUSE APUSENTO GARDENS

SATURDAY 11 AM TO 4 PM

- NEWLY RENOVATED:
- CENTRAL AIR CONDITION
- BEDROOMS: 2
- BATHS: 2
- UPGRADED KITCHENS
- CERAMIC TILE AND NEW CARPET
- CEILING FANS AND BLIND

TOKYO TOW
is looking for Waiver/Waitresses Entertainers.
Earn 3K-6K a month depend on your abilities. Call 637-0049 or 647-4417 after 10:00 A.M.

BUSINESS OPPORTUNITY
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Introduced

**MINA'BENTE SINGKO NA LIHESLATURAN GUÅHAN
2000 (SECOND) Regular Session**

MAR 15 2000

Bill No. 399 (COR)

Introduced by:

S. A. Sanchez, II *SAS II*
C. A. Leon Guerrero *CLG*
A.C. Lamorena *V. Lamorena*

**AN ACT TO ADD A NEW ARTICLE _____ TO TITLE 10
OF THE GUAM CODE ANNOTATED, RELATIVE TO
CREATING THE GUAM SYSTEM OF CARE FOR
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE,
AND TO APPROPRIATE THE SUM OF SEVENTY-FIVE
THOUSAND DOLLARS (75,000.00) FOR SUCH PURPOSE.**

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

2 **Section 1. A new Article ___ is added to Title 10 of the Guam Code Annotated**
3 **to read as follows:**

4 **"Article __. Guam System of Care for Children with Serious Emotional Disturbance.**

5 **Chapter __. Declaration of legislative findings and policy. § ____.** Findings. It is
6 estimated that 11.89% of children in the United States have "clinical maladjustment."
7 Existing research concludes that a conservative estimate of serious emotional disturbance
8 in children is 5%, or about 3 million. It is also estimated that two-thirds of the seriously
9 disturbed children in the U.S. are not getting the services they need.

10 While there is no aggregate data regarding Guam's children with serious emotional
11 disturbance, based on national data it is a safe assumption that at least 5% or about twenty
12 thousand (20,000) children of the children on Guam have serious emotional disturbances.

13 The community of Guam has exerted a sustained effort at trying to serve children
14 with emotional disabilities. Our efforts over at least the past 25 years demonstrate a sincere

1 desire to serve these children and their families. We have, however, experienced only
2 limited success. this is reflective of our failure to place the child and family at the center of
3 our efforts.

4 In 1994, the Child and Adolescent Services Division (CASD) of the Department of
5 Mental health and Substance Abuse was established to consolidate and improve mental
6 health services for children, adolescents and their families. Other individuals and
7 organizations providing services include the government departments of Youth Affairs,
8 Public Health and Social Services, Education, and Integrated Services for Individuals with
9 Disabilities, the Superior Court of Guam through its counseling division, the Navy and Air
10 Force Family Advocacy Centers, private non-profits and professionals in private practice
11 providing mental health services to children and families.

12 Funding of services is a concern. Guam is experiencing economic retraction for the
13 sixth year. Government resources are limited. We continue to appropriate money to the
14 Residential Treatment Fund to support evaluation, therapy, residential care and related
15 services for emotionally disturbed children. This particular money could be made more
16 'flexible' to meet individual needs of children and their families.

17 Guam does not have a comprehensive mental health policy addressing needs of
18 children and families. In the past, and still today, children are placed into residential
19 treatment outside of Guam. However, we want our children to return to our community.
20 We want our children to stay in our community. We want our children and their families to
21 be better served in our community.

22 Our community must have families, public and private service providers, policy
23 makers, and community members work in collaboration to develop a system of care on
24 Guam; educate families' care givers, providers and the community concerning children
25 with emotional disturbance and the system of care on Guam; parents, care givers and
26 providers will have access to a 'one stop center'; an array of services will exist in the
27 community providing a continuum of care for children and families; and a system of

1 evaluation and quality assurance exists and the quality of care to children and families
2 continues to improve as a result.

3 §____. **Policy.** On Guam, a child with, or at risk of, a serious emotional disturbance
4 shall be provided access to a comprehensive system of care tailored to meet the child's
5 unique needs. The system of care shall be child-centered and family-focused; culturally
6 competent; non-discriminatory; the system also shall provide services in the child's own
7 community to the maximum degree possible with available and appropriate resources or else
8 off-island until such services are available in Guam and shall provide services in the least
9 restrictive setting.

10 Guam's comprehensive system of care shall be integrated, coordinated, and shall
11 promote an active partnership between the child, the child's family and all service providers.
12 The system shall be guided by the following principles: collaboration; a full and flexible
13 array of services; a proactive approach; systematic and periodic evaluation and
14 accountability; and comprehensive training for all stakeholders and providers.

15 **GUIDING PRINCIPLES**

16 **Collaboration**

17 Guam's system of care shall promote partnerships between the child, family and
18 service providers from the initiation of services and thereafter. The partnerships with the
19 child and family necessarily require effective collaboration with the child and family among
20 and between public and private providers of services and with other appropriate stakeholders
21 in the community. In meeting the needs of the child and family, collaboration shall promote:

22 a. Availability and provision of all necessary services and supports to the child and
23 her/his family;

24 b. Smooth transitions among and between services, including transition to adult
25 services when appropriate;

26 c. Protection of the rights of the child, and/or of the family on behalf of the child;

1 d. Full family participation at every step of the process, to include family participation
2 in policy and service development

3 e. Utilization of informal family and other natural community supports.

4 **A Full and Flexible Array of Services**

5 In Guam's system of care, a child shall have access to an array of services and
6 supports that are based in the community to the maximum degree possible and within the
7 resources available, which shall include but not be limited to:

8 a. Child-specific and appropriate service models

9 b. Individualized planning and provision of integrated services which capitalize on
10 child strengths, family strengths and family supports;

11 c. Protection of the individual rights of the child, and/or the rights of the child's family
12 on behalf of the child. Protections shall include the due process rights of notice, appearance
13 and participation in decision-making, representation by a person of ones' own choice, the
14 right to appeal of decisions, and all rights accorded under the existing local and federal law;

15 d. Therapeutic home aides and other services for a child in his home offered by
16 qualified persons to include qualified family members;

17 e. Community-based services for education, health, mental health, care coordination,
18 social service, substance abuse prevention and intervention, and recreation;

19 f. Skills development in career and work orientation, family life and interpersonal
20 relationships;

21 g. A full and flexible array of living options which could include family home,
22 therapeutic foster care, therapeutic group care, respite care, in-home care services, inpatient
23 psychiatric care, and crisis care and any other appropriate service which is centered around
24 the specific needs of a child and the child's family;

25 h. Flexible funding sources that can come from both public and private sources which
26 can be combined and shared by different organizations and government entities to facilitate
27 and accommodate a full and flexible array of services.

1 **Proactive Approaches**

2 Guam's system of care shall include proactive approaches which promote early
3 identification of the child, early intervention on behalf of the child and her/his family, crisis
4 management, programs to prevent serious emotional disturbance in children, and outreach
5 programs to the public to increase awareness, promote education and foster understanding.

6 **Performance Evaluation and Accountability**

7 The Guam system of care for children with, or at risk of, serious emotional
8 disturbance shall provide mechanisms for evaluation of performance, and provide
9 accountability to children, their families and the community. These mechanisms shall be
10 outcome-based, systematic and periodic. These mechanisms shall measure interagency
11 cooperation, delivery of service, community collaboration, and family involvement at the
12 level of the system of care, at the level of a program or programs within the system of care,
13 and at the level of an individual case within the system.

14 **Comprehensive Training For All Shareholders and Providers**

15 Guam's system of care shall include funding for a comprehensive, broad outcomes-
16 based, systematic training component to promote systems change, family and personnel
17 capacity and skill-building, and public awareness.

18 Training activities shall focus on:

19 a. Outreach training to family members and community resources including friends,
20 neighbors, religious and recreational support, including training of trainers for family and
21 community members;

22 b. The development of a comprehensive system of personnel development consisting
23 of:

24 1. Long range training plans based on supply and demand and needed career
25 areas to fully support the system of care;

26 2. The establishment of personnel standards and competencies, and when
27 appropriate, credentials;

1 3. The compilation and delivery of a core curriculum for the system of care
2 including values, goals, and planning principles for pre-service professional
3 training; and

4 4. The planning and implementation of ongoing in-service personnel
5 development to upgrade skills and to disseminate best practices in systems of
6 care.

7 c. Public awareness campaigns to ensure that the community at large is aware of the
8 system of care and the training opportunities, and to insure continuity of Guam’s system of
9 care efforts when personnel and community leaders change.

10 **Chapter __. Definitions.** As used in reference to the planning, implementation, and
11 evaluation of the Guam System of Care for Children with Serious Emotional Disturbance,
12 the following terms are defined:

- 13 ▪ **Access to Services** – The right to, and ease in securing desired and needed services.
- 14 ▪ **Accountability** – Refers to the efficacy of services, programs, and plans and their
15 responsiveness to the needs of the child/family.
- 16 ▪ **Best Practices (SOC)** – Successful approaches, strategies and models in planning,
17 implementation, service delivery, and evaluation.
- 18 ▪ **Blended (Funds)** – A process of combining categorical funds to gain more
19 flexibility in how these funds can be spent on individualized services.
- 20 ▪ **Capacity Building** – Refers to a component of the system of care that provides
21 information, training, education, or other resources to enable people (family and personnel)
22 to carry out the needed and desired activities.
- 23 ▪ **Care Coordination** – See “Case Management” below.
- 24 ▪ **Case Management** – The task of coordinating various service components and
25 ensuring that service needs are assessed and reassessed over time. In systems of care, case
26 management also denotes the actual provision of services as opposed to the limited
27 “brokering” of services in traditional mental health systems. In some settings, the term

1 “care coordination” is used instead of case management to connote broader job
2 requirements and to describe the actual case management model being used.

3 ▪ **Case Manager** –An individual assigned with the responsibilities of coordinating the
4 care of the child and family. The case manager is key to ensuring that the system is truly
5 responsive to the needs of the individuals it is designed to serve.

6 ▪ **Case Management Team** – Members identified to work together as a team to help
7 the child and family meets their needs.

8 ▪ **Child with Serious Emotional Disturbance** – On Guam, a seriously emotionally
9 disturbed child or adolescent is defined as a person who is under the age of 18, or is under
10 the age of 22 and has been receiving services prior to the age of 1 that must be continued
11 for maximum therapeutic benefits, and who exhibits either of the following characteristics
12 for more than six (6) months:

13 - has received a DSM-IV diagnosis on axis I or II

14 - exhibits severe behavioral, emotional, or social disabilities that cannot be attributed
15 solely to intellectual, physical, or sensory deficits, such as but not limited to:

16 • behaviors that are sufficiently intense or severe enough to be considered seriously
17 detrimental to the child’s growth, development, or welfare, or to the safety or welfare of
18 others;

19 • behaviors that, although possibly provoked, are judged to be extreme or out of
20 proportion to the provocation, or an inappropriate age reaction;

21 • behaviors that have been judged sufficiently disruptive to lead to exclusion from
22 school, home, therapeutic, or recreational settings;

23 • behaviors that require interdisciplinary services and intensive, well coordinated care
24 to be successfully managed.

25 ▪ **Child at Risk for Serious Emotional Disturbance** – On Guam, a child or
26 adolescent is considered to be at risk for a serious emotional disturbance if she or he has
27 either of the characteristics above for any length of time,

1 Or is a child or adolescent with a history of

- 2 • abuse or neglect,
- 3 • failure to thrive syndrome,
- 4 • homelessness,
- 5 • chronic physical illness,
- 6 • receiving special education services,
- 7 • attempted or threatened suicide,
- 8 • use of drugs or alcohol,
- 9 • receiving inappropriate services, services from undertrained and untrained persons,
- 10 or failing to receive necessary services,

11 Or is a child or adolescent from a family with a history of

- 12 • parent or care giver with a serious mental illness,
- 13 • parent or care giver dependence on drugs or alcohol,
- 14 • parental death,
- 15 • divorce, suicide, family violence, abuse, neglect, or chronic unemployment.

16 ▪ **Child-Centered** – A core value of the system of care whereby the needs of the child
17 and family dictate the type and mix of services provided rather than expecting the child and
18 family to conform to preexisting service configurations. This approach is seen as a
19 commitment to providing services in an environment and in a manner that enhances the
20 personal dignity of children and families, respects their wishes and goals, and maximizes
21 opportunities for involvement and self-determination in the planning and delivery of
22 services.

23 ▪ **Child Specific and Appropriate Service Models** – Services and programs tailored
24 specifically to meet the developmental needs of children and adolescents as opposed to
25 programs geared to address adult needs.

26 ▪ **Child’s Own Community** – Referring to within or close to the child’s home
27 environment.

- 1 ▪ **Collaboration** – The process of bringing together those who have a stake in
2 children’s mental health for the purpose of interdependent problem solving that focuses on
3 improving services to children and families.
- 4 ▪ **Community-Based (Based in the Community)** - A core value of the system of
5 care which emphasizes the need for services provided to children in less restrictive, more
6 normative environments which are within or close to the child’s home environment.
- 7 ▪ **Comprehensive Services** – Pertaining to a “continuum of care” used to describe
8 the range of services or program components at varying levels of intensity needed by the
9 child.
- 10 ▪ **Coordinated Services** – Refers to a process whereby families and service providers
11 agree upon a *plan of care* that meets the needs of the child and family. These service
12 providers can include mental health, education, juvenile justice, and child welfare. *Case*
13 *management* is necessary to coordinate services.
- 14 ▪ **Crisis Care** – Refers to a continuum of crisis and emergency services that range
15 from nonresidential crisis services to crisis services in a non-hospital, residential context.
- 16 ▪ **Culturally Competent** – A set of behaviors, attitudes, and policies of a system,
17 agency, or among service providers that enables them to work effectively in cross-cultural
18 situations.
- 19 ▪ **Early Identification and Intervention** – A process for recognizing warning signs
20 that children are at risk for emotional disabilities and taking early action against factors that
21 put them at risk. Early intervention can have a significant effect on the course of emotional
22 disturbance in children and can help prevent problems from reaching serious proportions.
- 23 ▪ **Family** – Family is defined by its members and each family defines itself. Families
24 can include biological and adoptive parents and their partners, siblings, extended family
25 members and friends who provide a significant level of support to the child or primary
26 caregiver.

- 1 ▪ **Family-Focused** – An approach to designing and providing care that supports all
2 family members involved with the child’s care; decisions about services are made
3 considering the strengths and needs of the family as a whole as well as the individual child
4 with a severe emotional disturbance. Further, family members are also involved in all
5 aspects of planning and evaluating the service delivery system. This approach is seen as a
6 commitment to support families in their role as caregivers and to preserve family integrity
7 to the greatest possible extent.
- 8 ▪ **Family–Provider Collaboration** – A process that participants (including family
9 coordinators and advocates, therapists, administrators, social workers, and case managers)
10 in the system of care engage in to improve services for children and families. This process
11 requires: on going dialogue on vision and goals; attention to how power (administrative,
12 financial, etc.) is shared; attention to how responsibilities in planning and decision-making
13 are distributed; open and honest two-way communication and sharing of information; and
14 that all participants in the system of care are seen as mutually respected equals.
- 15 ▪ **Family Supports** – Community-based services and supports to promote the well-
16 being of children and families designed to increase the strength and stability of families, to
17 increase parents’ confidence and competence in their parenting abilities, to afford children
18 a supportive family environment, and to enhance child development.
- 19 ▪ **Homelessness** – One of the characteristics of a child at risk for serious emotional
20 disturbance. Means a child who lacks a fixed and regular night time residence or a child
21 whose primary night time residence is: 1) a supervised shelter designed to provide
22 temporary accommodations (such as a welfare hotel or congregate shelter); 2) a halfway
23 house or similar institution that provides temporary residence for individuals intended to be
24 institutionalized; 3) a temporary accommodation for not more than 90 days in the residence
25 of another individual; or 4) a place not designed for, or ordinarily used as, as regular
26 sleeping accommodation for human beings (a hallway, a bus station, a lobby or similar
27 places).

- 1 ▪ **Individualized Services** – Services that are designed specifically to address the
2 unique needs and strengths of each child and family.
- 3 ▪ **In Patient Psychiatric Care** – Mental health treatment in a hospital setting 24 hours
4 a day. The purpose of inpatient hospitalization is (1) short-term treatment in cases where
5 the child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment
6 when the patient cannot be evaluated or treated appropriately in an outpatient setting.
- 7 ▪ **In Home Care Services/Home-Based Services** - Services provided in the family’s
8 home for either a defined time or for as long as assistance is needed by a child with an
9 emotional disability and his/her family. Examples include parent training, counseling, and
10 working with family members to identify, find, or provide other help they may need. The
11 goal is to prevent the child from being placed out of the home.
- 12 ▪ **Integrated Services** – Services that are provided in a community through multiple
13 agencies with decreased overlap and decreased gaps in services.
- 14 ▪ **Least Restrictive Setting** – Children with emotional disabilities should receive
15 services within the least restrictive setting. This means that children and adolescents should
16 be served in as normal an environment as possible. Preferred interventions are those that
17 provide the needed services and at the same time are minimally intrusive in the normal
18 day-to-day routine of the child and family. An implicit goal of the system of care is to
19 maintain as many children as possible in their own homes by providing a full range of
20 family-focused and community-based services and supports.
- 21 ▪ **Parent** - Biological and adoptive mother or father, or the legal guardian of the child,
22 or a responsible relative or primary caregiver (including foster parents) with whom the
23 child regularly resides.
- 24 ▪ **Prevention Programs** –Programs and services in the system of care designed to
25 reduce the incidence of emotional disabilities in children. Interventions directed at children
26 and/or families who have not yet been identified, especially those children who by virtue of
27 genetic, family or situational factors are at the highest risk for emotional disabilities.

- 1 ▪ **Qualified Persons** –Individuals within the system of care responsible for
2 developing a service plan and providing services and supports for the child including
3 professionals (people who have specific educational training), parents of the child, and
4 other individuals with knowledge or special expertise regarding the child.
- 5 ▪ **Respite Care** – A service that gives a family a short break– relief – where someone
6 else temporarily takes care of the child for a few hours or a few days. Respite can be
7 provided in the family’s home, at a respite provider’s home, or at a special respite care
8 facility.
- 9 ▪ **Strengths-Based Planning** – A method to improve the lives of the child and family
10 who have complex needs by working within the areas or domains of their lives and
11 focusing on what strengthens family functioning. Life domains include safety,
12 interpersonal health, family, home/shelter, social/leisure, educational/vocational, legal and
13 behavioral/emotional. The plan incorporates strengths, goals, needs and strategies for the
14 selected life domains. SBP’s are developed by a team of individuals who care about the
15 child, including family members. This method of planning can be utilized in IEP’s, mental
16 health treatment plans, case plans and/or coordinated child and family plans.
- 17 ▪ **Systems Change** – Reforming the system. Making modifications in systems to
18 increase the likelihood that individuals will encounter favorable outcomes within the
19 system. May include the transfer of authority among individuals and agencies in order to
20 alter the system by which services are delivered.
- 21 ▪ **System of Care (SOC)** – A system of care is a comprehensive spectrum of mental
22 health and other necessary services which are organized into a coordinated network to
23 meet the multiple and changing needs of children and adolescents with severe emotional
24 disturbances and their families. A system of care not only includes the program and service
25 components, but also encompasses mechanisms, arrangements, structures, or processes to
26 ensure that the services are provided in a coordinated, cohesive manner.

- 1 ▪ **Therapeutic Foster Care Home** - A home where a child with a *serious emotional*
2 *disturbance* lives with trained foster parents with access to other support services. These
3 foster parents receive special support from organizations that provide crisis intervention,
4 psychiatric, and social work services. The intended length of this care is usually from 6-12
5 months.
- 6 ▪ **Therapeutic Group Care** – Community-based, home-like settings that provide
7 intensive treatment services to a small number of young people (usually 5-10 persons).
8 These young people work on issues that require 24-hour supervision. The home should
9 have many connections with an interagency *system of care*. Psychiatric services offered in
10 this setting try to avoid hospital placement and to help the young person move toward a
11 less restrictive situation.
- 12 ▪ **Transitional Services** – Services that help children leave the system that provides
13 help for children and move into adulthood and the adult service system. Help includes
14 mental health care, independent living services, supported housing, vocational services,
15 and a range of other support services.
- 16 ▪ **Wraparound** – Wraparound is a philosophy of care that includes a definable
17 planning process involving the child and family that results in a unique set of community
18 services and natural supports individualized for that child and family to achieve a positive
19 set of outcomes.

20 **Chapter __. Creation of the Guam System of Care Council.** There is hereby
21 created within the University Affiliated Program the Guam System of Care Council
22 ("GSOCC").

23 The GSOCC shall comprise fifteen (15) members as follows:

- 24 a. Eight (8) parents or other family members of children with, or at risk of, severe
25 emotional disturbance; and
- 26 b. One official from each of the following entities, designated by their respective
27 appointing authorities: (1) Department of Education; (2) Department of Public

1 Health, (3) Department of Mental Health, (4) Department of Integrated Services
2 for People with Developmental Disabilities; (5) Department of Youth Affairs; (6)
3 Protection and Advocacy; and (7) University Affiliated Program.

4 The members shall select a Chairperson, always from the family representatives, and
5 a Vice-Chairperson from the membership.

6 **Chapter __. GSOCC Powers, Responsibilities and Duties.** The Guam System of
7 Care Council, in the first year following enactment of this Act, shall be responsible for the
8 development and implementation of strategies to foster collaboration among stakeholders
9 so that the system of care policy is substantially embraced in every program ministering to
10 children with serious emotional disturbance.

11 The Guam System of Care Council, following enactment of this Act, shall be
12 responsible for the development of strategies to foster collaboration among stakeholders so
13 that the system of care policy is substantially embraced in every program ministering to
14 children with serious emotional disturbance.

15 The Council with the technical and clerical assistance of the University Affiliated
16 Program shall:

- 17 1) Develop technical assistance strategies to find, receive, and use resources to
18 develop and maintain the Guam system of care;
- 19 2) Develop and carry out activities which promote and support parent and family
20 understanding involvement education training and participation in the system of
21 care and system development;
- 22 3) Facilitate collaboration of families, care givers, service providers, policy makers,
23 and community members to develop Guam's system of care;
- 24 4) Educate families, care givers, service providers, policy makers and the
25 community concerning children with emotional disabilities and the system of
26 care;

- 1 5) Develop a plan to provide a one stop center where parents, care givers, service
2 providers, policy makers and the community can have access to an array of
3 services providing a continuous care for children and families;
- 4 6) Develop a system of evaluation and quality assurance; and
- 5 7) Request an appropriation for continued funding of its operations as part of its
6 report and justifying its needs.

7 All Departments and Agencies of the Government shall fully respond to requests for
8 information from the Council within ten (10) days and if unable to fully respond therein,
9 they shall provide a reason for inability to timely respond and expect full response date.

10 The Council is empowered and authorized to participate in the programs of the
11 Federal Government and its agencies that provide assistance for systems of care for
12 children with serious emotional disturbance and related programs and services.

13 The Council shall submit a report to *I Maga'lahaen Guåhan* and *I Liheslaturan*
14 *Guåhan* outlining its accomplishments, specific findings and recommendations to improve
15 Guam's compliance with this policy no later than one (1) year after the enactment of this
16 Act.

17 The council shall request for an appropriation for continued funding of its operations
18 as part of its report and justifying its needs.

19 The Council also shall develop technical assistance strategies to find, receive, and
20 use resources to develop and maintain the Guam system of care.

21 The Council may make such expenditures, subject to the provisions of this Article or
22 any other applicable law, regulation or restriction, as may be necessary for the activities
23 and operations of the Council and carry out the purposes of this Article.

24 The Council shall submit an annual report to *I Maga'lahaen Guåhan* and *I*
25 *Liheslaturan Guåhan* outlining its accomplishments, specific findings and
26 recommendations to improve Guam's compliance with this policy.

the Council shall request an annual appropriation for continued funding of its operations as part of its annual report justifying its needs.

Section 2. Appropriation. There is hereby appropriated from the General Fund the sum of Seventy-Five Thousand Dollars (\$75,000.00) to the Guam System of Care Council to cover administrative start-up costs. No funds shall be expended for the hiring of permanent Council staff. The Council shall contract for such administrative support as is deemed necessary.

Section 3. Severability. *If* any provision of this Law or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity shall *not* affect other provisions or applications of this Law which can be given effect without the invalid provisions or application, and to this end the provisions of this Law are severable.