

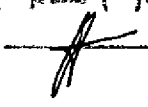


Office of the Governor of Guam

P.O. Box 2950 Hagåtña, Guam 96932
TEL: (671) 472-8931 • FAX: (671) 477-4826 • EMAIL: governor@mail.gov.gu

Office of the People's Speaker
Vicente (Ben) C. Pangelinan

JAN 09 2004

TIME: 5:15 (1AM (4PM
RECEIVED BY: 

Felix Perez Camacho
Governor

Kaleo Scott Moylan
Lieutenant Governor

09 JAN 2004

The Honorable Vicente C. Pangelinan
Speaker
I Mina' Bente Siete Na Liheslaturan Guahân
Twenty-Seventh Guam Legislature
155 Hesler Street
Hagåtña, Guam 96910

Dear Speaker Pangelinan:

Transmitted herewith is Bill No. 219 (COR), "AN ACT REPEAL AND REENACT CHAPTER 93, 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 THIRTY-EIGHT THOUSAND EIGHT HUNDRED DOLLARS (\$38,800.00) FOR SUCH PURPOSE," which I signed into law on December 17, 2003, as **Public Law No. 27- 47**.

I commend the Legislature and Senator Lou Leon Guerrero for their efforts with implementing this measure. Island children who suffer from emotional disturbance caused by various stressors will be able to see an improvement of services to them and their families. A lot of effort was undertaken to make this legislation a reality. The Guam System of Care Council was able to create a true collaborative effort among families, service providers, and other community stakeholders, and from this collaboration grew a common vision and shared set of values and principals and I thank them for all of their efforts. As well, there is now money available to sustain and expand the Guam System of Care Plan. I signed this measure into law with great pride and am hopeful of the benefits it will bring to our children who suffer from serious emotional disturbance.

Sincerely yours,

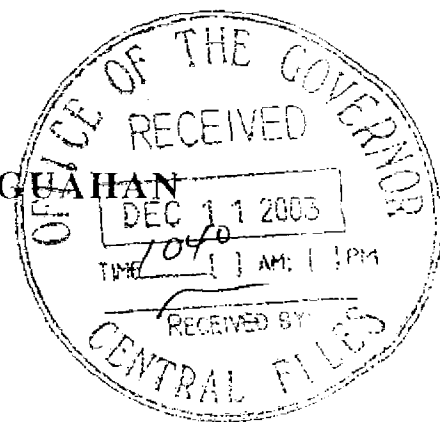
FELIX P. CAMACHO
I Maga'lâhen Guåhan
Governor of Guam

Attachment: copy attached of signed bill

cc: The Honorable Tina Rose Muna-Barnes
Senator and Legislative Secretary

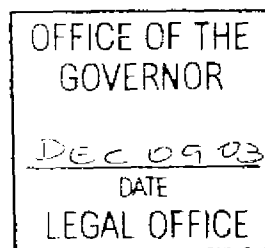


MINA' BENTE SIETE NA LIHESLATURAN GUÅHAN
 TWENTY-SEVENTH GUAM LEGISLATURE
 155 Hessler Place, Hagåtña, Guam 96910



December 9, 2003

The Honorable Felix P. Camacho
I Maga'lahen Guåhan
Ufisinan I Maga'lahi
 Hagåtña, Guam 96910



Dear *Maga'lahi* Camacho:

Transmitted herewith are Substitute Bill Nos. 137(COR), 212(COR), 217(COR) and 219(COR) which were passed by *I Mina' Bente Siete Na Liheslaturan Guåhan* on December 6, 2003.

Sincerely,


 TINA ROSE MUÑA BARNES
 Legislative Secretary

Enclosures (4)

CPA#203-4252

I MINA' BENTE SIETE NA LIHESLATURAN GUÅHAN
2003 (FIRST) Regular Session

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

This is to certify that Substitute Bill No. 219 (COR), "AN ACT TO REPEAL AND REENACT CHAPTER 93, 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 THIRTY-EIGHT THOUSAND EIGHT HUNDRED DOLLARS (\$38,800.00) FOR SUCH PURPOSE," was on the 6th day of December, 2003, duly and regularly passed.

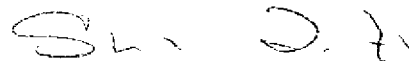
vicente (ben) c. pangelinan
Speaker

Attested:



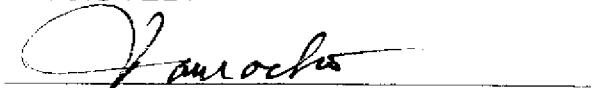
Tina Rose Muña Barnes
Senator and Legislative Secretary

This Act was received by *I Maga'lahen Guåhan* this 9 day of December, 2003, at
6:30 o'clock P.M.



Assistant Staff Officer
Maga'lahi's Office

APPROVED:



FELIX P. CAMACHO
I Maga'lahen Guåhan

Date: 12/17/03

Public Law No. 27-47

I MINA'BENTE SIETE NA LIHESLATURAN GUÅHAN
2003 (FIRST) Regular Session

Bill No. 219 (COR)

As substituted by the Committee on Health
and further substituted by
the Committee on Rules and
amended on the Floor.

Introduced by:

L. A. Leon Guerrero
T. R. Muña Barnes
R. J. Respicio
F. B. Aguon, Jr.
J. M.S. Brown
F. R. Cunliffe
C. Fernandez
Mark Forbes
L. F. Kasperbauer
R. Klitzkie
J. A. Lujan
v. c. pangelinan
J. M. Quinata
Toni Sanford
Ray Tenorio

AN ACT TO REPEAL AND REENACT CHAPTER 93,
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 THIRTY-EIGHT THOUSAND EIGHT
HUNDRED DOLLARS (\$38,800.00) FOR SUCH PURPOSE.

1 BE IT ENACTED BY THE PEOPLE OF GUAM:

2 Section 1. Chapter 93, Division 4, Part 2, Title 10 of the Guam Code
3 Annotated, is hereby *repealed* in its entirety and *reenacted* to read as follows:

1 "CHAPTER 93.

2 GUAM SYSTEM OF CARE COUNCIL FOR CHILDREN
3 WITH SERIOUS EMOTIONAL DISTURBANCE.

4 Section 93100. Purpose and Legislative Findings. As
5 mandated by Public Law 25-141, a Guam System of Care Council
6 (GSOCC) was established to create a comprehensive System of Care
7 Plan for the treatment of children with a serious emotional
8 disturbance (SED), and their families, on Guam. This legislation was
9 the culmination of collaborative efforts by community stakeholders
10 to improve services to children with a severe emotional disturbance
11 and their families. The Council was able to create a true collaborative
12 effort among families, service providers, and other community
13 stakeholders, and from this collaboration grew a common vision and
14 shared set of values and principles. Partnering with and supporting
15 community resources such as PROCEED, FILAK, and the agency
16 Ombudsmen, the Council held a series of meetings, workshops,
17 conferences, and working sessions to develop a community-based,
18 family-driven plan for creating a unified system of care to better
19 provide services to children with SED. The Council held a public
20 hearing on its draft plan in August of 2002, and delivered the final
21 plan to *I Liheslatura* and *I Maga'lahi* in September 2002.

22 The GSOCC, upon completing the System of Care Plan,
23 assisted the Department of Mental Health and Substance Abuse, as
24 the lead agency, in the writing of the Child Mental Health Initiative
25 (CMHI) Grant application to the U.S. Department of Health and

1 Human Services. Through its resources, the Council was
2 instrumental in ensuring that the application was submitted. Guam
3 was awarded this highly competitive, Nine Million Dollars
4 (\$9,000,000), six (6) year grant in September of 2002. Funds from this
5 grant will be used to develop the infrastructure and capacity to serve
6 children with SED and their families.

7 A fundamental requirement of the grant is that a community
8 governance body be established to carry out a System of Care for
9 children and adolescents and their families. The re-establishment of
10 the GSOCC will not only fulfill the requirement for the cooperative
11 agreement but will also ensure that Guam's initiative is sustained
12 and continues well beyond the six (6) year grant period. The
13 establishment of the GSOCC is a reflection of Guam's commitment to
14 its children and their families, and towards true system reform. The
15 GSOCC is to be Guam's community collaborative body addressing
16 the broader encompassing issues of children's mental health needs
17 and services.

18 It is therefore the intention of *I Liheslaturan Guåhan* to
19 permanently establish a 'Guam System of Care Council' to
20 implement and expand the Guam System of Care Plan, to seek
21 Federal and/or foundation funding for its sustainability, to ensure
22 continued collaboration among families, public and private service
23 providers, and other stakeholders, and to act as the governing body
24 for the CMHI cooperative agreement.

1 **Section 93101. Policy.** A child with, or at risk of, a serious
2 emotional disturbance shall be provided access to a comprehensive
3 system of care tailored to meet the child's unique needs. The system
4 of care shall be child-centered and family-focused; culturally
5 competent; and non-discriminatory. The system also shall provide
6 services in the child's own community to the maximum degree
7 possible with available and appropriate resources, or shall refer off-
8 Island until such services are available on Guam. These services shall
9 be provided in the *least* restrictive setting.

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

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

16 (2) '*Capacity building*': refers to a component of the
17 system of care that provides information, training, education or
18 other resources to enable people (family and personnel) to
19 carry out the needed and desired activities.

20 (3) '*Case Management/Care Coordination*': the task of
21 coordinating various service components and ensuring that
22 service needs are assessed and reassessed over time. In
23 systems of care, case management also denotes the actual
24 provision of services, as opposed to the limited 'brokering' of
25 services in traditional mental health systems. In some settings,

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

4 (4) '*Care coordination*': the task of coordinating various
5 service components and ensuring that service needs are
6 assessed and reassessed over time. In systems of care, care
7 coordination also denotes the actual provision of services, as
8 opposed to the limited 'brokering' of services in traditional
9 mental health systems.

10 (5) '*Care Coordinator*': an individual assigned with the
11 responsibilities of coordinating the care of the child and
12 family. The care coordinator is key to ensuring that the system
13 is truly responsive to the needs of the individuals it is designed
14 to serve.

15 (6) '*Child and Family Team*': members identified by the
16 parents of a child with a serious emotional disturbance to work
17 together as a team to help the child and family meet their needs.

18 (7) '*Child with serious emotional disturbance*': a person who
19 is under the age of eighteen (18) years old, or is under the age
20 of twenty-two (22) years old and has been receiving services
21 *prior to* the age of eighteen (18) years old that must be
22 continued for maximum therapeutic benefits, *and* who exhibits
23 any of the following characteristics for more than six (6)
24 months:

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

2 *or*

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

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

12 (ii) behaviors that, although possibly
13 provoked, are judged to be extreme or out of
14 proportion to the provocation, or an
15 inappropriate age reaction;

16 (iii) behaviors that have been judged
17 sufficiently disruptive to lead to exclusion
18 from school, home, therapeutic or recreational
19 settings; *or*

20 (iv) behaviors that require interdisciplinary
21 services and intensive, well-coordinated care
22 to be successfully managed.

23 (8) '*CMHI qualifying child with a serious emotional*
24 *disturbance*': for the purposes of the Child Mental Health
25 Initiative cooperative agreement, the target population for

1 CMHI/ Project *I Famagu'onta* is: Children and Adolescents who:
2 a) are under twenty-two (22) years of age; b) have an emotional,
3 behavioral, or mental disorder diagnosable under DSM-IV or
4 its ICD-9-CM equivalents, or subsequent revisions with the
5 exception of DSM-IV 'V' codes, substance use disorders and
6 developmental disorders, unless they co-occur with another
7 diagnosable serious emotional, behavioral, or mental disorder;
8 c) are unable to function in the family, school, or community, or
9 in a combination of these settings; or, the level of functioning is
10 such that the child or adolescent requires multiagency
11 intervention involving two (2) or more community service
12 agencies, such as mental health, education, child welfare,
13 juvenile justice, substance abuse, and health; and d) have a
14 disability that must have been present for at least one (1) year,
15 or on the basis of diagnosis, severity, or multi-agency
16 intervention, is expected to last more than one (1) year.

17 (9) '*Child Mental Health Initiative, (CMHI)*': a
18 Congressionally-funded program initiative under the U.S.
19 Department of Health and Human Services, managed by its
20 Substance Abuse and Mental Health Services Administration
21 (SAMHSA), and designed to provide funding for the
22 infrastructure development needed to create a system of care.

23 (10) '*Child at risk for serious emotional disturbance*': a child
24 or adolescent is considered to be at risk for a serious emotional

1 disturbance, as defined by this Act, if the child would be subject
2 to a serious emotional disturbance for any length of time.

3 (11) '*Child-centered*': a core value of the system of care
4 whereby the needs of the child and family dictate the type and
5 mix of services provided rather than expecting the child and
6 family to conform to preexisting service configurations. This
7 approach is seen as a commitment to providing services in an
8 environment and in a manner that enhances the personal
9 dignity of children and families, respects their wishes and goals,
10 and maximizes opportunities for involvement and self-
11 determination in the planning and delivery of services.

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

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

21 (14) '*Culturally competent*': a set of behaviors, attitudes
22 and policies of a system, agency, or among service providers
23 that enables them to work effectively in cross-cultural
24 situations.

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

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

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

22 (18) *'FILAK'*: a grant awarded to Guam to build
23 consensus for using the 'wraparound' approach as a best
24 practice service delivery process and to pilot its
25 implementation.

1 (19) '*Guam System of Care Council*' ('GSOCC'): the Council
2 established by this Act is responsible for policy development
3 and implementation of plans and strategies to foster
4 collaboration among stakeholders so that the system of care
5 policy is substantially embraced in every program ministering
6 to children with serious emotional disturbances, and as
7 otherwise provided by this Act.

8 (20) '*Individualized services*': services that are designed
9 specifically to address the unique needs and strengths of each
10 child and family.

11 (21) '*Integrated services*': services that are provided in a
12 community through multiple agencies with decreased overlap
13 and decreased gaps in services.

14 (22) '*Least restrictive setting*': means that children and
15 adolescents are served in as normal an environment as
16 possible. Preferred interventions are those that provide the
17 needed services and at the same time are minimally intrusive in
18 the normal day-to-day routine of the child and family. An
19 implicit goal of the system of care is to maintain as many
20 children as possible in their own homes by providing a full
21 range of family-focused and community-based services and
22 supports.

23 (23) '*Ombudsmen*': government of Guam agency
24 representatives chosen to act as systems of care liaisons for
25 their agencies. They are given decision-making powers for

1 their agencies and act as a resource and trouble-shooter for
2 those involved with the system of care in their agencies.

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

7 (25) '*PROCEED*': Parents Reaching Out for Children
8 Experiencing Emotional Disturbance, a non-profit parent
9 support organization founded on Guam to help parents of
10 children with severe emotional disturbance and to promote
11 systems change and family empowerment.

12 (26) '*System of Care*' ('*SOC*'): a comprehensive spectrum
13 of mental health and other necessary services which are
14 organized into a coordinated network to meet the multiple and
15 changing needs of children and adolescents with severe
16 emotional disturbances and their families. A system of care *not*
17 only includes the program and service components, but also
18 encompasses mechanisms, arrangements, structures or
19 processes to ensure that the services are provided in a
20 coordinated, cohesive manner.

21 (27) '*Wraparound*': a philosophy of care that includes a
22 definable planning process involving the child and family that
23 results in a unique set of community services and natural
24 supports, individualized for that child and family to achieve a
25 positive set of outcomes.

1 Section 93103. Creation of the Guam System of Care
2 Council. There is hereby created the Guam System of Care Council
3 ('GSOCC'). The GSOCC shall be composed of the following:

4 (a) eleven (11) family representatives appointed by *I*
5 *Maga'lahaen Guåhan*, to include nine (9) parents of children with
6 serious emotional disturbance; one (1) of the nine (9) parent
7 representatives shall be from PROCEED, Inc.; one (1) shall be
8 an adult consumer who has experienced serious emotional
9 disturbance and is cognizant of issues and barriers in the
10 current delivery system; and two (2) young persons who shall
11 be non-voting members who are less than eighteen (18) years
12 old who have been diagnosed as having a serious emotional
13 disturbance, at least one (1) of whom is currently a student; and

14 (b) one (1) representative from each of the following
15 entities, designated by their respective appointing authorities:
16 (1) Department of Education; (2) Department of Public Health
17 and Social Services; (3) Department of Mental Health and
18 Substance Abuse; (4) Department of Integrated Services for
19 Individuals with Disabilities (DISID); (5) Department of Youth
20 Affairs; (6) Superior Court of Guam; (7) Mayors Council; and (8)
21 The Chairperson of the Committee on Health or his/her
22 designee from *I Liheslaturan Guåhan*.

23 (c) The Council members shall select a Chairperson,
24 always from the family representatives, and a Vice-Chairperson
25 from the Council membership.

1 Section 93104. GSOCC Powers, Responsibilities and Duties.

2 The Council shall:

3 (1) Monitor the development and implementation of
4 Guam's System of Care Plan for children with SED and work to
5 ensure its sustainability.

6 (2) Act as the Governing Body for the CMHI cooperative
7 agreement, including, but not limited to:

8 a. make policy decisions for the CMHI cooperative
9 agreement;

10 b. create liaisons with the legislative and executive
11 branches of the government of Guam to ensure that needed
12 laws and orders can be obtained in a timely manner;

13 c. develop and uphold formal agreements and
14 memoranda of understanding between the collaborating child
15 service agencies;

16 d. hold the system of care accountable for meeting high
17 standards of care, including standards for cultural competence
18 and family involvement, as well as standards of practice that
19 have been shown to be effective through research and
20 evaluation studies (such as the 'Wraparound' approach to
21 create individual child/family specific service plans);

22 e. ensure that cooperative agreement funds are
23 expended appropriately within the community;

1 f. regularly monitor the clinical and functional
2 outcomes of the children to insure that services are making a
3 positive contribution;

4 g. be aware of relevant reform efforts on Guam and
5 incorporate them into the system of care; and

6 h. all departments and agencies of the government shall
7 fully respond to requests for information from the Council
8 within ten (10) days, and if unable to fully respond therein,
9 shall provide a reason for inability to timely respond and
10 expected full response date.

11 (3) Act as a coordinating body for all system of care resources
12 for children with serious emotional disturbance on Guam, and act as
13 the repository for the collection and distribution of research, findings,
14 and best practice models of treatment for children with SED.

15 (4) Ensure collaboration and coordination between all
16 stakeholders serving children with a serious emotional disturbance
17 and their families, and establish positive working relationships with
18 elected officials, courts, directors, and community organizations.

19 (5) Establish and enforce uniform standards of care for the
20 treatment of children with a serious emotional disturbance, set the
21 policy and objective purposes for monitoring and assessing the
22 provision of services to children with a serious emotional disturbance,
23 and ensure that this monitoring takes place.

24 (6) Serve as the primary advocate for the system of care on
25 Guam, serve as the primary family/consumer interface for feedback

1 and conflict resolution, and coordinate outreach to and the education
2 of the entire Guam community regarding the system of care and
3 serious emotional disturbance.

4 (7) Contribute to the interpretation of generated data on the
5 system of care and on children with SED, interpret generated reports
6 on the system of care and on children with SED, based on this
7 interpretation make recommendations and reports to the proper
8 agencies on service provision, and play a lead role in legislation and
9 policy concerning children with SED and the services they receive.

10 (8) Work collaboratively with the community to establish a
11 Human Resources Development Plan to address the need for on-
12 going assessment of issues surrounding recruitment, supervision,
13 training and retention of system of care workers in the Pacific region,
14 and to free the island from the need to hire mainland workers who
15 lack the cultural competency, knowledge of local methods and
16 traditions, and permanency of 'home grown' workers.

17 (9) Establish contact and relationships with appropriate
18 regional, national, and international agencies and organizations
19 which could support and benefit Guam's system of care.

20 (10) Work to expand the system of care model to serve all
21 children in the community, not just children with a serious emotional
22 disturbance.

23 (11) The Council shall submit a report biannually to *I*
24 *Maga'laken Guåhan* and the Speaker of *I Liheslaturan Guåhan* outlining

1 its accomplishments, specific findings and recommendations to
2 improve Guam compliance with this policy.”

3 **Section 2. Appropriation.** There is hereby appropriated from the
4 Health and Human Services Fund, established by Public Law Number 24-
5 174, *The Tobacco Settlement Act*, the sum of Thirty-Eight Thousand Eight
6 Hundred Dollars (\$38,800.00) to the Guam System of Care Council to cover
7 the cost of planning, coordination, and administration of the purposes of
8 this Act.

9 The Council shall contract for such administrative support as is
10 deemed necessary. No funds shall be expended for direct services to
11 children with serious emotional disturbances or their families. All funds
12 appropriated shall remain with the Council until fully expended. The
13 GSOCC shall submit an expenditure and progress report biannually to *I*
14 *Maga’lahen Guåhan*, to the Speaker of *I Liheslaturan Guåhan*, and to the
15 Public Auditor. Funds appropriated to the Council shall be subject to audit
16 by the Public Auditor.

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