

# **TERRITORY OF GUAM**

**October 11, 2005**

## **COMPREHENSIVE ACTIONS TOWARD COMMUNITY-BASED SERVICES AND SUPPORTS**

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**Office of Community Integration  
Department of Mental Health and Substance Abuse  
Department of Integrated Services for Individuals with Disabilities**

## EXECUTIVE SUMMARY

The Guam Comprehensive Integration Plan fully reflects the community integration imperative by targeting the needs of *all individuals with disabilities*. While the Plan is a direct response to a recent Permanent Injunction by the U.S. District Court of Guam for violations of the Americans With Disabilities Act (ADA) and the Rehabilitation Act by not placing qualified persons with mental and physical disabilities in the least restrictive settings, it incorporates ongoing efforts and progress toward ensuring the greatest amount of freedom of all persons with disabilities to live a life in the community.

While acknowledging system failures and the realities of the current service infrastructure, the Plan directs action steps toward systemic transformation. Memorandum of Understandings and a new governance structure will be required in order to meet this mandate. The creation of the Office of Community Integration and the JC Compliance Team will further provide the umbrella of coordination at the Chief Executive Level toward ensuring the Governor's vision to ensure that all persons with disabilities are able to live a life of dignity, respect and freedom in the community. Toward this end, Working Groups have also been established to develop system change and implementation strategies.

The voice of persons with disabilities, family members, advocates, and community providers are critical to the success of this Plan. The Plan presents five Guiding Principles generated from input by consumers and stakeholders that direct key objectives, actions, timelines, and expected outcomes. Perhaps most significant and timely, is the Wait List and accompanying Policies and Procedures which provides a system of priorities and governance for individuals requesting services in least restrictive settings, as well as a process to transition to and from the acute inpatient unit. These requirements will provide for a smoother transition, greater participation by consumers for services needed, and the planning for action steps to be taken to continually expand supports and services.

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## I. DEFINING AND ADDRESSING THE NEED

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**The purpose of Guam's comprehensive action plan is to develop community services and supports, which will ensure appropriate placement of individuals with disabilities in least restrictive settings and enhance these individuals' quality of life.**

Disabilities systems are being transformed. A continuum of services including community based services and support is now the expectation rather than the exception. The federal government, States and Territories all face this paradigm shift. Guam has also been legally mandated through a permanent injunction to insure that this transformation takes place.

In July 2001, the U.S. District Court of Guam found that the Governor's Office, the Department of Integrated Services for Individuals with Disabilities (DISID) and the Department of Mental Health and Substance Abuse (DMHSA) violated the Americans With Disabilities Act (ADA) and the Rehabilitation Act by not placing qualified persons with mental and physical disabilities in the least restrictive settings. The resulting permanent injunction ordered the defendants to provide:

1. Persons served in the DMHSA Adult Inpatient Unit (AIU) safety and freedom from undue restraint, and treatment under safe conditions;
2. Minimally adequate or reasonable staff training to ensure safety, freedom from undue restraint, and to prevent consumers' pre-existing self-care skills from deteriorating because of commitment; and
3. Timely implementation of placement plans.

The further contempt finding filed in July 2005 modified the permanent injunction to establish a set of new deadlines to meet the permanent injunction, the remaining areas being:

1. A proposed system for implementation of a waiting list
2. Development of a comprehensive implementation plan to develop community services and supports which will ensure prompt placements of Plaintiffs in appropriate living situations outside the DMHSA AIU.
3. Creation of policies and procedures (including grievance procedures) addressing procedures for changes in community placement and the return by individuals to the AIU.
4. Development of a plan to implement the minimum care requirement outlined by the permanent injunction

It is important to note that this action plan goes well beyond the mandates of the permanent injunction. The Guam Comprehensive Integration Plan is to fully reflect the community integration imperative by targeting the integration needs of *all individuals with disabilities*.

Although this document's intent is to meet the second requirement identified above to develop a "comprehensive implementation plan", such an action plan by necessity incorporates the work, actions, and timelines related to the other three requirements. Therefore, this Comprehensive Plan for community services and supports will incorporate the rationale and mechanism for a waiting list, policies and procedures which facilitate transitions from institutional settings to the community and changes in community placement, and actions to meet all minimum care requirements outlined in the permanent injunction.

The Comprehensive Plan is designed to meet the requirement of the permanent injunction entered in the JC litigation, but the Governor's Office, Departments, and community partners view the current legal mandates as an impetus for widespread system transformation. Moreover, in order to satisfy the mandates of the Permanent Injunction, the Comprehensive Plan must address broader issues than are discussed in the court's order. The Comprehensive Plan must identify and assess what is known about the individual and family needs on the island, and the current service system's ability to meet those needs. This review leads to a set of goals as well as sequential action steps to accomplish those goals.

This process, and the resultant plan, is a first for Guam. For that reason, the plan must be addressed to a variety of audiences, including the legislature, various executive officials, community and faith-based groups, the media and the public. Many in these audiences may have little knowledge of mental and developmental disability and service delivery and thus the comprehensive plan must include adequate background and explanatory information. The comprehensive plan must also provide a road map to consumers with disabilities, their families, agency administrators and direct care staff, and therefore must be detailed and multifaceted.

It is clear from the experience of States across the country that, to be effective, such plans must address a variety of clinical, programmatic, administrative and financing issues. Guam has an opportunity to create a model of excellence in disabilities services and the actions outlined in this plan embody this goal.

For example, identifying the type and number of treatment services needed must be based on data and thus information systems are required. Physical plants are needed from which to provide outpatient and residential services. The training needs of current employees must be identified and a workforce development capacity established. Issues in the government's procurement, contracting and community provider monitoring systems must be addressed. Coordination is needed with other public agencies, particularly the many components of the criminal justice system.

In short, a number of steps are needed some simultaneous and others sequential, to satisfy the Permanent Injunction. Like most States, Guam's over-reliance on institutional care has been long standing. "The transformation of service delivery to a community-based system that truly serves the needs of people with disabilities and their families requires comprehensive planning and

deliberate implementation.” The Permanent Injunction, like the ADA, Olmstead decision and applicable court ruling under the US Constitution, require that the government move forward at a reasonable pace, consistent with its many other responsibilities. This comprehensive plan addresses these legal mandates within the specific circumstances found on Guam.

Guam’s comprehensive plan first sets the context of system transformation by describing the prevalence of individuals with disabilities, hurdles to community integration, currently available services and supports, and *Guiding Principles* for developing Guam’s community based system. After presenting this background, this comprehensive plan articulates progress to date, as well as and future actions and timelines.

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## II. PREVALENCE OF INDIVIDUALS WITH DISABILITIES

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Prevalence data remain a priority in order to fully grasp the magnitude and need for expansion of community services and supports. The data currently used to date is provided from the 2000 U.S. Census Bureau. From this data, planners are able to understand the type of disability as well as those who are employed for targeted program expansion and supports.

For example, Chart 1 depicts Guam’s total civilian non-institutionalized population 5 years and over with disabilities by various type of disability: (*U.S. Census Bureau 2000*)

Chart 1:

|                            |        |
|----------------------------|--------|
| Sensory disability         | 3,261  |
| Physical disability        | 6,355  |
| Mental disability          | 2,803  |
| Self-Care disability       | 1,983  |
| Go-outside-home disability | 12,958 |
| Employment disability      | 12,602 |
| Total with Disabilities    | 39,962 |

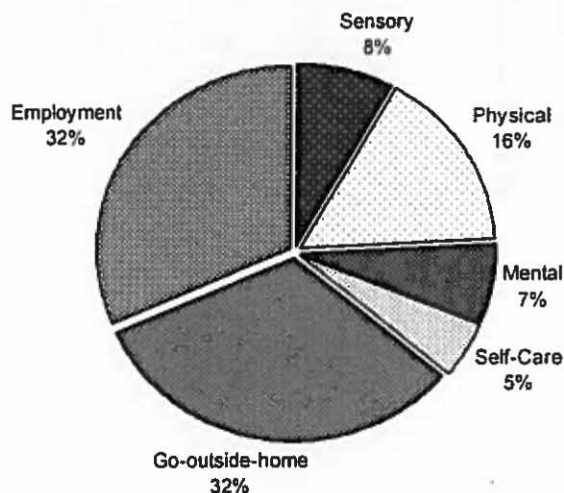
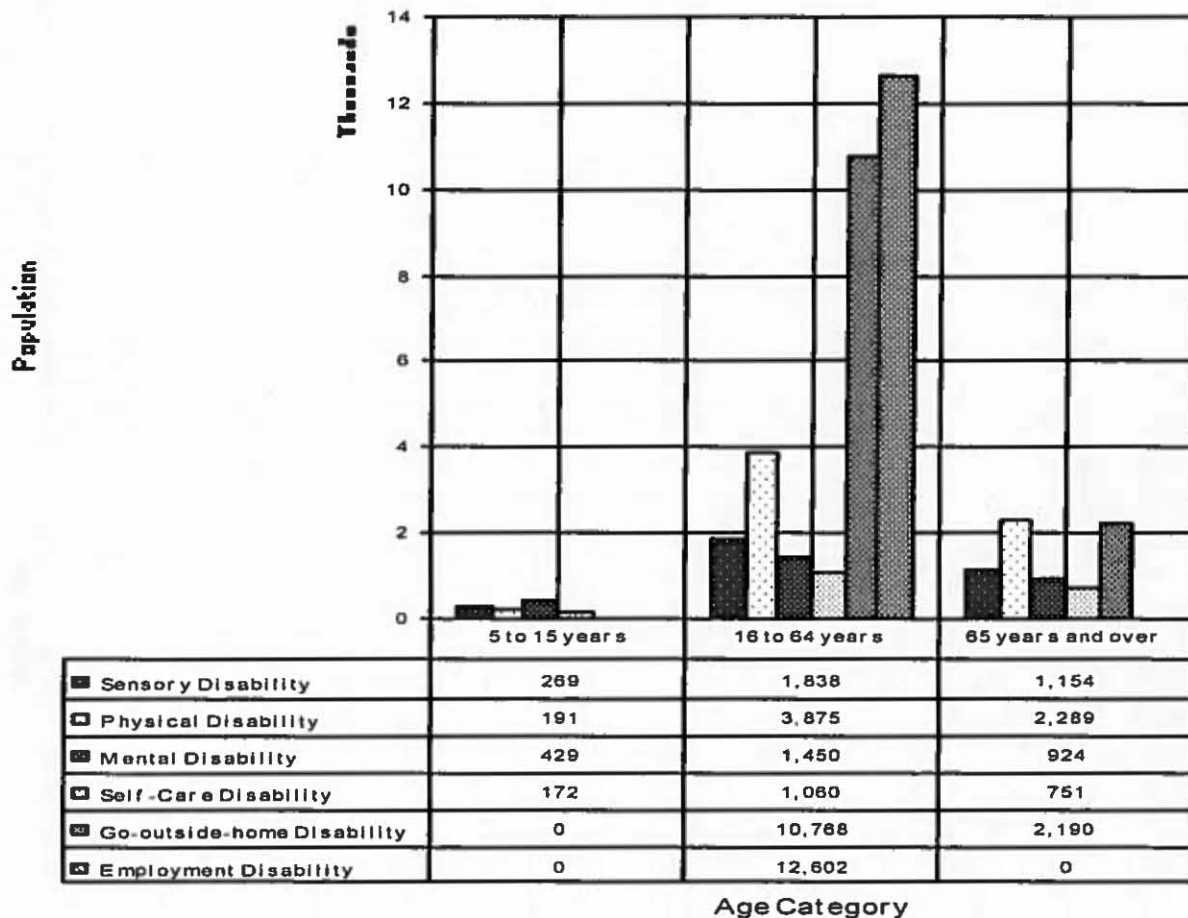


Chart 2 illustrates the types of Disability for the Civilian Non-Institutionalized Population 5 years and over with Disabilities categorized by age group. (U.S. Census Bureau 2000)



Other salient demographic data from the 2000 Census Data are as follows:

- People living in household is 150,928;
- People living in group quarters is 3,877;
- Institutionalized population is 976 (includes people under formally authorized, supervised care or custody in institutions);
- Non-institutionalized population is 2,901 (includes all people who live in group quarters other than institutions; also, included are staff residing at institutional group quarters).
- A total population of veterans on-island is 8,900 of which 1,750 have filed claims for Post-Traumatic Stress Disorder (PTSD) while 300 more claims for service personnel is anticipated.

There are no statistics on exactly how many residents of Guam with disabilities may experience a need for services, but there has been one intensive survey of a sample of individuals in residential placement or at risk of residential placement. Guam Legal Services Corporation (GLSC), the Center for Excellence in Developmental Disability Education, Research, and Services/ University Affiliated Programs (CEDDERS/UAP) of the University of Guam (UOG), and the Guam Developmental Disabilities Council (GDDC) completed a needs assessment in 2001 consisting of 43 interviews. Collectively, the findings from the survey highlight the following:

- Majorities were male over the age of 30.
- The individuals predominantly had developmental disabilities, but many individuals also reported psychiatric disorders and medical issues.
- The majority of those interviewed had high need for finding ways to help their family member become more independent in caring for his or her needs.
- There was also a high need for medical and dental care, finding someone to care for individual in emergencies, getting financial assistance from public agencies, and finding social opportunities for individuals with disabilities.
- Roughly half received some kind of public assistance, the majority of which was Medicaid.

We also have some data regarding numbers served. In 2004, DMHSA served approximately 2,235 individuals classified as having serious mental illnesses. In 2004, DISID served approximately 1,600 consumers with disabilities.

Although available data on the population in need has been limited, Guam does have a preliminary understanding of the prevalence of disabilities and community-based care. As will be presented in the actions and timelines section, the management information system will track the prevalence and the outcomes of disabilities services.

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### **III. GUAM'S DISABILITIES SERVICES**

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There are a number of interlinking systems that serve the needs of individuals with disabilities. DMHSA and DISID are the principal departments serving individuals and families. There are additionally a number of other Departments and advocacy organizations which provide crucial roles in serving the needs of individuals with disabilities, including other Departments, disabilities councils, and advocacy organizations. Guam's services and supports are briefly described below.

#### **DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE**

DMHSA provides both mental health and substance abuse treatment and prevention services in inpatient and outpatient treatment settings. DMHSA is charged by statute with providing "comprehensive inpatient and community-based outpatient mental health, alcohol and drug programs and services for the people of Guam, and to continually strive to improve, enhance,



and promote the physical and mental well-being of the people of Guam (Public Law 17-21)” (*see Appendix A*). Due to the island’s size and location, there are no other county, city, and community mental health centers. As the mental health authority, DMHSA works closely with DISID, which provides community case management and linkage to community resources (*see Appendix B*).

## **DEPARTMENT OF INTEGRATED SERVICES FOR INDIVIDUALS WITH DISABILITIES**

Pursuant Public Law 24-16, DISID was established on October 1, 1997. In November 1997, Public Law 24-92 increased the role of the DISID by adding the Division of Evaluation, Enforcement and Compliance (DEEC) and the Division of Health Planning and Development (*see Appendix C & D*). DISID does not provide direct consumer care; rather it contracts its services to non-profit community organizations. The Division of Support Services (DSS), under the authority of DISID is responsible for the development of community service delivery system, which includes the design, implementation, administration, coordination, monitoring, and evaluation of programs and services for individuals with disabilities and with other agencies to access and maximize existing programs (*see Appendix E*).

DISID administers the Residential Treatment Fund under which off-island facilities are contracted to provide treatment. DISID social workers communicate with the contracting service providers in preparing progress reports for consumers residing in off-island facilities. Family members, legal guardians, the Public Guardian and Guardian ad litem along with their respective consumer, give most information for those that are institutionalized (*see Appendix E*).

Many other departments and divisions are also involved in providing services to individuals with disabilities across the age range. These providers are critical in fulfilling needed services that individuals with disabilities require in attaining independence and recovery (*see Appendix F*).

## **ADVOCACY SYSTEMS**

**Guam Legal Services Corporation (GLSC)** is a non-profit corporation managed by a board of directors consisting of attorneys and program eligible persons. This board, federally funded, is mandated to advocate for and represent individuals with physical or mental disabilities to protect and enforce their rights to access public services, transportation, and public benefits, and to be free from discrimination in employment. Advocacy services provided by GLSC are:

- Protection and Advocacy for Developmental Disabilities (PADD)
- Protection and Advocacy for Individual Rights (PAIR)
- Protection and Advocacy for Individuals with Mental Illness (PAIMI)
- Protection and Advocacy for Traumatic Brain Injury (PATBI)
- Protection and Advocacy for Beneficiaries of Social Security (PABSS)
- Public and Advocacy Help America to Vote Act (PAVA)

**Planning Councils:** There are a number of councils that are integral in planning, implementing, and ensuring appropriate delivery of services to individuals with disabilities:

| Council                                                                | Role in Serving Persons with Disabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Guam Mental Health Planning Council                                    | <ul style="list-style-type: none"> <li>○ Reviews Community Mental Health Services (CMHS) plan and recommendations for modifications</li> <li>○ Serves as an advocate for adults with a serious mental illness, children with severe emotional disturbance, and other individuals with mental illnesses or emotional problems</li> <li>○ Monitors, reviews, and evaluates, not less than once each year, the allocation and adequacy of mental health services within the State</li> </ul> |
| Guam System of Care Collaborating Council (GSOCC)                      | <ul style="list-style-type: none"> <li>○ Collaborative group of families and providers who are working on systems change</li> <li>○ Strategic planning and decision making for continued refinement of the system of care</li> </ul>                                                                                                                                                                                                                                                      |
| Division of Support Services for Individuals with Disabilities Council | <ul style="list-style-type: none"> <li>○ Composed of the Stakeholders</li> <li>○ Serve as a public advocate</li> <li>○ Public education and awareness</li> </ul>                                                                                                                                                                                                                                                                                                                          |
| Guam Developmental Disabilities Council (GDDC)                         | <ul style="list-style-type: none"> <li>○ Advocacy</li> <li>○ Training</li> <li>○ Quality Assurance</li> <li>○ Housing</li> <li>○ Family Supports</li> </ul>                                                                                                                                                                                                                                                                                                                               |

**Ombudsman Services:** The Child Mental Health Initiative Project (CMHI) out of the DMHSA has ombudsmen. There are ombudsmen at each child-serving agency, namely Department of Mental Health and Substance Abuse, Department Of Education, Department of Public Health and Social Services, Department of Integrated Services for Individuals with Disabilities, Department of Youth Affairs and Superior Court/Juvenile Probation, to ensure quality delivery of services, traditional and natural support to children-adolescents with severe emotional difficulties and their families. These ombudsmen in addition to ensuring smooth-effective and efficient delivery of services also work collaboratively with all other child serving agencies in the community both public and private and other stakeholders in the community to resolve problems and concerns and assist children-adolescents and families.

**Public Guardian:** The Office of the Public Guardian is a program that serves as legal guardian when appointed by the Superior Court for adults who are unable to manage their own affairs as a result of advanced age, disease or disability, when there are no families or friends to serve as guardians.

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#### IV. GUIDING PRINCIPLES FOR DEVELOPING GUAM'S COMMUNITY BASED SYSTEM

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The development of Guam's community based system is built upon the foundation of key public policy and core values and guiding principles. These policies include the American's with Disabilities Act (ADA), Supreme Court Olmstead Decision, and President's New Freedom Commission on Mental Health Transformation. Together with these policy decisions as well as values articulated through consumer voice and stakeholder input, Guam's "Caring Communities" would adopt five (5) Guiding Principles in the development of this plan. Together with these policy decisions as well as values articulated through consumer voice and stakeholder input, Guam's "Caring Communities" have adopted five (5) Guiding Principles in the development of this plan.

##### **Key Public Policy and Legislation**

The American's with Disabilities Act (ADA), Supreme Court Olmstead Decision, and President's New Freedom Commission support Guam's plans for further facilitation of community integration.

**Americans with Disabilities Act (ADA):** In 1990, Congress enacted the ADA, which states that disability is a natural part of the human experience, and that disability does not diminish a person's rights to fully participate in all aspects of society. The ADA prohibits discrimination against individuals with disabilities in employment, public accommodations, transportation, state and local government services, and telecommunications. The ADA Prohibited disability discrimination in employment, public services, and public accommodations operated by private entities.

**The Supreme Court Olmstead Decision:** In the 1999 case of *Olmstead v. LC*, the US Supreme Court ruled that the ADA prohibits the unnecessary segregation of individuals with disabilities in institutional treatment settings. The Olmstead case involved two women in a state hospital with multiple disabilities who:

1. Hospital clinicians assessed as ready for discharge;
2. Requested discharges to existing community services; and
3. Could be appropriately served by available community placement slots.

The Olmstead decision means that states and territories can be held accountable in certain circumstances for individuals treated in institutions when these individuals could be appropriately served in less restrictive community-based settings. The decision directs states and territories to move appropriate institutionalized individuals with disabilities to more integrated services by development and documentation of:

1. A comprehensive, effectively working plan for placing qualified individuals who currently reside in institutions who desire community-based services in least restrictive settings; and



2. A waiting list for individuals currently residing in institutions who are clinically ready and wish to move into the community that moves at a reasonable pace not controlled by the state's (territory's) endeavors to keep its institutions fully populated.

It is important to note that the Court acknowledged that the ADA does not require that individuals be moved from institutional settings if unable to benefit from community settings. Rather, states and territories are obliged to "make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program or activity."<sup>1</sup> Fundamental alteration of a program takes into account three factors:

1. The cost of providing services to the individual in the most integrated setting appropriate;
2. The resources available to the state or *territory*; and
3. How the provision of services affects the ability of the state (*territory*) to meet the needs of others with disabilities.

**The President's New Freedom Commission on Mental Health:** The mandate of the Olmstead decision was strongly reinforced in June 2001 when President Bush signed an Executive Order requiring states to provide the community-based alternatives for individuals with disabilities, discussed by the Supreme Court. President Bush went on, in June 2002, to appoint the New Freedom Commission on Mental Health to begin implementation of the New Freedom Initiative<sup>2</sup>. The Commission completed an assessment of the US mental health system that will inform steps toward a more cohesive, quality system. This assessment identified the below goals of a transformed system.

- Understand that mental health is essential to overall health.
- Mental health care is consumer and family driven.
- Disparities in mental health services are eliminated.
- Early mental health screening, assessment, and referral to services are common practice.
- Excellent mental health care is delivered and research is accelerated.
- Technology is used to access mental health care and information.

#### **Five Guiding Principles:**

1. **Consumer and Family Focused:** Consumers, families and stakeholders are primary indicators of the need to move services and service delivery in a fashion that meets their needs in the least restrictive setting. The development of a Comprehensive Implementation Plan, addresses issues overall and not just in fulfillment of the Permanent Injunction. The plan will allow for the availability, accessibility, and accountability of both service delivery and consumer satisfaction.

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<sup>1</sup> See, 28 C.F.R. Section 35.130(b)(1998)

<sup>2</sup> President's Commission Gets to Work, Will Consider Reform of Entire System. (June 21, 2002). Mental Health Report, 26(12), Silver Spring, MD: Business Publishers Inc. (<http://www.mentalhealthcommission.gov>)

2. **Recovery/Highest Potential Driven Treatment:** Services and supports designed to assist individuals with developmental and mental disabilities will implement plans that are recovery/ highest potential driven to meet the individualized needs of consumers. The Comprehensive Plan will incorporate and implement plans that allow consumers the ability to access services throughout the system.
3. **Treating the Whole Person:** An improved services and supports will be enhanced through the development of strategies and initiatives that will allow the individual the ability to access services from various service providers in meeting their needs. This plan will enhance the growth and development of individuals with disabilities, thus treating the whole person and becoming a productive member of our society.
4. **Evidence-Based Practices:** Services and Supports developed within a network of "Caring Communities" will put into action best practices that will be adopted to fit the ever changing lifestyles of individuals with disabilities. Review of current Evidence-Based Practices to ensure that they are consumer driven that will serve as guidance towards providing quality care for our consumers.
5. **Accountability:** Services and Supports delivered through community-based settings, incorporating evidence-based practices will move our community in the direction of providing quality care. Care provided in a safe environment and in the least restrictive settings, will create optimal performance and increased productivity by individuals with disabilities. All services and service providers will be held responsible and accountable for the delivery of services through effective Quality Assurance management.

These principles drive all of Guam's actions and timelines to continuously improve services for persons with disabilities and their families. The following presents how the specific actions link to specific guiding principles.

**GUAM'S CARING COMMUNITIES**  
**Table of Guiding Principles and Goals**

| Consumer and Family Focused                                                                                        | Recovery/Highest Potential Driven                                                                                                           | Treating the Whole Person                                                                                                                                                 | Evidence-Based Practice                                                                                                                                | Accountability                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>GOALS FOR SERVICE DELIVERY</b>                                                                                  |                                                                                                                                             |                                                                                                                                                                           |                                                                                                                                                        |                                                                                                                                               |
| 1.1 Address the health care delivery system for the Territory                                                      | 2.1 Prevent future unjustified institutionalization by providing preventive community-based services                                        | 3.1 Strengthen of workforce, build consumer skills, and educate family supports to meet the needs of tomorrow                                                             | 4.1 Transform our service delivery to evidence-based practices for quality care                                                                        | 5.1 Promote an environment that provides quality delivery of services accountable to our consumers in the most effective and efficient manner |
| 1.2 Provide for a "pro-consumer approach in the way we do business                                                 | 2.2 Develop an effective communication system                                                                                               | 3.2 Having the right tools in a timely manner will meet our challenges                                                                                                    | 4.2 Improve access to quality care that is culturally competent                                                                                        | 5.2 Align relevant Federal programs to improve access and accountability for mental health services                                           |
| 1.3 Address mental health with same urgency as physical health                                                     | 2.3 Develop an Individualized Plan of Care (IPC) for every adult with a serious mental illness and child with serious emotional disturbance | 3.3 Protect and enhance the rights of people with mental illness                                                                                                          | 4.3 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses                                        | 5.3 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medication, trauma and acute care  |
| 1.4 Improve access to quality Care to geographically remote areas                                                  | 2.4 Involve consumers and families fully in orienting the mental health system toward recovery                                              | 3.4 Promote the mental health of young children                                                                                                                           | 4.4 Advance evidence-based (EBPs) using dissemination and demonstration projects and create a public-private partnership to guide their implementation | 5.4 Create a Comprehensive State Mental Health Plan                                                                                           |
| 1.5 Screen for co-occurring mental and substance abuse use disorders and link with integrated treatment strategies | 2.5 Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports                          | 3.5 Improve and expand school mental health programs                                                                                                                      | 4.5 Improve and expand the workforce providing evidence-based mental health services and supports                                                      |                                                                                                                                               |
|                                                                                                                    |                                                                                                                                             | 3.6 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations |                                                                                                                                                        |                                                                                                                                               |
|                                                                                                                    |                                                                                                                                             | 3.7 Develop and implement integrated electronic health record and personal health information systems                                                                     |                                                                                                                                                        |                                                                                                                                               |

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## V. TRANSFORMING SERVICES AND SUPPORTS ON GUAM: GOALS, ACTIONS AND TIMELINES

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Guam has developed priorities and actions to embark the process for transformation for which will transform the disabilities system. This chapter provides a detailed description of how this system transformation is envisioned to occur. Guam's recent and future actions for continuously improving disabilities services are presented in two complementary formats:

1. A description of each **Guiding Principle** is presented first, followed by a matrix, which includes the goals, actions and timelines.
2. All of the objectives included under the guiding principles matrix are tied to one or more *Action Issues* which the Permanent Injunction, Departments and stakeholders have identified as priorities- these are:
  - a. \* Service excellence for the DMHSA Adult Inpatient Unit
  - b. Establish an effective Office of Community Integration
  - c. Coordinated disabilities services and supports
  - d. Diversion from, and coordination with, the criminal justice system
  - e. Individualized treatment planning
  - f. Evidence-based systems
  - g. Facilitate transitions to community-based settings
  - h. Funding the necessary continuum of care
  - i. Interdepartmental training
  - j. A commitment to consumer and family driven care
  - k. Address workforce deficits
  - l. Quality assurance and management information systems

Each *Action Issue* begins with a brief description. This is followed by barriers to transforming the system within the identified area. Actions and timelines are then presented in tables. These tables include the relevant guiding principles allowing the reader to cross-reference these actions with the guiding principles matrix.

### Guiding Principles, Goals, Objectives, Timelines

**1. Consumer and Family Focused:** Consumers, families and stakeholders are primary indicators of the need to move services and service delivery in a fashion that meets their needs in the least restrictive setting. The development of a Comprehensive Implementation Plan, addresses issues overall and not just in fulfillment of the Permanent Injunction. The plan will allow for the availability, accessibility, and accountability of both service delivery and consumer satisfaction.\*

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\* Guam does not have a psychiatric hospital facility.

Immediate: 0 to 6 Months  
Short Term: 6 to 18 Months  
Long Term: Over 18 Months

| Goal 1.1 Address the health care delivery system for the Territory.                                                  |                     |                        |                                                 |                                                                      |
|----------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|-------------------------------------------------|----------------------------------------------------------------------|
| Consumer and Family Focused                                                                                          | Lead Authority      | Start Date             | Outcome                                         | Type of Action<br>Immediate (I)<br>Short-Term (ST)<br>Long-Term (LT) |
| 1.11 Establish the Office of Community Integration                                                                   | GOVERNOR OF GUAM    | Completed              | Executive Order 2004-26                         | I                                                                    |
| 1.12 Establish workgroups to review service delivery                                                                 | OCI                 | Completed              | Chartered workgroups                            | I to ST                                                              |
| 1.12(1) The workgroups will make recommendations for improvement of service delivery                                 | OCI                 | Immediate              | Coordination of service delivery                | I                                                                    |
| 1.12(2) Ensure the establishment of reporting standards for working groups                                           | OCI, DMHSA<br>DISID | Immediate              | Documented and Approved Reporting Standards     | I to ST                                                              |
| 1.13 Incorporate the minimum care requirements for compliance                                                        | DMHSA               | Immediate              | Be in compliance to standards                   | I                                                                    |
| 1.14 Ensure the establishment of a Memorandum of Understanding (MOUs) and/or contracts                               | OCI, DMHSA<br>DISID | Immediate              | Approved and documented MOU's/Contracts         | I                                                                    |
| 1.15 Review /improve policy and procedures for the delivery of community-based services and system supports.         | OCI, DMHSA<br>DISID | Immediate to Long-term | Approved and documented policies and procedures | I to LT                                                              |
| 1.16 Ensure quality assurance management of local and federal regulations and minimum care requirements              | OCI, DMHSA<br>DISID | Immediate              | To be in compliance                             | ST                                                                   |
| 1.17 Create an integrated funding source in addressing issues of service delivery                                    | BBMR, DOA           | Immediate              | Integrated funded plan                          | I to ST                                                              |
| 1.18 Obtain Technical Assistance (TA) to assess transformation in service delivery for individuals with disabilities | OCI, DMHSA<br>DISID | Immediate              | Systems Transformation                          | I to LT                                                              |
| 1.19 Identify and obtain funds that would address immediate and long-term health care needs of consumers             | OCI, DMHSA<br>DISID | Immediate              | Approved Funding                                | I                                                                    |
| 1.11.1 Implement minimum care requirements for safety and freedom from undue restraints                              | DMHSA               | Immediate              | Meet all requirements                           | I to ST                                                              |
| 1.11.2 Implement waitlist inter-department policy and procedure                                                      | DMHSA, DISID        | Immediate              | List of services and priority waitlist          | I to LT                                                              |

| <b>GOAL: 1.2 Provide for a consumer-driven approach in the way we do business.</b>                                                 |                       |                       |                                                         |                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Consumer and Family Focused</b>                                                                                                 | <b>Lead Authority</b> | <b>Start Date</b>     | <b>Outcome</b>                                          | <b>Type of Action<br/>Immediate (I)<br/>Short-Term (ST)<br/>Long-Term (LT)</b> |
| 1.21 Establish a consumer/family forum to obtain how individual needs can best be met by services and service providers            | OCI                   | Immediate and Ongoing | Needs assessment survey                                 | I to ST                                                                        |
| 1.22 Establish on-line consumer satisfaction survey workstation at community centers.                                              | OCI, DMHSA<br>DISID   | Short-term            | Documented indicators in evaluation of service delivery | ST                                                                             |
| 1.23 Establish a Grievance Policy and Procedure                                                                                    | OCI, DMHSA<br>DISID   | Completed             | Published approved policy and procedure                 | I                                                                              |
| 1.24 Implement policy and procedures to reduce seclusion and restraints and minimum care requirements for documentation and review | DMHSA                 | Immediate             | Approved and Adopted Policies and Procedures            | I                                                                              |
| 1.25 Implement a person-focused environment in adult inpatient acute unit                                                          | DMHSA                 | Immediate             | Established Stress Free Room                            | I                                                                              |

| <b>Goal: 1.3 Treat psychiatric and developmental disabilities with same urgency as physical health</b>                                                  |                       |                         |                                                    |                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|----------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Consumer and Family Focused</b>                                                                                                                      | <b>Lead Authority</b> | <b>Start Date</b>       | <b>Outcome</b>                                     | <b>Type of Action<br/>Immediate (I)<br/>Short-Term (ST)<br/>Long-Term (LT)</b> |
| 1.31 Make infrastructure changes to ensure parity between mental health and non-mental health consumers                                                 | DMHSA                 | Short Term              | Documented parity changes in service delivery      | LT                                                                             |
| 1.32 Implement awareness campaign for persons with disabilities                                                                                         | OCI                   | Immediate to Short Term | Number of awareness campaigns launched             | I - ST                                                                         |
| 1.33 Collaborate with the medical society in addressing mental health needs within hospitals and clinics in our community                               | OCI                   | Short Term              | Document and Approved MOU/MOA/Contract             | ST                                                                             |
| 1.34 Establish a disability service network directory with all "caring communities" to provide an awareness of psychiatric and developmental disability | OCI                   | Short Term              | Directory of community-based services and supports | I - ST                                                                         |



| Goal: 1.4 Improve access to quality care to geographically remote areas                                                                                                            |                |            |                                  |                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|----------------------------------|----------------------------------------------------------------------|
| Consumer and Family Focused                                                                                                                                                        | Lead Authority | Start Date | Outcome                          | Type of Action<br>Immediate (I)<br>Short-Term (ST)<br>Long-Term (LT) |
| 1.41 Establish outreach initiatives that will address the consumers/families needs among the community. (e.g. faith-based organizations, mayor's council, community public health) | OCI            | Short Term | Community Initiatives            | ST                                                                   |
| 1.42 Implement a strategy for developing disability workforce.                                                                                                                     | OCI            | Immediate  | Adopted disability Strategy(ies) | ST                                                                   |
| 1.43 Pilot an Assertive Community Treatment Program                                                                                                                                | DMHSA          | Immediate  | Home based care services         | I-ST                                                                 |

| Goal: 1.5<br>Screening for co-occurring mental and substance abuse use disorders and link with integrated treatment strategies                                    |                |            |                                                      |                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|------------------------------------------------------|----------------------------------------------------------------------|
| Consumer and Family Focused                                                                                                                                       | Lead Authority | Start Date | Outcome                                              | Type of Action<br>Immediate (I)<br>Short-Term (ST)<br>Long-Term (LT) |
| 1.51 Develop and implement a policy to promote early screening and referral of co-occurring disorders within mental health and substance abuse treatment settings | DMHSA          | Short Term | Documented and Approved policy                       | ST                                                                   |
| 1.52 Increase the number of mental health early screening for co-occurring disorders and providing referrals to appropriate treatment programs                    | OCI, DMHSA     | Short Term | Number of Referral to appropriate treatment programs | LT                                                                   |
| 1.53 Increase the number of mental health and substance abuse treatment providers trained to provide treatment to co-occurring disorders                          | DMHSA          | Short Term | Number of trained treatment providers                | LT                                                                   |

**2. Recovery/Highest Potential Driven Treatment:** Services and supports designed to assist individuals with developmental and mental disabilities will implement plans that are recovery/Highest Potential to meet the individualized needs of consumers. The Comprehensive Plan will incorporate and implement plans that allow consumers the ability to access services throughout the system.

| Goal 2.1 Prevent future unjustified institutionalization by providing preventive community-based services                                                |                                 |               |                                                                                                                              |                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Recovery/Highest Potential Driven                                                                                                                        | Lead Authority                  | Start Date    | Outcome                                                                                                                      | Type of Action<br>Immediate (I)<br>Short-Term (ST)<br>Long-Term (LT) |
| 2.11 Establish infrastructure to support community-based initiatives (e.g. housing, communications, utilities, transportation)                           | OCI                             | Short Term    | Approved and Documented Capital Improvement Projects (CIP), maintenance and repair of facilities and other utility projects. | ST to LT                                                             |
| 2.12 Establish housing initiatives that will allow for transitions among services providers                                                              | OCI, GHURA                      | Immediate     | Housing Initiatives                                                                                                          | I to LT                                                              |
| 2.13 Assess current residential placements to determine the need for future residential placements in meeting the needs of individuals with disabilities | OCI / DMHSA / DISID             | Immediate     | Needs Assessment                                                                                                             | I to LT                                                              |
| 2.14 Implement a "wait list" for priority placement                                                                                                      | OCI / DMHSA / DISID             | Immediate     | Wait list system                                                                                                             | I to LT                                                              |
| 2.15 Develop transportation initiative in providing consumers access to services                                                                         | DOA                             | July 2006     | Transportation Initiatives                                                                                                   | LT                                                                   |
| 2.16 Develop a skill-based training program to provide employment opportunities for individuals with disabilities                                        | OCI, DISID, GPSS, DOL, GCC, UOG | Immediate     | Skill-Based training program                                                                                                 | I to LT                                                              |
| 2.17 Incorporate the minimum care requirements for compliance                                                                                            | OCI, DMHSA, DISID               | Immediate     | Be in compliance to standards                                                                                                | I to ST                                                              |
| 2.18 Provide consumers quality information and supports to live and work in location they prefer                                                         | OCI, DMHSA, DISID               | Immediate     | Preferred choice (s) profiled for the consumer.                                                                              | I to LT                                                              |
| 2.19 Increase the opportunity for quality choices to consumers seeking assistance (e.g. Braille, language translations, handicap access) in community    | OCI, DMHSA, DISID               | Immediate     | Documented number of assistance provided.                                                                                    | ST to LT                                                             |
| 2.110 Ensure accessibility to services for consumers without discrimination                                                                              | OCI, DMHSA, DISID               | Immediate     | Documented number of complaints.                                                                                             | I to LT                                                              |
| 2.111 Catalogue funding and sources across applicable departments                                                                                        | OCI, BBMR                       | February 2006 | Approved funding and sources catalog                                                                                         | ST                                                                   |

| Goal: 2.2 Develop an effective communication system                                                                                            |                   |            |                                |                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|--------------------------------|----------------------------------------------------------------------|
| Recovery/Highest Potential Driven                                                                                                              | Lead Authority    | Start Date | Outcome                        | Type of Action<br>Immediate (I)<br>Short-Term (ST)<br>Long-Term (LT) |
| 2.21 Ensure the establishment of an enhanced data infrastructure system to support community choice resource center network                    | OCI, DMHSA, DISID | Immediate  | Number of MIS established      | I to LT                                                              |
| 2.22 Establish an effective network system, called "First Links" that will provide a "Round Table" discussion to address communication issues. | OCI               | Immediate  | Directory of Service Networked | I to LT                                                              |

| Goal: 2.3 Develop an Individualized Plan of Care (IPC) for every adult with serious mental illness and child with serious emotional disturbances |                   |               |                                                       |                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|-------------------------------------------------------|----------------------------------------------------------------------|
| Recovery/Highest Potential Driven                                                                                                                | Lead Authority    | Start Date    | Outcome                                               | Type of Action<br>Immediate (I)<br>Short-Term (ST)<br>Long-Term (LT) |
| 2.31 Ensure an approved model of an Individualized Treatment and Habilitation Plan                                                               | DMHSA, DISID      | Immediate     | ITP and IHP Plans                                     | I to LT                                                              |
| 2.32 Ensure the standardization/systemization of Individualized Transition and Support Plan                                                      | OCI, DMHSA, DISID | Completed     | Completed evaluations and Individual Needs Assessment | I to LT                                                              |
| 2.33 Ensure training on protocols of the IPC throughout the network                                                                              | OCI, DMHSA, DISID | November 2005 | Number Trained                                        | ST to LT                                                             |
| 2.34 Ensure the implementation of all treatment and transition profiles for consumers                                                            | OCI, DMHSA DISID  | Immediate     | Documentation in Chart                                | I to LT                                                              |

| Goal: 2.4 Involve consumers and families fully in orienting the mental health system toward recovery        |                |            |                   |                                                                      |
|-------------------------------------------------------------------------------------------------------------|----------------|------------|-------------------|----------------------------------------------------------------------|
| Recovery/Highest Potential Driven                                                                           | Lead Authority | Start Date | Outcome           | Type of Action<br>Immediate (I)<br>Short-Term (ST)<br>Long-Term (LT) |
| 2.41 Ensure consumer participation in the planning, coordination and implementation of anti-sigma campaigns | OCI            | Short Term | Fact Sheet (s)    | ST                                                                   |
| 2.42 Increase funding for consumer-family-operated programs including island-wide consumer network          | DMHSA<br>DISID | Short Term | Increased Funding | ST to LT                                                             |

| Goal: 2.5<br>Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports                                                                     |                |            |                                                                      |                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|----------------------------------------------------------------------|----------------------------------------------------------------------|
| Recovery/Highest Potential Driven                                                                                                                                                               | Lead Authority | Start Date | Outcome                                                              | Type of Action<br>Immediate (I)<br>Short-Term (ST)<br>Long-Term (LT) |
| 2.51 Develop an agreement with mental health associations/organizations to conduct training in screening and referral                                                                           | DMHSA          | Immediate  | Documented and Approved MOA                                          | I to LT                                                              |
| 2.52 Increase the number of healthcare providers who have been cross-trained in primary health care, mental health, and substance abuse disorder across the lifespan (including geriatric care) | OCI            | Short Term | Number of cross-trained healthcare providers                         | ST to LT                                                             |
| 2.53 Increase the number of healthcare agencies that are implementing systematic procedures for screening mental disorders                                                                      | OCI, DMHSA     | Short Term | Number systems in healthcare agencies screening for mental disorders | ST to LT                                                             |

**3. Treating The Whole Person:** An improved services and supports will be enhanced through the development of strategies and initiatives that will allow the individual the ability to access services from various service providers in meeting their needs. This plan will enhance the growth and development of individuals with disabilities, thus treating the whole person and becoming a productive member of our society.

| Goal: 3.1<br>Strengthen our workforce, build consumer skills, and educate family supports to meet the needs of tomorrow |                   |            |                                                                     |                                                                      |
|-------------------------------------------------------------------------------------------------------------------------|-------------------|------------|---------------------------------------------------------------------|----------------------------------------------------------------------|
| TREATING THE WHOLE PERSON                                                                                               | Lead Authority    | Start Date | Outcome                                                             | Type of Action<br>Immediate (I)<br>Short-Term (ST)<br>Long-Term (LT) |
| 3.11 Ensure the development of an effective cross-training program within all service providers                         | OCI, DMHSA, DISID | March 2006 | Approved cross-training programs                                    | ST to LT                                                             |
| 3.12 Ensure the development of a supportive and awareness training program for consumer and family                      | DMHSA, DISID      | April 2006 | Approved and documented supportive and awareness training program   | LT                                                                   |
| 3.13 Ensure an effective recruitment, training and retention program                                                    | OCI               | Immediate  | Approved and documented recruitment, training and retention program | I to LT                                                              |

| Goal: 3.2 Having the right tools in a timely manner will meet our challenges                    |                    |            |                                                  |                                                                       |
|-------------------------------------------------------------------------------------------------|--------------------|------------|--------------------------------------------------|-----------------------------------------------------------------------|
| TREATING THE WHOLE PERSON                                                                       | Lead Authority     | Start Date | Outcome                                          | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.21 Ensure periodic assessment of resources to meet the requirements for service delivery      | OCI, DOA           | Immediate  | Needs assessment report                          | I to LT                                                               |
| 3.22 Address acquisition requirements for all resources                                         | OCI, BBMR, DOA, AG | Immediate  | Procured contract for services                   | I to LT                                                               |
| 3.23 Ensure functional and organizational review are conducted to obtain optimum staffing level | OCI, DOA, BBMR     | Immediate  | Approved funded staffing levels                  | I to LT                                                               |
| 3.24 Expand micro-enterprises on Guam                                                           | OCI, DISID         | Immediate  | Number of consumers engaged in micro-enterprises | I to LT                                                               |
| 3.25 Crisis Prevention Intervention and other required training                                 | DMHSA, DISID       | Immediate  | Certification                                    | I - LT                                                                |

| Goal: 3.3 Protect and enhance the rights of people with psychiatric and developmental disabilities.                                                                     |                        |                |                                                           |                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------|-----------------------------------------------------------|-----------------------------------------------------------------------|
| TREATING THE WHOLE PERSON                                                                                                                                               | Lead Authority         | Start Date     | Outcome                                                   | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.31 Implement a policy and procedure to reduce seclusion and restraint                                                                                                 | DMHSA                  | Immediate      | Documented and Approved Policy                            | I to LT                                                               |
| 3.32 Develop and implement a policy and procedure to reduce the necessity of relinquishing custody/ guardianship of children and adults to receive disability services. | OCI, DMHSA, DISID      | Short Term     | Documented and Approved Policy                            | ST to LT                                                              |
| 3.33 Implement a policy and procedure to address the forensic needs of individuals with disabilities                                                                    | OCI, DMHSA, DISID, DOC | Immediate      | Documented and Approved Policy                            | ST to LT                                                              |
| 3.34 Enforce HIPPA compliance and Privacy Act of 1974                                                                                                                   | DMHSA/DISID            | September 2006 | Approved and Adopted Recommendation(s)                    | I to ST                                                               |
| 3.35 Implement the minimum care requirements for safety and freedom from undue restraint                                                                                | OCI, DMHSA, DISID      | Immediate      | Data report reduction of injury, Seclusion and Restraints | I to LT                                                               |

| Goal: 3.4 Promote the mental health of young children                                                                                                                               |                                |            |                                                       |                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------|-------------------------------------------------------|-----------------------------------------------------------------------|
| TREATING THE WHOLE PERSON                                                                                                                                                           | Lead Authority                 | Start Date | Outcome                                               | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.41 Increased the number of primary health providers trained to screen and recognize early signs of emotional / behavioral problems and make appropriate referrals                 | DMHSA (CMHI)                   | May 2006   | Documented number of trained primary health providers | ST to LT                                                              |
| 3.42 Develop a policy and procedure to provide information, treatment, and/or supports to the parents of young children ( not yet in school) who have emotional/behavioral problems | DMHSA (Current Federal Grants) | June 2006  | Documented and Approved policy                        | ST                                                                    |
| 3.43 Develop and implement a wrap around model for children and adolescents with Serious Emotional Disturbances (SED)                                                               | DMHSA                          | Immediate  | Implemented wrap around process                       | I to LT                                                               |

| Goal: 3.5 Improve and expand school mental health programs                                                                       |                |            |                                            |                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------|----------------|------------|--------------------------------------------|-----------------------------------------------------------------------|
| TREATING THE WHOLE PERSON                                                                                                        | Lead Authority | Start Date | Outcome                                    | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.51 Increase the number of schools that provide school-based mental health prevention services                                  | DMHSA          | Short Term | Number of school-based prevention services | ST to LT                                                              |
| 3.52 Include children's mental health in curriculum planning for undergraduate students at the Associates and Bachelor ate level | OCI, DOL       | Short Term | Children's Curriculum                      | ST to LT                                                              |

| Goal: 3.6 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations  |                |            |                                                   |                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|---------------------------------------------------|-----------------------------------------------------------------------|
| TREATING THE WHOLE PERSON                                                                                                                                                        | Lead Authority | Start Date | Outcome                                           | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.61 Increase the number or rural, remote and underserved villages/communities that have access to mental health services via telehealth or through the use of health technology | OCI            | Short Term | Number of villages/communities linked to services | ST to LT                                                              |



| Goal: 3.7 Develop and implement integrated electronic health record and personal health information systems                                                          |                |            |                                |                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|--------------------------------|-----------------------------------------------------------------------|
| TREATING THE WHOLE PERSON                                                                                                                                            | Lead Authority | Start Date | Outcome                        | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.71 Develop a detailed plan for developing a statewide integrated electronic medical record keeping system that is consistent with federal policies and initiatives | OCI, DPHSS     | Short Term | Electronic Medical Record Plan | ST                                                                    |

**4. Evidence-Based Practices:** Services and Supports developed within a network of “Caring Communities” will put into action best practices that will be adopted to fit the ever changing lifestyles of individuals with disabilities. Review of current Evidence-Based Practices will serve as guidance towards providing quality care for our consumers. The challenges faced by an individual with disabilities are similar throughout the states and territories, thus the plan addresses the importance of adopting these best practices in the overall delivery of services.

| Goal: 4.1 Transform our service delivery to evidence-based practices for quality care           |                   |            |                                         |                                                                       |
|-------------------------------------------------------------------------------------------------|-------------------|------------|-----------------------------------------|-----------------------------------------------------------------------|
| Evidence-Based Practices                                                                        | Lead Authority    | Start Date | Outcome                                 | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 4.11 Ensure the initial assessment reviews are conducted to determine applicable EBP's          | OCI               | Immediate  | Assessment Report                       | I to LT                                                               |
| 4.12 Ensure the integration of selected EBP' s within the continuum of care                     | OCI               | Immediate  | Integration Plan                        | I to LT                                                               |
| 4.13 Ensure periodic reviews are conducted on the effectiveness of EBP's                        | OCI               | Immediate  | Evaluation Report                       | I to LT                                                               |
| 4.14 Institutionalize certification programs with University of Guam and Guam Community College | OCI, DMHSA, DISID | Short Term | Approved Adopted Certification Programs | ST to LT                                                              |

| Goal: 4.2 Improve access to quality care that is culturally competent                                                                                                                                              |                |               |                          |                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|--------------------------|-----------------------------------------------------------------------|
| Evidence-Based Practices                                                                                                                                                                                           | Lead Authority | Start Date    | Outcome                  | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 4.21 Ensure the development and implementation of a cultural competence plan that is consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) | OCI            | November 2006 | Cultural Competence Plan | LT                                                                    |

| <b>Goal: 4.3 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness</b>                                                                        |                       |                   |                             |                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|-----------------------------|--------------------------------------------------------------------------------|
| <b>Evidence-Based Treatment</b>                                                                                                                                                                   | <b>Lead Authority</b> | <b>Start Date</b> | <b>Outcome</b>              | <b>Type of Action<br/>Immediate (I)<br/>Short-Term (ST)<br/>Long-Term (LT)</b> |
| 4.31 Develop a Memorandum of Understanding (MOU) between academic and research institutions regarding the prioritization and involvement for mental health and developmental disability research. | OCI, DMHSA, DISID     | May 2006          | Documented and Approved MOU | ST to LT                                                                       |

| <b>Goal: 4.4 Advance evidence-based (EBP's) using dissemination and demonstration projects and create a public-private partnership to guide their implementation</b> |                       |                 |                                |                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|--------------------------------|--------------------------------------------------------------------------------|
| <b>Evidence-Based Treatment</b>                                                                                                                                      | <b>Lead Authority</b> | <b>Due Date</b> | <b>Outcome</b>                 | <b>Type of Action<br/>Immediate (I)<br/>Short-Term (ST)<br/>Long-Term (LT)</b> |
| 4.41 Develop within service contracts to implement adopted EBP by the single state agencies.                                                                         | OCI, DMHSA, DISID     | Short Term      | Documented and Approved Policy | ST to LT                                                                       |

| <b>Goal: 4.5 Improve and expand the workforce providing evidence-based mental health services and supports</b> |                       |                   |                                             |                                                                                |
|----------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|---------------------------------------------|--------------------------------------------------------------------------------|
| <b>Evidence-Based Treatment</b>                                                                                | <b>Lead Authority</b> | <b>Start Date</b> | <b>Outcome</b>                              | <b>Type of Action<br/>Immediate (I)<br/>Short-Term (ST)<br/>Long-Term (LT)</b> |
| 4.51 Develop a funding plan to provide training on implementing EBP's on an on-going basis                     | OCI, DMHSA, DISID     | Short Term        | Training Funds Plan                         | ST                                                                             |
| 4.52 Incorporate expertise regarding EBP's into credentialing and licensing policies                           | OCI, DMHSA, DISID     | Short Term        | Documented and Approved Policy              | ST                                                                             |
| 4.53 Develop and implement training module(s) on medication EBP's                                              | DMHSA                 | Immediate         | Number of staff trained in medication EBP's | I                                                                              |

**5. Accountability:** Services and Supports delivered through community-based settings, incorporating evidence-based practices will move our community in the direction of providing quality care. Care provided in a safe environment and in the least restrictive settings, will create optimal performance and increased productivity by individuals with disabilities. All services and service providers will be held responsible and accountable for the delivery of services through effective Quality Assurance mechanisms.

| <b>Goal: 5.1 Promote an environment that provides quality delivery of services accountable to our consumers in the most effective and efficient manner</b> |                       |                   |                                                 |                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|-------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Accountability</b>                                                                                                                                      | <b>Lead Authority</b> | <b>Start Date</b> | <b>Outcome</b>                                  | <b>Type of Action<br/>Immediate (I)<br/>Short-Term (ST)<br/>Long-Term (LT)</b> |
| 5.11 Reduce "Red Tape" to allow for improved and streamlined process                                                                                       | OCI, DOA              | Immediate         | Documented and implemented improved processes.  | I to LT                                                                        |
| 5.12 Incorporate Evidence-Based Practices (EBPs) in response to creating proactive approaches to service delivery                                          | OCI                   | Immediate         | Number of documented and implemented processes. | I to LT                                                                        |
| 5.13 Conduct organizational reviews to obtain optimum level of staffing necessary to the delivery of service                                               | OCI, DOA              | Immediate         | Final documented staffing pattern.              | I to LT                                                                        |
| 5.14 Conduct program review of all (direct/indirect) support to care providers                                                                             | OCI                   | Short Term        | Program Review Report                           | ST to LT                                                                       |
| 5.15 Develop an integrated and coordinated plan for councils                                                                                               | OCI                   | Short Term        | Documented and Approved Minutes of Meeting      | ST to LT                                                                       |
| 5.16 Ensure compliance with local and federal laws concerning fire, health, and occupational safety                                                        | DMHSA, DISID          | Immediate         | Favorable Compliance Report                     | I to ST                                                                        |

| <b>Goal: 5.2 Align relevant Federal funding to improve access and accountability for all psychiatric and developmental disability services</b>                                          |                       |                   |                                                       |                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|-------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Accountability</b>                                                                                                                                                                   | <b>Lead Authority</b> | <b>Start Date</b> | <b>Outcome</b>                                        | <b>Type of Action<br/>Immediate (I)<br/>Short-Term (ST)<br/>Long-Term (LT)</b> |
| 5.21 Increase number of relevant non-mental health Guam agencies implementing practices that are evidenced-based for people with disabilities to include employment and housing issues. | OCI, DMHSA, DISID     | Short Term        | Number of non-mental health providers practicing EBP' | ST to LT                                                                       |

| Goal: 5.3 Develop the knowledge base in four understudied areas: mental health disparities with psychiatric and developmental disability consumers, long-term effects of medication, trauma and acute care |                   |            |                  |                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|------------------|----------------------------------------------------------------------|
| Accountability                                                                                                                                                                                             | Lead Authority    | Due Date   | Outcome          | Type of Action<br>Immediate (I)<br>Short-Term (ST)<br>Long-Term (LT) |
| 5.31 Increased Guam agencies involvement in research regarding mental health disparities, long-term effects of medication, trauma, and/or acute care                                                       | OCI, DMHSA, DISID | Short Term | Research results | ST                                                                   |

| Goal: 5.4 Review Comprehensive Implementation Plan                                                        |                |            |                                            |                                                                      |
|-----------------------------------------------------------------------------------------------------------|----------------|------------|--------------------------------------------|----------------------------------------------------------------------|
| Accountability                                                                                            | Lead Authority | Start Date | Outcome                                    | Type of Action<br>Immediate (I)<br>Short-Term (ST)<br>Long-Term (LT) |
| 5.41 Conduct semi-annual review on the Comprehensive Implementation Plan.                                 | OCI            | Short Term | Documentation of progress reports          | ST to LT                                                             |
| 5.42 Ensure the coordination of a multi-year planning initiative of the Comprehensive Implementation Plan | OCI            | Short Term | Documented and Approved Planned Initiative | ST to LT                                                             |

## Action Issues and Timelines

### Action Issue A:

#### Service Excellence For The DMHSA Adult Inpatient Unit

A disability system's capacity to serve individuals and families in the most appropriate, least restrictive setting is a primary indicator of excellence. Such a system has the ability to prevent unnecessary institutionally based services, and when institutional services are warranted, transitions individuals to community-based setting as rapidly as possible.

The DMHSA AIU is an integral component of Guam's continuum of care. Some persons with disabilities, at times, are unable to function outside of a very structured inpatient environment or are a danger to self or others. In these cases AIU services are literally a lifesaver. For individuals needing this high-intensity level of services, Guam must strive for excellence in safety and treatment standards. Standards of excellence include the expectation that the treatment team begin to plan for individuals' transitions out of the AIU as soon as they are admitted. Also, to the degree possible, any treatment planning that occurs while an individual is hospitalized should incorporate the individual and family choice embodied by the ADA and Olmstead decision.

The Permanent Injunction establishes Minimum Care Requirements (MCRs) to maintain constitutionally and statutorily prescribed treatment on the AIU. The MCRs were created for two primary purposes; (1) to ensure safety, freedom from undue restraint, and treatment under safe conditions, and 2) to provide minimally adequate or reasonable training to ensure safety,

freedom from undue restraint, and to prevent a person's pre-existing self-care skills from deteriorating because of his or her commitment. The specific MCRs are to:

1. Provide a safe environment that meets the needs of the individual and ensures the greatest amount of freedom and opportunity with the least amount of risk;
2. Ensure compliance with all applicable Guam and federal laws and regulations governing fire safety, health, infection control and sanitation;
3. Ensure that the environment is hazard free, clean, and in good repair;
4. Meet the basic care needs which include providing adequate bathing, grooming, and cleaning, adequate oral hygiene, and nourishing meals according to their plans of care;
5. Provide a safe and humane environment and commit to zero tolerance for abuse or neglect of residents continually striving to ensure that individuals are free from abuse (including physical, sexual, emotional, or psychological abuse) and neglect;
6. Thoroughly document all incidents and injuries;
7. Segregate of mixed populations;
8. Exercise professional judgment when making recommendations for treatment with respect to medical and dental care. That professional judgment shall not be influenced by considerations of the availability of services or of community-based residential treatment facilities;
9. Provide adequate routine and emergency psychiatric mental health services. Psychotropic medication shall not be used as punishment, in lieu of a training program, for behavior control, in lieu of psychiatric or neuro-psychiatric diagnosis, or for the convenience of staff;
10. Ensure that individuals are free from undue bodily restraint. Ensure that restraints are not used as punishment, in lieu of habilitation or skills training, as a behavior support plan, or as a learning-based contingency to reduce the frequency of a behavior. Restraints may only be used for medical reasons or when there is immediate risk of harm to self or others (i.e. to interrupt or terminate a seriously dangerous situation where injury could result).

DMHSA has acted to meet all MCRs. The details are presented in *Appendix G, which* was submitted separately to the court. The comprehensive plan not only incorporates the MCRs mandated by the Permanent Injunction, but also describes how Guam's prioritized action steps, timelines, and expected outcomes will create excellence across a full continuum of inpatient and outpatient care.

## Barriers

There are a number of challenges Guam faces as the Territory strives to offer excellent inpatient care:

- Inadequate workforce due to critical shortages of professionals such as psychiatrists and psychologists;
- A procurement system which makes it difficult to contract with vendors to assess and correct physical plant issues;
- The paradigm shift from a medical to a person-centered program is a difficult transition for some staff;
- Competing clinical demands impede staff's ability to implement policies and procedures and quality assurance efforts;
- Insufficient service and outcome data that hampers departmental planning;
- Medication acquisition and prescribing inefficiencies.

## Actions and Timelines

| Guiding Principle | Plan of Action                                                          | Lead Authority                                                                                      | Completion Time Frame | Outcome                                          |
|-------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------|
| 1.13              | Meet all minimum care standards                                         | DMHSA                                                                                               | Immediate             | Actions and documentation submitted to the court |
| 2.13              | Work on completing the three components of the forensic plan.           | DMHSA, DOC                                                                                          | Immediate             | Documented and Approved Plan                     |
| 1.12              | Charter action teams to develop prevention and intervention procedures. | DMHSA, GLSC, AG, LEGISLATURE, PUBLIC DEFENDER, SCOG, SALVATION ARMY, PUBLIC GUARDIAN, DOC, DYA, GPD | Immediate             | Documented and Approved Procedures               |



| <b>Guiding Principle</b> | <b>Plan of Action</b>                                     | <b>Lead Authority</b>                                                                               | <b>Completion Time Frame</b> | <b>Outcome</b>                |
|--------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|
| 1.14                     | Execute MOUs for collaborative work.                      | DMHSA, GLSC, AG, LEGISLATURE, PUBLIC DEFENDER, SCOG, SALVATION ARMY, PUBLIC GUARDIAN, DOC, DYA, GPD | Immediate                    | Approved and Documented MOUs  |
| 3.31                     | Reductions in seclusion and restraint                     | DMHSA                                                                                               | Immediate                    | Approved Policy and Procedure |
| 2.17                     | P & Ps for safety and high quality treatment (attachment) | DMHSA                                                                                               | Completed                    | Approved Policy and Procedure |
| 1.23                     | Service changes and grievances                            | OCI, DMHSA                                                                                          | Immediate                    | Approved Policy and Procedure |

### **Action Issue B:**

#### **Establish an Effective Office of Community Integration**

On October 27, 2004, the Governor of Guam executed an Executive Order to establish an Office of Community Integration (OCI) for People with Disabilities within an Office of the Governor of Guam and the Creation of the Community Integration/ J.C. Permanent Injunction Compliance Team (*see Appendix H*). The primary goals of the OCI are coordination, mutual investment and respect. The OCI will enable partners in disabilities services to create a common vocabulary around key terms like “disability”, “least restrictive setting”, and “most integrated setting”. The OCI’s direct reporting line to the Governor’s Office will increase the likely success of efforts aimed to improve connections among individuals and social networks, as well as the cooperation and trustworthiness that arise from such relationships. The OCI oversees the collaborative efforts among agencies for individuals with developmental and mental disabilities. This collaborative effort includes but is not limited to establishing MOU’s, contracts, and policies and procedures essential to the transformation of community-based services.

## Barriers

- The OCI has multifaceted, broad responsibilities but very limited resources;
- Departments and agencies directly or indirectly involved with disabilities services have separate agendas and face their own limited funding. They may have an initial reluctance to pool resources or coordinate services to meet the needs of persons with disabilities;
- The trust between departments, agencies, providers, and other stakeholders has widely eroded. These different entities and professionals will have to re-establish mutual respect through work toward mutually advantageous outcomes;
- The OCI might be perceived by some as yet one more bureaucratic program in an already fragmented system

## Actions and Timelines

| Guiding Principle | Plan of Action                                                                                               | Lead Authority   | Completion Time Frame | Outcome                                                                                           |
|-------------------|--------------------------------------------------------------------------------------------------------------|------------------|-----------------------|---------------------------------------------------------------------------------------------------|
| 1.11              | Establish the Office of Community Integration (OCI)                                                          | GOVERNOR OF GUAM | Complete              | Executive Order 2004-26                                                                           |
| 1.21              | Establish a consumer forum to obtain how individual needs can best be met by services and service providers. | OCI              | Immediate             | Needs assessment survey                                                                           |
| 1.34              | Establish a network with all our "Caring Communities."                                                       | OCI              | Immediate             | Compile a directory of community-based services and supports.                                     |
| 1.21              | Ensure the incorporation of the "voice of consumers and stakeholders" in all workgroups.                     | OCI              | Immediate             | Stakeholder input will be documented and ideas will be integrated into implementation activities. |
| 1.14              | Establish Memorandum of Understanding (MOU) and /or                                                          | OCI              | Immediate             | Documented and Approved MOU                                                                       |

| <b>Guiding Principle</b> | <b>Plan of Action</b>                                                                                                       | <b>Lead Authority</b>           | <b>Completion Time Frame</b> | <b>Outcome</b>                               |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------|----------------------------------------------|
|                          | contracts that will provide for the delivery of community-based services.                                                   |                                 |                              |                                              |
| 1.15                     | Ensure the establishment of Policies and Procedures that will govern the delivery of community-based services and supports. | OCI                             | Immediate                    | Documented and Approved Policy and Procedure |
| 1.16                     | Ensure quality assurance mechanisms for Local and Federal regulations.                                                      | OCI                             | Short-term                   | To be in compliance                          |
| 1.18                     | Coordinate the overlapping agendas of the Councils                                                                          | OCI                             | Short-term                   | Documented and Approved Minutes of Meeting   |
| 2.111                    | Catalogue funding and sources across applicable departments                                                                 | OCI                             | Short-term                   | Approved funding and sources catalog         |
| 1.14                     | Explore staffing and service partnerships between GMH, DPHSS, DMHSA, DISID                                                  | OCI, DMHSA, GMH, DPHSS<br>DISID | Short-term                   | Documented and Approved MOU                  |
| 5.14                     | Complete site visits of all community vendors from third parties                                                            | OCI                             | Immediate                    | Documented and Approved Inspection Report    |
| 5.14                     | Address payment issues reported by community professionals and vendors                                                      | OCI                             | Immediate                    | Approved payment recommendations             |
| 2.21                     | Develop a centralized MIS within the OCI                                                                                    | OCI                             | Short-term                   | Developed MIS                                |

| <b>Guiding Principle</b> | <b>Plan of Action</b>                                                               | <b>Lead Authority</b> | <b>Completion Time Frame</b> | <b>Outcome</b>                                             |
|--------------------------|-------------------------------------------------------------------------------------|-----------------------|------------------------------|------------------------------------------------------------|
| 5.41                     | Review progress toward Comprehensive Plan goals every six months                    | OCI                   | On-going                     | Documented and approved updates to the comprehensive plan. |
| 1.11                     | Draft legislation regarding OCI staffing and responsibilities                       | OCI                   | Short-term                   | Public Law                                                 |
| 1.14                     | Draft legislation regarding waiting list and comprehensive plan reporting standards | OCI                   | Short-term                   | Public Law                                                 |
| 5.42                     | Coordinate the multi-year planning initiative among Departments                     | OCI                   | On-going                     | Documented and approved planned initiative.                |

### **Action Issue C:**

### **Coordinated Disabilities Services and Supports**

One department or organization does not serve individuals with disabilities alone. Rather, An interlinking and often complex array of organizations provides disabilities services and supports. Guam and the newly established OCI are committed to reducing this complexity by better coordinating policies, procedures, and actions across departments and divisions. Actions will create an environment and infrastructure to support sustainable interdepartmental collaboration.

#### **Barriers**

- Agency collaboration has often been historically difficult due to overlap in “gray areas” of shared responsibilities, as well as disputes over lead responsibilities, mandated “definitions”, and shared funding streams.
- Services and supports from the private sector are not fully utilized due to the common expectation that the Government of Guam will provide services, and do this at no charge.
- A key barrier is the rigidity of enforcing rules and regulations, which are not sensitive to the service population and preempts solutions and the sharing of resources driven by a set of values and principles, as opposed to mandates.

## Actions and Timelines

### Co-occurring Developmental Disabilities and Mental Illnesses

| Guiding Principle | Action(s)                                          | Responsible Agency              | Completion Time Frame | Outcome                          |
|-------------------|----------------------------------------------------|---------------------------------|-----------------------|----------------------------------|
| 1.14              | Established MOU with DISID for "Guma Isa" services | DMHSA<br>DISID                  | Immediate             | Documented and Approved MOU      |
| 1.14              | Established contract with Latte Treatment Center.  | DMHSA<br>Latte Treatment Center | Completed             | Documented and Approved Contract |

### Cross-Disability Working Groups

| Guiding Principles | Action(s)                                                                                                                   | Responsible Agency            | Completion Time Frame | Outcome                                    |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|--------------------------------------------|
| 1.12               | Establishment of Working Groups<br><i>(Please see the table below of the working groups established and their purposes)</i> | OCI, DMHSA, DISID             | Completed             | Chartered Groups                           |
| 1.12(2)            | Establish working group reporting standards                                                                                 | OCI, DMHSA, DISID             | Immediate             | Documented and Approved Reporting Standard |
| 1.19               | Address funding needs of working groups                                                                                     | OCI, DMHSA, DISID, Workgroups | Short-term            | Needs Assessment                           |

| WORKING GROUP                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PURPOSE |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Data Infrastructure and Management</b> | Will build a culture of data-driven services and risk management. The workgroup will be comprised of OCI and other Departments and Divisions that will need to collect data relevant to disabilities systems.                                                                                                                                                                                                                                                                  |         |
| <b>Forensic</b>                           | Will address the management of individuals sent by court order to mental health system based on In-Competency to Stand Trial or the Insanity Defense. Some of these individuals may exhibit predatory or violent behavior, though individuals (without these legal designations may engage in similar behaviors). The Work Group will address issues of assessment, treatment planning, placement, physical plant needs and supervision. At the outset, the Work Group will be |         |

| <b>WORKING GROUP</b>              | <b>PURPOSE</b>                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                   | composed of management level staff from the AIU and community mental health providers. Once a basic approach is outlined, the Work Group will meet with the leadership of the judiciary and Department of Corrections to develop a system to manage this population.                                                                                    |
| <b>Workforce Development</b>      | Will identify steps toward enhancing the multidisciplinary disabilities workforce through innovative practices and partnerships. The Department of Labor, University of Guam, Guam Community College, and other community stakeholders will be involved.                                                                                                |
| <b>Policy and Procedures</b>      | Will be comprised of the OCI and Departments. The workgroup will create policies and procedures consistent with national standards, best practices, and legal requirements. Key areas will involve inpatient safety, multidisciplinary treatment, transition planning, and waiting lists.                                                               |
| <b>Criminal Justice Diversion</b> | Will address the need to divert appropriate people with mental illness (and often co-occurring substance use disorders) from the criminal justice system to supervised community services. The Work Group will include stakeholder representatives and will develop an interagency collaboration agreement, cross training programs and pilot programs. |
| <b>Medication Management</b>      | Will be comprised of DMHSA, DISID and relevant community partners, and consultants. The workgroup will identify process gaps and identify means of enhancing, standardizing, and stabilizing the medication management process.                                                                                                                         |
| <b>Housing</b>                    | Will be comprised of OCI, GHURA, DMHSA, and DISID. The workgroup will identify barriers to community integration/housing and implement steps toward overcoming these barriers. The workgroup will provide a forum for inter-departmental understanding, coordination and training.                                                                      |

### Youth and Families

| <b>Guiding Principle</b> | <b>Action(s)</b>                                                                  | <b>Responsible Agency</b>           | <b>Completion Time Frame</b> | <b>Outcome</b>         |
|--------------------------|-----------------------------------------------------------------------------------|-------------------------------------|------------------------------|------------------------|
| 3.43                     | Implement a wrap-around process for children with serious emotional disturbances. | DOE, SCOG, DYA, DPHSS, DISID, DMHSA | Ongoing                      | Implemented Wrap Plans |



| <b>Guiding Principle</b> | <b>Action(s)</b>                                                                                                                                                                                                      | <b>Responsible Agency</b>                           | <b>Completion Time Frame</b> | <b>Outcome</b>                                                                   |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------|----------------------------------------------------------------------------------|
| 3.42                     | Data gathering efforts will be conducted on all childcare centers and primary healthcare providers to obtain data of young children and adolescents displaying behaviors that may require mental health intervention. | DMHSA Child and Adolescent Services Division (CASD) | Immediate                    | Documented number of children and adolescents needing mental health intervention |
| 3.51                     | Collaborate with Guam Public School System (GPSS) to provide instructional time to SED population at Rays of Hope                                                                                                     | DMHSA – Project I’Famagu’on-ta                      | On-going                     | Documented and approved MOU                                                      |

**Persons with Disabilities Who are Homeless or At Risk for Homelessness**

| <b>Guiding Principle</b> | <b>Action(s)</b>                                                                                                                                         | <b>Responsible Agency</b>                              | <b>Completion Time Frame</b> | <b>Outcome</b>                               |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------|----------------------------------------------|
| 2.12                     | Establish charter to address housing standard compliance issues, discharge planning and inter-agency collaboration.                                      | DMHSA, DISID, GHURA                                    | Short-term                   | Documented and Approved Housing Initiatives  |
| 2.13                     | Needs assessment and collaboration with other agencies to address housing issues.                                                                        | GHURA<br>Public, Private, Non-Profit, Faith-based Org. | Short-term                   | Documented Needs Assessment Report           |
| 2.12                     | Establish policy and procedure to coordinate and/or integrate homeless related programs for a smooth transition throughout our continuum of care system. | GHURA, DMHSA, DISID                                    | Short-term                   | Documented and Approved Policy and Procedure |

| <b>Guiding Principle</b> | <b>Action(s)</b>                                                                                                                                                               | <b>Responsible Agency</b> | <b>Completion Time Frame</b> | <b>Outcome</b>                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------|-----------------------------------------|
| 2.14                     | Develop an accessible comprehensive system that receives individuals and families in need of care and move them through a system toward independent living and sustainability. | GHURA, DMHSA, DISID       | Immediate                    | Documented and Approved Plan            |
| 2.12                     | Ensure an effective and efficient delivery system of services to prevent homelessness and to ensure placement into permanent housing                                           | GHURA, DMHSA, DISID       | Short-term                   | Effective and Efficient Delivery System |

#### **Action Issue D:**

#### **Diversion From, And Coordination With, The Criminal Justice System**

Historically, people with mental illness, and those with both mental retardation and mental illness (MI/MR), have been treated in Guam's Adult Inpatient Unit under an acute care, medical model. The police have arrested some of these individuals, often repeatedly. Others are court-ordered to the AIU following a finding of Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial (IST). On the other hand, some people with mental illness are convicted of crimes and serve prison sentences without receiving treatment. With appropriate services and supervision, rehabilitation, recovery and community stability is possible for these populations. Equally important, all of these individuals will one day return to the community - effective coordination between the mental health and criminal justice systems is required for a number of reasons.

Strong interagency coordination contributes to consumer recovery, public safety and cost savings. Such collaboration presents many issues, as there are a wide range of individuals who come in contact with both systems, and the systems differ greatly in their orientation, terminology, funding mechanisms, confidentiality rules and so on. A range of options is being considered on Guam to improve coordination.

Guam needs to divert appropriate people with mental disability (and often co-occurring substance use disorders) from the criminal justice system to supervised community services. There are evidence-based methods for better serving persons with disabilities by acting preventively through crisis intervention and diversion strategies. The most appropriate population for diversion is low-level offenders who get stuck in the "revolving door" -

repeatedly arrested and incarcerated for behaviors produced by untreated mental disability. These individuals are released without their disability being addressed and the cycle is soon repeated.

Communities across the U.S. have established a number of ways to divert these individuals from the traditional criminal justice options to community mental health services. Police departments have developed crisis intervention capacity in conjunction with the mental health system establishing a drop-off facility for assessment and stabilization. A simple, quick screening tool is available for jail intake staff to screen individuals for mental disability. Specialized court and probation programs have been established. Such innovations, combined with case management services, benefit not only the target population but also mental health and criminal justice agencies.

Individuals found NGRI or IST may need inpatient treatment but their behaviors may make it inappropriate to locate them with the consumers on the AIU, thus necessitating a specialized placement and program. In many states, prison inmates with mental disability are also housed in separate programs, which provide individualized treatment and discharge preparation from mental health professionals within a secure correctional environment. Case management is critical to both populations to successful reentry to the community.

Federal funding is available for some of initiatives outlined above. The Departments of Health and Human Services, Justice and Labor continually issue requests for Proposals in this area. A prerequisite for securing federal funds is cross-system collaboration and accountability. Guam will build on the efforts of the Working Groups and the Office of Community Integration to insure that joint planning occurs in order to better serve the population described and the public.

### **Barriers**

Barriers, from procurement delays and civil service rules to bureaucratic tunnel vision, must be identified and addressed. Some specific barriers are:

- This "criminal justice" population is heterogeneous in legal status, clinical condition and treatment needs. Many of these individuals need information about their disability, its management and medication. Most require case management services. Some require integrated treatment for mental illness and co-occurring substance disorders. Women, who have often suffered sexual abuse and/or have small children, need specialized services. Housing may be an even more pressing need for these individuals than other people with mental disabilities. Education and supported employment may be necessary. In short, individualized service plans must be fashioned from limited resources.
- The lack of interagency agreements or MOUs supported by public statute often lead to inappropriate "drop off's" at the "wrong door", and increases personnel costs due to poorly coordinated services.

- The absence of an effective tracking system to monitor movement of individuals from the criminal justice system into least restrictive settings promotes the “revolving door syndrome” for this population.
- The education provided to criminal justice staff, from police officers to lawyers to jail guards, addresses the primary goal of public safety. The orientation and culture of criminal justice organizations are focused on individuals complying with rules. On the other hand, the mental health staff is often confused by numerous legal standards and procedures. They may be unfamiliar with the specific responsibilities and terminology of different criminal justice agencies.
- Individuals sent to DMHSA by an NGRI court order (or by an Incompetent to Stand Trial order) can present a number of issues. Some of these individuals may exhibit predatory or violent behavior, though individuals without these legal designations may engage in similar behaviors. The placement and supervision of these individuals requires thorough clinical evaluation and treatment, while decision-making authority remains with the legal system.
- Incarcerated offenders who suffer from mental disability, estimated by the US Department of Justice to be 16% of all inmates, present significant management problems. They are a high risk for suicide, are victimized by other inmates and, if not provided treatment, return to the community in extremely disabled condition.
- A better picture of these populations, their service needs and the workforce required to meet those needs is required (even before the Management Information System is operational).
- Information sharing concerning individuals involved in both criminal justice and is often a problem due to the differences in confidentiality rules between systems.

### **Actions and Timelines**

| <b>Guiding Principle</b> | <b>Action(s)</b>                                        | <b>Responsible Agency</b> | <b>Completion Time Frame</b> | <b>Outcome</b>                               |
|--------------------------|---------------------------------------------------------|---------------------------|------------------------------|----------------------------------------------|
| 3.11                     | Crisis Intervention Training (CIT) for police officers. | OCI, DMHSA                | Immediate                    | Number of police officers trained            |
| 3.33                     | Mental health court is established                      | OCI, DMHSA, SCOG          | Immediate                    | Documented and approved court reorganization |

| <b>Guiding Principle</b> | <b>Action(s)</b>                                                                                                                                                    | <b>Responsible Agency</b> | <b>Completion Time Frame</b> | <b>Outcome</b>                 |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------|--------------------------------|
| 3.33                     | For the forensic population, identify assessment, treatment, planning, placement, physical plant, and supervision needs                                             | OCI, DMHSA, DOC, SCOG     | Short-term                   | Needs Assessment               |
| 1.14                     | MOU between the Judiciary, corrections, Probation, Parole, DISID and DMHSA addressing target populations' needs and size, operating procedures, information sharing | DMHSA, DOC                | Immediate                    | Documented and Approved MOU    |
| 1.19                     | Prioritize funding opportunities                                                                                                                                    | OCI, DMHSA, DOC, SCOG     | Immediate                    | List of funding opportunities  |
| 3.11                     | Cross-training for all stakeholders                                                                                                                                 | OCI, DMHSA, DISID         | Immediate                    | Number of Stakeholders trained |

### **Action Issue E: Individualized Treatment Planning**

Disabilities providers must address the unique needs and preferences of the “whole” person and/or family served. To achieve this aim, the Departments and community providers must develop and adhere to an individualized treatment plan created for each person or family in a culturally competent, comprehensive, standardized, and timely fashion. Disabilities providers who individualize treatment assess for the prevalent co-occurrence of psychiatric illnesses, developmental disabilities, physical health issues, and substance abuse and, based on this thorough assessment, plan accordingly. Individualized treatment plans must be based on continual training on standardized assessment and documentation, optimally effective evidence-based treatments, and community-based treatment alternatives.

In a transformed system, individuals and families partner with providers in developing their treatment plans. This partnership enhances individual and family investment in treatment that fosters the hope, self-efficacy and enhanced quality of life, which may often lead to a reduced need for more costly institutionally based services. Individualized treatment planning is inherently a preventive service. It supports consumers/families partnerships with providers to obtain appropriate treatment before needs become crises.

## Barriers

- Treatment planning has historically been based on the medical model, which can devalue individual and family participation.
- Treatment outcomes have traditionally been based on a psychodynamic framework and there is a resistance to change to a more integrated, coordinated approach.
- The objective to provide supports may be perceived as conflicting with the objective to promote self-determination.
- Treatment recommendations often come from multiple service providers leading to disagreements concerning clinical matters. Occasionally, decisions on clinical matters are legally challenged leading to conflict among service provider systems.
- Guam needs to make an array of service options available to people with disabilities if they are to live safely and independently in their communities. For all disability populations, including those with dual diagnosis, there are too few appropriate services and supports, and there is no uniform and equitable access to available services across Guam.
- Management Information Systems are lacking which would allow electronic documentation of individualized treatment plans and information sharing across disabilities systems.

## Actions and Timelines

| Guiding Principle | Action(s)                                                                        | Responsible Agency | Completion Time Frame | Outcome                                      |
|-------------------|----------------------------------------------------------------------------------|--------------------|-----------------------|----------------------------------------------|
| 1.15              | Finalization of Departments P & Ps                                               | DMHSA, DISID       | Immediate             | Documented and Approved Policy and Procedure |
| 2.34              | Implementation of all inpatient and outpatient treatment and transition profiles | DMHSA              | Immediate             | Documented Profile                           |
| 2.33              | Regular cross-departmental training regarding individualized treatment planning  | OCI, DMHSA, DISID  | Immediate             | Number of staff trained                      |



## Action Issue F: Evidence-Based Practices

Guam will work to integrate evidence-based practices (EBPs) into the continuum of care. EBPs refer to a spectrum of treatment and programs that research has demonstrated to be effective. There are a number EBPs Guam might consider piloting or expanding that have been reviewed by the National Association of State Mental Health Program Directors (NASMHPD) and the National Technical Assistance Center (NTAC). For instance, Assertive Community Treatment (ACT) utilizes a multidisciplinary team and intensive community-based case management to reduce service fragmentation. Other EBPs are specifically designed to increase integration, whether for concurrent treatment of psychiatric disorders and substance abuse (e.g., Integrated Dual Disorders Treatment), primary and behavioral care (e.g., depression in primary care models) criminal justice/ corrections, or youth systems (e.g., systems of care). To create the highest quality mental health care, EBPs must be balanced with attention to recovery-driven care, promising practices (e.g., peer-to-peer and family-to-family services), local expertise, and cultural factors.

### Barriers

- Despite the many advances in knowledge about mental health treatment, both the recent Institute of Medicine report<sup>3</sup> and the President's New Freedom Commission on Mental Health report<sup>4</sup> found that this science often is not translated into available services. A 15 to 20 year lag typically occurs between the development of effective treatments and their widespread adoption in clinical practice.
- EBPs need to be modified to cultural norms and practices. Presently, The Single State Authority will need require community-based centers and providers to pilot and implement EBPs within contracts.

### Actions and Timelines Creating a Evidence-Based Culture

| Guiding Principle | Plan of Action                                              | Lead Authority    | Completion Time Frame | Outcome                                  |
|-------------------|-------------------------------------------------------------|-------------------|-----------------------|------------------------------------------|
| 4.11              | Evaluate current practice and alignment with EBPs           | OCI, DMHSA, DISID | Short-term            | Documented and adopted evaluation report |
| 4.12              | Prioritize EBPs                                             | OCI, DMHSA, DISID | Short-term            | Approved list of prioritized EBPs        |
| 4.51              | Assess resource and training readiness for prioritized EBPs | OCI, DMHSA, DISID | Long-term             | Needs Assessment                         |

<sup>3</sup> *Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century*. National Academy Press, 2001

<sup>4</sup> *Achieving the Promise: Transforming Mental Health Care in America*. New Freedom Commission, 2003

| <b>Guiding Principle</b> | <b>Plan of Action</b>                              | <b>Lead Authority</b> | <b>Completion Time Frame</b> | <b>Outcome</b>                                        |
|--------------------------|----------------------------------------------------|-----------------------|------------------------------|-------------------------------------------------------|
| 3.13                     | Use train-the-trainer models for EBP dissemination | OCI, DMHSA, DISID     | Long-term                    | Number of documented and implemented training modules |
| 4.13                     | Assess effectiveness of EBPs                       | OCI, DMHSA, DISID     | Long-term                    | Documented and adopted evaluation report              |

### **Medication Evidence-Based Treatment**

| <b>Guiding Principle</b> | <b>Plan of Action</b>                                                                                                         | <b>Lead Authority</b> | <b>Completion Time Frame</b> | <b>Outcome</b>                                 |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|------------------------------------------------|
| 2.17                     | Implement and update formulary to include second and third generation medications                                             | DMHSA                 | Immediate                    | Documentation for the updated formulary        |
| 2.17                     | Review consultants recommendations from the Medication Acquisition and Prescribing Practices Report ( <i>see Appendix I</i> ) | DMHSA                 | Immediate                    | Implement consultant recommendations           |
| 2.17                     | Prioritize actions and timelines based on accepted recommendations                                                            | DMHSA                 | Immediate                    | Approved list of prioritized actions/timelines |
| 2.17                     | Establish efficient medication buying and prescribing procedures                                                              | DMHSA, DPHSS, GMH     | Immediate                    | Approved procedures                            |
| 4.53                     | Training on medication EBPs to staff involved in medication management                                                        | DMHSA                 | Immediate                    | Number of trained staff                        |

## **Action Issue G:**

### **Facilitate Transitions To Community-Based Settings**

The Departments will create policy and procedures and standardized reporting regarding transitioning persons with disabilities to least restrictive settings, preferably in their communities. Since the Olmstead decision, at least eight federal courts have addressed “reasonable pace”<sup>5</sup> for moving individuals from institutions to the community. It appears that states/territories must generally demonstrate that they are modifying services, when possible, to meet the demand for community-based services and are not attempting to artificially maintain an institutional census.

It is critical that Departments serving individuals with disabilities have standardized, consistent means of making placement and level-of-care decisions. Through standardized assessment processes, Guam must document that persons in institutional settings remain there for valid clinical reasons and that those persons ready for discharge are matched with the most appropriate community-based options as quickly as possible.

Discharge readiness policies and procedures should include mandatory training guidelines for personnel and require continuing education as necessary. Staff training must encompass consistent expectations for balancing safety, quality of life, and consumer and family preference.

When the most appropriate services and supports are not available, Guam must have a waiting list policies and procedures which address the **(a) allocation**, **(b) availability**, and **(c) assignment** of such services and supports:

**(a) Allocation of Resources:** The purpose of these waitlist procedures is to establish criteria and procedures for allocating limited community based and residential services and supports based on the relative needs of the individuals waiting for community services. Such services shall be designed to maximize the developmental potential of the individual in least restrictive settings. Eligibility for assignment to community based and residential services and supports will be based on clinical and functional status, as well as administrative criteria.

**(b) Availability of Services and Supports:** The availability of such services shall be limited to the Departments’ funding in a given fiscal year. The waiting list establishes a means to prioritize placement needs when there are insufficient funds to provide the most appropriate community based and residential services and supports for all eligible individuals with disabilities.

**(c) Assignment to Services and Supports:** The waiting list assignment shall indicate only the priority need for community-based services and/or residential placement. The assignment shall not reflect the specific type of service needed. It is expected that the individual’s need for placement will change over the course of his or her life. Waiting list categories are general groupings based upon the level of priority.

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<sup>5</sup> CHCS reviewed cases from Florida, Hawaii, Maryland, Massachusetts, New Hampshire, New Mexico, Pennsylvania, and West Virginia.

## Barriers

- “Buy-in” and needed partnerships for this paradigm shift are blocked either by incongruous funding priorities, lack of community providers, regulatory enforcement, procurement hurdles saddled with bureaucratic “red tape”, and provider distrust;
- Public awareness, social marketing and consumer enterprise are often on the “back burner” because of competing demands to carry out daily roles and responsibilities.
- Malpractice and lawsuits make potential community service providers wary of contracting with government departments. The dearth of front line workers, amount of regulatory requirements, and delays in financial reimbursements poses further barriers to locally based “owners” establishing community service alternatives.

## Actions and Timelines

### General Activities

| Guiding Principle | Plan of Action                                                | Lead Authority      | Completion Time Frame | Outcome                                             |
|-------------------|---------------------------------------------------------------|---------------------|-----------------------|-----------------------------------------------------|
| 2.14              | Consumers will be placed in home and community based settings | OCI, DMHSA<br>DISID | Immediate             | <i>All</i> consumers to reside within the community |
| 2.11              | Prevent future inappropriate institutionalizations            | OCI, DMHSA<br>DISID | Immediate             | Minimal institutionalization for at-risk consumers  |

### Waiting List

| Guiding Principle | Plan of Action                                                                                  | Lead Authority          | Completion Time Frame | Outcome                                |
|-------------------|-------------------------------------------------------------------------------------------------|-------------------------|-----------------------|----------------------------------------|
| 2.14              | Submit all waiting list documentation, relevant policies and procedures, and forms to the court | OCI,<br>DMHSA,<br>DISID | Completed             | Submitted to the court on Sept 8, 2005 |

| <b>Guiding Principle</b> | <b>Plan of Action</b>                                                                   | <b>Lead Authority</b> | <b>Completion Time Frame</b> | <b>Outcome</b>                              |
|--------------------------|-----------------------------------------------------------------------------------------|-----------------------|------------------------------|---------------------------------------------|
| 2.14                     | Governor Appoints Placement Review Team                                                 | OCI                   | Immediate                    | Creation of Review Team                     |
| 3.13                     | Conduct training regarding treatment, transition, and waitlist policies and procedures  | OCI, DMHSA, DISID     | Immediate                    | Number of staff trained                     |
| 2.14                     | Commence MDTT on all consumers at RTFs                                                  | DMHSA                 | Short-term                   | Documented MDTT plans for RTF consumers     |
| 2.14                     | Commence MDTT on all individuals that are considered "at risk" for institutionalization | DMHSA                 | Immediate                    | Documented MDTT plans for at-risk consumers |
| 2.14                     | Release RFP for MDTT hires                                                              | DMHSA                 | Immediate                    | Number of RFP responses                     |
| 2.14                     | Conduct island wide census for persons with disabilities needing community services     | OCI, DMHSA, DISID     | Short-term                   | Census Report                               |
| 2.14                     | Stakeholder forum regarding waiting list procedures                                     | OCI                   | Immediate                    | Documented stakeholder input                |
| 2.14                     | Community monitoring/QA system developed                                                | OCI, DMHSA, DISID     | Immediate                    | Documented and approved monitoring system   |

### **Action Issue H:**

#### **Funding The Necessary Continuum of Care**

The commitment of the administration and legislature to the creation of a high quality community based mental disability service system is evident from a number of recent actions including most visibly the new funding provided by Public Law 28-65 (*see Appendix J*). This comprehensive plan will be used as guide to assist the government in making spending decisions for this new money according to prioritized goals and monitoring the expenditure of funds to insure effectiveness and accountability.

A continuum of inpatient and outpatient services is necessary to appropriately serve the needs of persons with disabilities. The recent appropriation of fund was critical to beginning to implement the comprehensive plan, but the demand for disabilities services continues to rise. As a result, Guam continues to seek other funding assistance, or means by which to leverage existing



resources. As one strategy for generating increased revenue, DMHSA is asked with creating a fee schedule and moving services toward privatization.

Guam has been very successful in winning grants through federal programs. These moneys are time-limited but do provide for Guam both administrative and direct services to persons with disabilities. Below are currently active disabilities grants.

| <b>Grant</b>                                                             | <b>Brief Description</b>                                                                                                                                                                                                                                                                                                     | <b>Lead Agency</b> | <b>Funding</b> |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|
| Substance Abuse and Prevention Treatment (SAPT)                          | Planning, executing, and evaluating activities to prevent and treat substance abuse and for related activities.                                                                                                                                                                                                              | DMHSA              | \$896,000      |
| Community Mental Health Services (CMHS)                                  | To provide an array community based mental health services to adult with serious mental illness and children with emotional disturbances and their families.                                                                                                                                                                 | DMHSA              | \$220,000      |
| Prevention and Early Intervention Advisory Committee Empowerment (PEACE) | To establish Guam's State Prevention Framework through a (5) year substance abuse Prevention Plan.                                                                                                                                                                                                                           | DMHSA              | \$996,000      |
| Child Mental Health Initiative (CMHI)                                    | To establish the I Famagu'onta program, intended to set up a system of care for children/adolescents and families with serious emotional disturbance.                                                                                                                                                                        | DMHSA              | \$2,500,000    |
| Project Assistance in Transition from Homelessness (PATH)                | To operate a drop-in center called Sagan Mami (Our Place) for homeless or at-risk adults with serious illness.                                                                                                                                                                                                               | DMHSA              | \$50,000       |
| DISID - Aging and Disability Resource Center Grant                       | To create Guam's First publicly accessible, online directory of long term care services and information to be accessed through Resource Centers.<br>To implement an Internet-based information, referral, screening and assistance (I&RA) tool that will serve as a screening tool and client management information system. | DISID              | \$1,100,000    |



To fully implement a continuum of disabilities services and maximize outcomes, the Territory needs to reprioritize funding, build efficiencies, leverage existing resources, and begin to meet the privatization mandate.

### **Barriers**

- Insufficient data on the continuum of needs persons with disabilities and families have.
- Local and federal funding for a continuum of disabilities services has been limited historically. Annual appropriation budgets for all government agencies cover only salaries and operating expenses that provide critical and essential function and services. Other programs (i.e. Medicaid and Title XX) are substantially under-funded. Although federal provisions were passed that would allow "revenue sharing" of tax dollars, Guam's tax structure has prevented this. There is no Supplemental Security Income (SSI) Program to provide rehabilitation and supportive services to individuals with disabilities. PL 27-107 (*see Appendix K*) provides provisions to obtain funds from the local funding source when the Residential Treatment Fund (RTF) is depleted<sup>6</sup>.
- Medicaid during fiscal year 2001 had a cap of 5.62 million. Guam must provide a 50-50 match for services up to the cap and pay 100% above the cap. The small amount of funding is rapidly spent for basic mandatory acute/primary care services. Guam has also had trouble utilizing the Children's Health Insurance Program for uninsured children. The territory has not applied for any Home and Community Based Waivers.
- Disabilities services on Guam have been provided free of charge. This appears to be the case even when the persons or families served have private insurance coverage and/or are receiving SSDI funding.
- Organizationally, DMHSA and DISID are line-agency under the jurisdiction of the Department of Administration, (DOA) and General Services Agency (GSA). Procurement issues have exacerbated the problems created by insufficient funding for disabilities services. DMHSA and DISID have difficulty attracting vendors due to extremely late payments (in some cases up to a year). The current procurement process has also hampered availability of medications. Internal staffing is an issue, because the current pay rates are not commiserate with the salaries of many licensed professionals.
- Grants with systemic implications have not been adequately coordinated across departments and agencies.
- Without dedicated legislation and funding appropriation from the general fund, system requirements for community transition and expansion will remain costly and under-funded and jeopardize cost matching for federal grants. Lobbying efforts are often blocked by political interests, priorities, and constituent concern.

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<sup>6</sup> Somerfleck D, Renacia VM (2001). National Center for Family Support, Family Support Policy Brief.

## Actions and Timelines

| Guiding Principle | Plan of Action                                                                                                                                                                                                                                                                                                                    | Lead Authority   | Completion Time Frame | Outcome                                        |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|------------------------------------------------|
| 1.19              | Obtained supplemental funding to address immediate requirements of the Permanent Injunction:<br>➤ Permanent Injunction federal funding from DOI - \$916k<br>➤ Executive Order 2005-29 – \$250k<br>➤ Public Law 28-65 – \$2.75 mil.<br>➤ Local funding - \$200k<br>Federal Funds for an automated process to collect data - \$140k | OCI, BBMR, DMHSA | On-going              | Established Fund Account                       |
| 1.19              | Establish a Services Moving Along Residential Treatment Fund (SMART Fund)                                                                                                                                                                                                                                                         | OCI/DMHSA/DISID  | Short Term            | Special SMART Fund Legislated and Appropriated |
| 1.19              | Submit a competitive multi-year grant proposal (MHT-SIG) - \$15 mil                                                                                                                                                                                                                                                               | DMHSA            | Short-term            | Grant Award                                    |
| 3.22              | Departments will review procurement processes for inefficiencies                                                                                                                                                                                                                                                                  | OCI/DMHSA/DISID  | Short-term            | Approved/Adopted Improved Processes            |
| 3.22              | Departments will communicate issues to the Guam Committee studying the Territory's procurement process                                                                                                                                                                                                                            | DMHSA/DISID      | Short-term            | Approved/Adopted review reports                |
| 5.14              | Audit vendors regarding use of SSDI payments                                                                                                                                                                                                                                                                                      | OCI/DPHSS/DISID  | Immediate             | Approved audit report                          |

| <b>Guiding Principle</b> | <b>Plan of Action</b>                                                 | <b>Lead Authority</b>   | <b>Completion Time Frame</b> | <b>Outcome</b>                              |
|--------------------------|-----------------------------------------------------------------------|-------------------------|------------------------------|---------------------------------------------|
| 3.21                     | Insure that community professionals are paid on time                  | DMHSA/DISID<br>DOA/BBMR | Immediate                    | Accounts Payables within 30 days            |
| 1.19                     | Explore opportunities to augment SSDI, Medicaid and Title XX funds    | OCI                     | Short-term                   | Approved/Adopted Initiatives                |
| 1.19                     | Catalogue all current funding sources across departments and agencies | OCI                     | Short-term                   | Approved/Adopted Catalog                    |
| 3.24                     | Explore expansion of micro-enterprises on Guam                        | OCI                     | Long-term                    | Recommendations report on micro-enterprises |

### **Action Issue I: Interdepartmental Training**

Guam will establish a learning community for disabilities services. Staff training has, at times, been a low priority due to competition for scarce resources. Guam must emphasize the critical need for a progressive training and a viable retention program to strengthen and maintain the workforce thus meeting the needs of consumers and families.

Staff across departments and agencies must have a realistic sense of each other's responsibilities, incentives, and professional jargon. Training that includes staff from multiple settings is a means toward achieving these ends. Cross training also utilizes on-island expertise and consultation. As but one example, GHURA staff is ideally suited to talk about housing regulations and, in return, DMHSA and DISID staff might provide training on working effectively with persons with disabilities. Training activities should include but not be limited to the psychiatric disability, health, housing, advocacy, education, and social service systems. It will be important to develop cross training programs with the police, prison and community corrections staff, as well as with judges, prosecutors and defense attorneys.

Continued education and re-training is necessary so that personnel are updated on shifting treatments and potential community placements corresponding to assessed levels-of-care. Training would also assist providers in balancing safety needs, quality of life, and consumer and family preferences, as well as the right to self-determination.

Other potential areas of training include:

- Discharge readiness processes and implementation
- The recovery philosophy
- Consumer/ family-focused, collaborative care
- Evidence-based and promising practices
- Techniques for reducing restraint and seclusion
- Reporting standards
- Collaboration with advocacy groups
- Information sharing standards
- Program evaluation and outcome tracking

### Barriers

- Agency habits are often ingrained and difficult to change.
- Ongoing education and certificate programs are often not supported for classified employees.
- Turnover among all positions is common leading to loss of institutional memory and sustainability.
- There are widespread staff shortages making it difficult for staff to have time away to pursue job training and certificate programs.
- Training curriculums and trainers are sometimes difficult to find for specific topic areas.

### Actions and Timelines

| Guiding Principle | Plan of Action                                                                   | Lead Authority    | Completion Time Frame | Outcome                                                                                                                           |
|-------------------|----------------------------------------------------------------------------------|-------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1.18              | Establish contract for expert consultation on systemic training needs.           | DMHSA             | Completed             | Morris and Haimowitz are providing technical assistance to Guam from August 2004 through December 2005. ( <i>see Appendix L</i> ) |
| 2.17              | Conduct training to meet the mandates of the permanent injunction                | DMHSA             | On-going              | See list of staff training ( <i>see Appendix M</i> )                                                                              |
| 1.15              | Establish mandatory training guidelines for personnel making placement decisions | OCI, DMHSA        | Immediate             | Training P & P                                                                                                                    |
| 3.11              | Conduct on-going staff and vendor training                                       | OCI, DMHSA, DISID | On-going              | Scheduled training                                                                                                                |

## Action Issue J:

### A Commitment To Consumer And Family Driven Care

It is an expectation of the OCI and the Departments that individual and families are full partners in their treatment. In practice, this means that individual preferences regarding services and supports are solicited and documented. "A recovery oriented system of care identifies and builds upon each individual's assets, strengths, and areas of health and competence to support achieving a sense of mastery over his or her condition while regaining a meaningful, constructive, sense of membership in the broader community."<sup>7</sup> Some of the differences between the traditional medical model and recovery model are presented below.

| Medical Model                                                                                                                                                                                                                                                     | Recovery Model                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Established Practices:</b> Harsh restraint methods Sheltered Workshops Long term hospitalization Massive doses of medications Staff directed treatment                                                                                                         | <b>Emerging Practices:</b> Consumer and family education Consumer-run initiatives Community-based care Medication to suit the individual Consumer participation in treatment Self-help groups Supported Employment                                                                      |
| <b>Established Task:</b> Stabilization Custodial Care                                                                                                                                                                                                             | <b>Emerging Task:</b> Education Involvement                                                                                                                                                                                                                                             |
| <b>Established Beliefs:</b> Will never be able to function in society Impaired judgment & can't trust thinking Needs to be stabilized & cared for Has something wrong with them that someone else needs to fix Do not understand their own needs Will not recover | <b>Emerging Beliefs:</b> Can function well in society with supports Can make a positive contribution to society Can learn ways to cope with symptoms Can use experience of mental illness as a source of knowledge Can learn from and teach other consumers <b>CAN &amp; DO RECOVER</b> |
| <b>Established Responsibility of Provider:</b> Will provide appropriate custodial care based on staff wisdom and input                                                                                                                                            | <b>Emerging Responsibility of Provider:</b> Provide an environment that is conducive to recovery, based on consumer wisdom and input                                                                                                                                                    |
| <b>Established Responsibility of Consumer:</b> Be obedient and learn to comply                                                                                                                                                                                    | <b>Emerging Responsibility of Consumer:</b> Self-advocacy--dialogue with the system about what is and is not helpful Take responsibility for one's own recovery Use self-help                                                                                                           |

Peer-to-peer support programs are emerging areas, which DMHSA and DISID are incorporating in their plan of work. Such programs foster peer facilitated activities through "Sagan Mami" (Our Place) – an open service to all in the community and "GIFTS" (Guam's Identifies Family's Terrific Strengths)- a family based network for children with serious emotional disorders. Other piloted programs include individualized budgeting, home base services, and participation in policy councils like the Developmental Disabilities Council, Mental Health Planning Council

<sup>7</sup> Kirk, Evans, & Daily, 2005 Commissioner's Policy Statement #83

and System of Care Council. From policy to services, consumers are often relied upon for their input and participation. Other peer models being planned include peer advocacy support to provide consumers “a link” to peer mentors. These mentors are also expected to bring issues of concern to senior management and council bodies. Peer support groups are engaged in public outreach during disability awareness month, media campaigns and policy sessions.

### Barriers

- Lack of transportation for consumers to attend meetings and activities, including habilitation services and day programs.
- Limited sites in the community restrict the number of services individuals can easily access near their homes. Limited access impedes socialization and development of self-efficacy.
- Workforce demands and other economic restraints impose burdens on family members making it difficult for them to participate in family members’ treatment and provide support for daily activities.
- Societal stigma leads persons with disabilities to be viewed as “less than” and unable to contribute to their communities.

### Actions and Timelines

| Guiding Principle | Plan of Action                                                                                                         | Lead Authority                                   | Completion Time Frame | Outcome                                                           |
|-------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|-------------------------------------------------------------------|
| 2.21              | Implement the Real Choice Initiatives                                                                                  | DISID, DPHSS                                     | Immediate             | Number of MIS established                                         |
| 1.21              | Develop a Peer Support/Advocacy program within the delivery of services and support for individuals with disabilities. | OCI, DMHSA<br>DISID                              | Short-term            | Developed Peer Support Advocacy Program                           |
| 3.12              | Training on consumer and family directed services                                                                      | OCI, DMHSA,<br>DPHSS<br>DISID<br>Guam DD Council | Immediate             | Approved and documented supportive and awareness training program |
| 2.41              | Open the Enrichment Center that will house resources on mental illnesses                                               | DMHSA                                            | Short-term            | Enrichment Center Site                                            |
| 2.41              | Anti-stigma campaign                                                                                                   | OCI,<br>DMHSA.DISID<br>MHPC, DDC                 | Short-term            | Territorial Anti-Stigma Campaign                                  |



| <b>Guiding Principle</b> | <b>Plan of Action</b>                       | <b>Lead Authority</b> | <b>Completion Time Frame</b> | <b>Outcome</b>                          |
|--------------------------|---------------------------------------------|-----------------------|------------------------------|-----------------------------------------|
| 2.41                     | Suicide prevention campaign                 | DMHSA                 | Short-term                   | Territorial Suicide Prevention Campaign |
| 1.23                     | Establish a grievance policy and procedure. | OCI, DMHSA, DISID     | Immediate                    | Published approved policy and procedure |

### **Action Issue K: Address Workforce Deficits**

Across the continuum of care, there are critical shortages of disabilities professionals. This is true both in inpatient and outpatient settings. Within community-based settings, many individuals with disabilities require the assistance of a personal care assistant or attendant to help them meet a variety of personal care and daily living needs. The availability of other direct care supports such as homemaker, home health care and other services are also required by many to support their community living. At the same time, many individuals with disabilities are able to work. Guam must build and sustain employment opportunities for these individuals.

There is a need to refocus and update available training on Guam to better address the changing workforce development needs. The basic philosophy of care has changed, and our population in need has also changed. While years ago, multi-agency, high need folks were “shipped off island” to receive care, we are now developing community-based models of care that demand a new set of skills and attitudes. The workforce needs to be aligned with the recommendations of the New Freedom Initiative that care be:

- Consumer and Family Driven
- Oriented towards recovery, resilience, and hope
- Culturally competent
- Accessible in the community
- Based on evidence-based and best practices
- Individualized and flexible
- Strength-based
- Coordinated across all service systems
- Aligned with technological advances.

Guam needs a unified plan for workforce development for the government and private sector as both will play roles in the continuum of care for individuals with disabilities.

## Barriers

- The inability to fill critical positions within the departments;
- Insufficient information on numbers of specific professions on-island (e.g., psychiatry, psychology, nursing, pharmacy, personal care staff, quality assurance/monitoring);
- Training is often outdated and too general;
- There is currently no comprehensive assessment of available training programs, certificates and on the job modules that are available on Guam.
- There is a need for training that is culturally sensitive and practical. Not all programs and training can be directly imported without some thought and modification given to address our multicultural and multilingual community.

Lack of funding support for highly specialized training across multiple disciplinary areas will continue to be a problem for Guam.

## Actions and Timelines

| Guiding Principle | Plan of Action                                                                                                                                                                                                                                                                                                 | Lead Authority              | Completion Time Frame | Outcome                  |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|--------------------------|
| 3.12              | Collaborate with UOG CEDDERS on creating and Personal Care Attendant Program (funded by Real Choices New Freedom Initiative Grant)                                                                                                                                                                             | OCI, DMHSA, DISID           | Short-term            | Approved MOA/U           |
| 3.11              | Create subcommittees for 1) internal issues related to staffing of DMHSA and DISID; 2) education with UOG, GCC, and GPSS to focus on curriculum development; and 3) Employment/ Economic Development led by GDOL and One Stop Career Center Partners to focus on employment and economic development concerns. | OCI, DMHSA, DISID, DOL, DOA | Short-term            | Approved MOA/U           |
| 3.11              | Review and recommend exemplary on line training that is currently available through the College of Direct Support ( <a href="http://www.collegeofdirectsupport.com">www.collegeofdirectsupport.com</a> )                                                                                                       | UOG, GCC                    | Short-term            | Approved Recommendations |

| <b>Guiding Principle</b> | <b>Plan of Action</b>                                                                                                                                                                                                                                                                            | <b>Lead Authority</b>                                       | <b>Completion Time Frame</b> | <b>Outcome</b>                      |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-------------------------------------|
| 3.11                     | Review and recommend curriculum and training standards and innovations in workforce education that come out of the National Workforce Plan for Mental Health currently being completed by the Annapolis Coalition ( <a href="http://www.annapoliscoalition.org">www.annapoliscoalition.org</a> ) | DOL, DMHSA<br>Guam<br>Workforce<br>Investment<br>Board, GCC | Short-term                   | Approved Training Plan              |
| 3.13                     | Review of current National Certification of disability and mental health personnel                                                                                                                                                                                                               | OCI, GCC,<br>DMHSA,<br>DISID                                | Short Term                   | Approved Report                     |
| 3.23                     | Through the Office of Community Integration, conduct a comprehensive assessment of what is available on Guam to support workforce development in the area of disabilities (DD/MH).                                                                                                               | OCI                                                         | Long-term                    | Approved Report                     |
| 3.51                     | Initiate a High School program with the Department of Labor, AHRD, GPSS and Guam Community College in career awareness and job training for the High School, Allied Health program                                                                                                               | OCI/DMHSA<br>/DISID/GCC,<br>GPSS, AHRD,<br>DOL              | Long-term                    | Approved MOA<br>MOU with GPSS       |
| 4.21                     | Through the University of Guam and the Guam Community College, ensure that all training, certificate programs, and on going staff support should be culturally competent and recognize the unique cultural and linguistic heritages found on our island.                                         | OCI, GCC,<br>UOG                                            | Long-term                    | Approved MOA<br>MOU with<br>UOG/GCC |

| <b>Guiding Principle</b> | <b>Plan of Action</b>                                                                                                                                                                                         | <b>Lead Authority</b>     | <b>Completion Time Frame</b> | <b>Outcome</b>                         |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------|----------------------------------------|
| 3.13                     | Develop through GCC a core program such as a Community Health Worker or a Direct Support Professional (as per gaps in services) with a general curriculum to address skills for direct support professionals. | OCI, GCC                  | Long-term                    | Approved MOA MOU with GCC              |
| 3.13                     | Review DMHSA and DISID job descriptions, pay grades and steps toward pay increases.                                                                                                                           | DOA                       | Short-term                   | Approved Re-description of Position(s) |
| 4.12                     | Link to research on effective practices for individuals with psychiatric disabilities through the Federal Department of Labor                                                                                 | OCI, DOL, DMHSA           | Long-term                    | Approved Adopted EBP                   |
| 3.13                     | Fill critically vacant positions (professional support: psychiatry; psychology; nursing; social work; pharmacy.)                                                                                              | DMHSA/ DISID/DOA          | Immediate                    | Number of New Recruits                 |
| 3.12                     | Explore Vocational Rehabilitation & Educational Services for consumers and families who are able to join the workforce                                                                                        | OCI/DMHSA/ DISID/GCC/U OG | Short-term                   | Approved Adopted Training Plan         |
| 3.13                     | Develop an effective certification program.                                                                                                                                                                   | GCC                       | Short-term                   | Approved Adopted Certification Program |
| 2.41                     | Educate all stakeholders to remove negative stereotypes of low expectations among employers and providers.                                                                                                    | UOG, GCC, DOL             | Immediate                    | Lists of Completed Trainees            |

### **Action Issue L:**

#### **Quality Assurance and Management Information Systems**

A system to insure the provision and ongoing improvement of the quality services is essential to the creation of comprehensive community based mental disability services. The programs provided by community agencies must meet appropriate building, safety, staffing, treatment and other standards. By June 30, 2006, the Office of Community Integration will, in consultation with DMHSA, DISID, consumers and providers, propose a system for licensing and regular monitoring of community providers. This system will focus establishing transparent quality

assurance mechanisms that insure problem-identification and correction. For this effort to succeed, the Government of Guam will need to review its contracting procedures and address the issues of timely procurement and vendor payment. The June '06 proposal will address such legislation as may be needed and include action steps and timeframes.

Jointly, through the OCI, a consistent and uniformed Q/A system will assure a foundation of health, safety, financial stability and integrity of services provided. Quality of services should be consumer and family driven and performance measures be established. Quality reviews both internal and external will be in compliance to local and federal regulations such as Joint Commission on Accreditation of Health Care Organizations (JCAHO) and Health Insurance Portability and Accountability Act (HIPAA).

A centralized management information system (MIS) should incorporate or plan for all clinical and funding outcomes and indicator needs, as well as information sharing across departments and agencies. Through a utilization-focused MIS system, administrators might ask high-utility questions. Strategic planning might then be based on facts related to health outcomes, consumer satisfaction, and fiscal performance. Reporting back to key stakeholders such as the Governor's Office and Guam Legislature would also be facilitated.

### **Barriers**

- There is a paucity of data to guide planning in coordinated fashion within or between relevant agencies and organizations.
- The lack of computerized administrative and clinical outcomes tracking capability is a drain on scarce staffing resources, as any quantitative analyses are presently completed by hand.
- An assessment of the current readiness for DMHSA MIS revealed the following:
  - Duplicate count when compiling data from different programs and/or services;
  - Little or no coordination amongst agencies and departments;
  - No formidable data-infrastructure with Local Area Network (LAN).

### **Actions and Timelines**

| <b>Guiding Principle</b> | <b>Plan of Action</b>                                                                                    | <b>Lead Authority</b> | <b>Completion Time Frame</b> | <b>Outcome</b>                                                           |
|--------------------------|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|--------------------------------------------------------------------------|
| 2.21                     | Strategies need to incorporate a comprehensive work plan for building and improving its data collection. | DMHSA                 | Immediate                    | The development of a five (5)-year plan for data collection and analysis |

| <b>Guiding Principle</b> | <b>Plan of Action</b>                                                                                                                                                                    | <b>Lead Authority</b>                       | <b>Completion Time Frame</b> | <b>Outcome</b>                  |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------|---------------------------------|
| 3.71                     | Assess the long-term potential for comprehensive electronic medical records, with integrated healthcare needs and barriers to community-based care tracking functionality.               | OCI, DMHSA, DISID                           | Short-term                   | Approved Network System         |
| 3.71                     | Shared information systems among agencies                                                                                                                                                | OCI, DMHSA, DISID                           | Short-term                   | Approved Network System         |
| 2.21                     | Contract data base infrastructure vendor                                                                                                                                                 | DMHSA                                       | Completed                    | Vendor Selected                 |
| 2.21                     | Building transition and waiting list forms into a shared database                                                                                                                        | OCI, DMHSA, DISID                           | Immediate                    | Approved Network System         |
| 3.34                     | Develop HIPPA policies and procedures concerning privacy issues                                                                                                                          | OCI/DMHSA/ DISID                            | Short-term                   | Approved Policy and Procedure   |
| 2.21                     | Installation of a wide area network and web-based applications for community resources                                                                                                   | OCI, DMHSA, DISID                           | Short-term                   | Approved Network System         |
| 2.21                     | Build a network system and web-based applications for better communication, data collection and the establishment of a consumer registry for inquiry of community-based support services | OCI                                         | Short-term                   | Approved Network System         |
| 1.16                     | Recruit Q/A Officer/Coordinators                                                                                                                                                         | OCI                                         | Short-term                   | Number of Recruited Position(s) |
| 1.14                     | Develop access agreement with Guam Legal Services Corp. & Public Guardian                                                                                                                | OCI, GLSC, AG Public Guardian, DMHSA, DISID | Short-term                   | Approved MOU                    |



| <b>Guiding Principle</b> | <b>Plan of Action</b>                                                                                                                                                | <b>Lead Authority</b> | <b>Completion Time Frame</b> | <b>Outcome</b>             |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|----------------------------|
| 1.22                     | Develop and conduct a consumer satisfaction survey                                                                                                                   | OCI, DMHSA, DISID     | Short-term                   | Survey Report              |
| 1.16                     | Develop an effective monitoring system of community providers                                                                                                        | OCI                   | Long-term                    | Approved Monitoring System |
| 1.16                     | Establish Q/A Program within collaborating agencies                                                                                                                  | OCI                   | Short-term                   | Approved Q/A Program       |
| 2.21                     | Create online directory for long term care services through Resource Center Locations                                                                                | DISID                 | Long-term                    | Approved MIS Plan          |
| 2.21                     | Implement an Internet-based information, referral, screening and assistance (I&RA) tool that will serve as a screening tool and client management information system | DISID                 | Long-term                    | Approved MIS Plan          |

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## VI. CONCLUSIONS

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Without question, the requirements of the JC injunction must be met, and the actions and timelines outlined in this report are designed to do so. The suggested actions focus on quickly addressing those needs which require immediate attention while also directly moving to implement fundamental systemic changes. Achieving sustainable improvements requires acknowledging that actions must be taken in sequence, that firm but realistic timeframes are needed, and that outcomes must be demonstrable. This comprehensive plan accomplishes these tasks. The comprehensive plan is a dynamic document and will be responsive to the changing needs and priorities of persons with disabilities, families, advocates, providers, and the Government of Guam.

The newly created Office of Community Integration (OCI) will play a critical role in the development of comprehensive community services and supports required by the Injunction. Established by the Governor, it gives the development of community-based services a highly visible public profile. The OCI provides a structure for cross-agency planning that transcends bureaucratic barriers. It can assist the executive agencies and legislature jointly construct annual budgets and multi-year funding plans that focus on meeting on providing services in the community, where services cost far less than in institutional settings. As Guam undertakes major initiatives, from reorganizing the Department of Health to improving Guam Memorial Hospital, the OCI can insure that the rights of people with disabilities are given the appropriate priority.

Guam is transforming its disabilities systems by promoting individual and family-driven, community-based services. This comprehensive plan has long-term implications for creating services that are more responsive to the often-complex needs and preferences of individuals with disabilities and their families. The ultimate goal is to allow persons with disabilities to live a life of dignity, respect, and freedom in their communities. Through cross-departmental coordination and action, Guam expects to not only create improved disabilities services, but to also create sustainable efficiencies that benefit the Territory as a whole.

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## APPENDICES

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- A) Creation of Department of Mental Health and Substance Abuse (DMHSA) Public Law 17-21
- B) Department of Mental Health and Substance Abuse (DMHSA) Program Description
- C) Creation of Department of Integrated Services for Individuals with Disabilities (DISID) Public Law 24-16
- D) Public Law 24-92 – Inclusion of DEEC/ DHPD
- E) Department of Integrated Services for Individuals with Disabilities (DISID) Program Description
- F) Table of Home and Community Based Services and Funding Levels
- G) Minimum Care Requirements Plan
- H) Office of Community Integration Executive Order 2004-26
- I) Medication Acquisition and Prescribing Practices Report
- J) Guam Telephone Authority (GTA) Privatization Proceeds Fund Public Law 28-65
- K) Public Law 27-107 – Medicaid Benefits
- L) Consultant's Onsite Agendas (October 2004 & March 2005)
- M) List of Staff Training

| Goal 1.1 Address the health care delivery system for the Territory.                                                  |                     |                        |                                                 |                                                                       |
|----------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|-------------------------------------------------|-----------------------------------------------------------------------|
| Consumer and Family Focused                                                                                          | Lead Authority      | Start Date             | Outcome                                         | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 1.11 Establish the Office of Community Integration                                                                   | GOVERNOR OF GUAM    | Completed              | Executive Order 2004-26                         | I                                                                     |
| 1.12 Establish workgroups to review service delivery                                                                 | OCI                 | Completed              | Chartered workgroups                            | I to ST                                                               |
| 1.12(1) The workgroups will make recommendations for improvement of service delivery                                 | OCI                 | Immediate              | Coordination of service delivery                | I                                                                     |
| 1.12(2) Ensure the establishment of reporting standards for working groups                                           | OCI, DMHSA<br>DISID | Immediate              | Documented and Approved Reporting Standards     | I to ST                                                               |
| 1.13 Incorporate the minimum care requirements for compliance                                                        | DMHSA               | Immediate              | Be in compliance to standards                   | I                                                                     |
| 1.14 Ensure the establishment of a Memorandum of Understanding (MOUs) and/or contracts                               | OCI, DMHSA<br>DISID | Immediate              | Approved and documented MOU's/Contracts         | I                                                                     |
| 1.15 Review /improve policy and procedures for the delivery of community-based services and system supports.         | OCI, DMHSA<br>DISID | Immediate to Long-term | Approved and documented policies and procedures | I to LT                                                               |
| 1.16 Ensure quality assurance management of local and federal regulations and minimum care requirements              | OCI, DMHSA<br>DISID | Immediate              | To be in compliance                             | ST                                                                    |
| 1.17 Create an integrated funding source in addressing issues of service delivery                                    | BBMR, DOA           | Immediate              | Integrated funded plan                          | I to ST                                                               |
| 1.18 Obtain Technical Assistance (TA) to assess transformation in service delivery for individuals with disabilities | OCI, DMHSA<br>DISID | Immediate              | Systems Transformation                          | I to LT                                                               |
| 1.19 Identify and obtain funds that would address immediate and long-term health care needs of consumers             | OCI, DMHSA<br>DISID | Immediate              | Approved Funding                                | I                                                                     |
| 1.11.1 Implement minimum care requirements for safety and freedom from undue restraints                              | DMHSA               | Immediate              | Meet all requirements                           | I to ST                                                               |
| 1.11.2 Implement waitlist inter-department policy and procedure                                                      | DMHSA, DISID        | Immediate              | List of services and priority waitlist          | I to LT                                                               |
| GOAL: 1.2 Provide for a consumer-driven approach in the way we do business.                                          |                     |                        |                                                 |                                                                       |
| Consumer and Family Focused                                                                                          | Lead Authority      | Start Date             | Outcome                                         | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |

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| 1.21 Establish a consumer/family forum to obtain how individual needs can best be met by services and service providers                                                            | OCI                 | Immediate and Ongoing   | Needs assessment survey                                 | I to ST                                                               |
| 1.22 Establish on-line consumer satisfaction survey workstation at community centers.                                                                                              | OCI, DMHSA<br>DISID | Short-term              | Documented indicators in evaluation of service delivery | ST                                                                    |
| 1.23 Establish a Grievance Policy and Procedure                                                                                                                                    | OCI, DMHSA<br>DISID | Completed               | Published approved policy and procedure                 | I                                                                     |
| 1.24 Implement policy and procedures to reduce seclusion and restraints and minimum care requirements for documentation and review                                                 | DMHSA               | Immediate               | Approved and Adopted Policies and Procedures            | I                                                                     |
| 1.25 Implement a person-focused environment in adult inpatient acute unit                                                                                                          | DMHSA               | Immediate               | Established Stress Free Room                            | I                                                                     |
| Goal: 1.3 Treat psychiatric and developmental disabilities with same urgency as physical health                                                                                    |                     |                         |                                                         |                                                                       |
| Consumer and Family Focused                                                                                                                                                        | Lead Authority      | Start Date              | Outcome                                                 | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 1.31 Make infrastructure changes to ensure parity between mental health and non-mental health consumers                                                                            | DMHSA               | Short Term              | Documented parity changes in service delivery           | LT                                                                    |
| 1.32 Implement awareness campaign for persons with disabilities                                                                                                                    | OCI                 | Immediate to Short Term | Number of awareness campaigns launched                  | I - ST                                                                |
| 1.33 Collaborate with the medical society in addressing mental health needs within hospitals and clinics in our community                                                          | OCI                 | Short Term              | Document and Approved MOU/MOA/Contract                  | ST                                                                    |
| 1.34 Establish a disability service network directory with all "caring communities" to provide an awareness of psychiatric and developmental disability                            | OCI                 | Short Term              | Directory of community-based services and supports      | I - ST                                                                |
| Goal: 1.4 Improve access to quality care to geographically remote areas                                                                                                            |                     |                         |                                                         |                                                                       |
| Consumer and Family Focused                                                                                                                                                        | Lead Authority      | Start Date              | Outcome                                                 | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 1.41 Establish outreach initiatives that will address the consumers/families needs among the community. (e.g. faith-based organizations, mayor's council, community public health) | OCI                 | Short Term              | Community Initiatives                                   | ST                                                                    |

|                                                                                                                                                                      |                       |                   |                                                                                                                              |                                                                                 |
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| 1.42 Implement a strategy for developing disability workforce.                                                                                                       | OCI                   | Immediate         | Adopted disability Strategy(ies)                                                                                             | ST                                                                              |
| 1.43 Pilot an Assertive Community Treatment Program                                                                                                                  | DMHSA                 | Immediate         | Home based care services                                                                                                     | I-ST                                                                            |
| <p align="center"><b>Goal: 1.5</b><br/> <b>Screening for co-occurring mental and substance abuse use disorders and link with integrated treatment strategies</b></p> |                       |                   |                                                                                                                              |                                                                                 |
| <b>Consumer and Family Focused</b>                                                                                                                                   | <b>Lead Authority</b> | <b>Start Date</b> | <b>Outcome</b>                                                                                                               | <b>Type of Action<br/>Immediate (I)<br/>Short- Term (ST)<br/>Long-Term (LT)</b> |
| 1.51 Develop and implement a policy to promote early screening and referral of co-occurring disorders within mental health and substance abuse treatment settings    | DMHSA                 | Short Term        | Documented and Approved policy                                                                                               | ST                                                                              |
| 1.52 Increase the number of mental health early screening for co-occurring disorders and providing referrals to appropriate treatment programs                       | OCI, DMHSA            | Short Term        | Number of Referral to appropriate treatment programs                                                                         | LT                                                                              |
| 1.53 Increase the number of mental health and substance abuse treatment providers trained to provide treatment to co-occurring disorders                             | DMHSA                 | Short Term        | Number of trained treatment providers                                                                                        | LT                                                                              |
| <p align="center"><b>Goal 2.1 Prevent future unjustified institutionalization by providing preventive community-based services</b></p>                               |                       |                   |                                                                                                                              |                                                                                 |
| <b>Recovery/Highest Potential Driven</b>                                                                                                                             | <b>Lead Authority</b> | <b>Start Date</b> | <b>Outcome</b>                                                                                                               | <b>Type of Action<br/>Immediate (I)<br/>Short- Term (ST)<br/>Long-Term (LT)</b> |
| 2.11 Establish infrastructure to support community-based initiatives (e.g. housing, communications, utilities, transportation)                                       | OCI                   | Short Term        | Approved and Documented Capital Improvement Projects (CIP), maintenance and repair of facilities and other utility projects. | ST to LT                                                                        |
| 2.12 Establish housing initiatives that will allow for transitions among services providers                                                                          | OCI, GHURA            | Immediate         | Housing Initiatives                                                                                                          | I to LT                                                                         |
| 2.13 Assess current residential placements to determine the need for future residential placements in meeting the needs of individuals with disabilities             | OCI / DMHSA / DISID   | Immediate         | Needs Assessment                                                                                                             | I to LT                                                                         |
| 2.14 Implement a "wait list" for priority placement                                                                                                                  | OCI / DMHSA / DISID   | Immediate         | Wait list system                                                                                                             | I to LT                                                                         |
| 2.15 Develop transportation initiative in providing consumers access to services                                                                                     | DOA                   | July 2006         | Transportation Initiatives                                                                                                   | LT                                                                              |



|                                                                                                                                                       |                                 |               |                                                       |                                                                       |
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| 2.16 Develop a skill-based training program to provide employment opportunities for individuals with disabilities                                     | OCI, DISID, GPSS, DOL, GCC, UOG | Immediate     | Skill-Based training program                          | I to LT                                                               |
| 2.17 Incorporate the minimum care requirements for compliance                                                                                         | OCI, DMHSA, DISID               | Immediate     | Be in compliance to standards                         | I to ST                                                               |
| 2.18 Provide consumers quality information and supports to live and work in location they prefer                                                      | OCI, DMHSA, DISID               | Immediate     | Preferred choice (s) profiled for the consumer.       | I to LT                                                               |
| 2.19 Increase the opportunity for quality choices to consumers seeking assistance (e.g. Braille, language translations, handicap access) in community | OCI, DMHSA, DISID               | Immediate     | Documented number of assistance provided.             | ST to LT                                                              |
| 2.110 Ensure accessibility to services for consumers without discrimination                                                                           | OCI, DMHSA, DISID               | Immediate     | Documented number of complaints.                      | I to LT                                                               |
| 2.111 Catalogue funding and sources across applicable departments                                                                                     | OCI, BBMR                       | February 2006 | Approved funding and sources catalog                  | ST                                                                    |
| Goal: 2.2 Develop an effective communication system                                                                                                   |                                 |               |                                                       |                                                                       |
| Recovery/Highest Potential Driven                                                                                                                     | Lead Authority                  | Start Date    | Outcome                                               | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 2.21 Ensure the establishment of an enhanced data infrastructure system to support community choice resource center network                           | OCI, DMHSA, DISID               | Immediate     | Number of MIS established                             | I to LT                                                               |
| 2.22 Establish an effective network system, called "First Links" that will provide a "Round Table" discussion to address communication issues.        | OCI                             | Immediate     | Directory of Service Networked                        | I to LT                                                               |
| Goal: 2.3 Develop an Individualized Plan of Care (IPC) for every adult with serious mental illness and child with serious emotional disturbances      |                                 |               |                                                       |                                                                       |
| Recovery/Highest Potential Driven                                                                                                                     | Lead Authority                  | Start Date    | Outcome                                               | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 2.31 Ensure an approved model of an Individualized Treatment and Habilitation Plan                                                                    | DMHSA, DISID                    | Immediate     | ITP and IHP Plans                                     | I to LT                                                               |
| 2.32 Ensure the standardization/systemization of Individualized Transition and Support Plan                                                           | OCI, DMHSA, DISID               | Completed     | Completed evaluations and Individual Needs Assessment | I to LT                                                               |
| 2.33 Ensure training on protocols of the IPC throughout the                                                                                           | OCI, DMHSA,                     | November 2005 | Number Trained                                        | ST to LT                                                              |

|                                                                                                                                                                                                 |                      |            |                                                                      |                                                                       |
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| network                                                                                                                                                                                         | DISID                |            |                                                                      |                                                                       |
| 2.34 Ensure the implementation of all treatment and transition profiles for consumers                                                                                                           | OCI, DMHSA<br>DISID  | Immediate  | Documentation in Chart                                               | I to LT                                                               |
| Goal: 2.4 Involve consumers and families fully in orienting the mental health system toward recovery                                                                                            |                      |            |                                                                      |                                                                       |
| Recovery/Highest Potential Driven                                                                                                                                                               | Lead Authority       | Start Date | Outcome                                                              | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 2.41 Ensure consumer participation in the planning, coordination and implementation of anti-sigma campaigns                                                                                     | OCI                  | Short Term | Fact Sheet (s)                                                       | ST                                                                    |
| 2.42 Increase funding for consumer-family-operated programs including island-wide consumer network                                                                                              | DMHSA<br>DISID       | Short Term | Increased Funding                                                    | ST to LT                                                              |
| Goal: 2.5<br>Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports                                                                     |                      |            |                                                                      |                                                                       |
| Recovery/Highest Potential Driven                                                                                                                                                               | Lead Authority       | Start Date | Outcome                                                              | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 2.51 Develop an agreement with mental health associations/organizations to conduct training in screening and referral                                                                           | DMHSA                | Immediate  | Documented and Approved MOA                                          | I to LT                                                               |
| 2.52 Increase the number of healthcare providers who have been cross-trained in primary health care, mental health, and substance abuse disorder across the lifespan (including geriatric care) | OCI                  | Short Term | Number of cross-trained healthcare providers                         | ST to LT                                                              |
| 2.53 Increase the number of healthcare agencies that are implementing systematic procedures for screening mental disorders                                                                      | OCI, DMHSA           | Short Term | Number systems in healthcare agencies screening for mental disorders | ST to LT                                                              |
| Goal: 3.1<br>Strengthen our workforce, build consumer skills, and educate family supports to meet the needs of tomorrow                                                                         |                      |            |                                                                      |                                                                       |
| TREATING THE WHOLE PERSON                                                                                                                                                                       | Lead Authority       | Start Date | Outcome                                                              | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.11 Ensure the development of an effective cross-training program within all service providers                                                                                                 | OCI, DMHSA,<br>DISID | March 2006 | Approved cross-training programs                                     | ST to LT                                                              |

|                                                                                                                                                                         |                        |                |                                                                     |                                                                       |
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| 3.12 Ensure the development of a supportive and awareness training program for consumer and family                                                                      | DMHSA, DISID           | April 2006     | Approved and documented supportive and awareness training program   | LT                                                                    |
| 3.13 Ensure an effective recruitment, training and retention program                                                                                                    | OCI                    | Immediate      | Approved and documented recruitment, training and retention program | I to LT                                                               |
| Goal: 3.2 Having the right tools in a timely manner will meet our challenges                                                                                            |                        |                |                                                                     |                                                                       |
| TREATING THE WHOLE PERSON                                                                                                                                               | Lead Authority         | Start Date     | Outcome                                                             | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.21 Ensure periodic assessment of resources to meet the requirements for service delivery                                                                              | OCI, DOA               | Immediate      | Needs assessment report                                             | I to LT                                                               |
| 3.22 Address acquisition requirements for all resources                                                                                                                 | OCI, BBMR, DOA, AG     | Immediate      | Procured contract for services                                      | I to LT                                                               |
| 3.23 Ensure functional and organizational review are conducted to obtain optimum staffing level                                                                         | OCI, DOA, BBMR         | Immediate      | Approved funded staffing levels                                     | I to LT                                                               |
| 3.24 Expand micro-enterprises on Guam                                                                                                                                   | OCI, DISID             | Immediate      | Number of consumers engaged in micro-enterprises                    | I to LT                                                               |
| 3.25 Crisis Prevention Intervention and other required training                                                                                                         | DMHSA, DISID           | Immediate      | Certification                                                       | I - LT                                                                |
| Goal: 3.3 Protect and enhance the rights of people with psychiatric and developmental disabilities.                                                                     |                        |                |                                                                     |                                                                       |
| TREATING THE WHOLE PERSON                                                                                                                                               | Lead Authority         | Start Date     | Outcome                                                             | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.31 Implement a policy and procedure to reduce seclusion and restraint                                                                                                 | DMHSA                  | Immediate      | Documented and Approved Policy                                      | I to LT                                                               |
| 3.32 Develop and implement a policy and procedure to reduce the necessity of relinquishing custody/ guardianship of children and adults to receive disability services. | OCI, DMHSA, DISID      | Short Term     | Documented and Approved Policy                                      | ST to LT                                                              |
| 3.33 Implement a policy and procedure to address the forensic needs of individuals with disabilities                                                                    | OCI, DMHSA, DISID, DOC | Immediate      | Documented and Approved Policy                                      | ST to LT                                                              |
| 3.34 Enforce HIPPA compliance and Privacy Act of 1974                                                                                                                   | DMHSA/DISID            | September 2006 | Approved and Adopted Recommendation(s)                              | I to ST                                                               |

|                                                                                                                                                                                    |                                |            |                                                           |                                                                       |
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| 3.35 Implement the minimum care requirements for safety and freedom from undue restraint                                                                                           | OCI, DMHSA, DISID              | Immediate  | Data report reduction of injury, Seclusion and Restraints | I to LT                                                               |
| Goal: 3.4 Promote the mental health of young children                                                                                                                              |                                |            |                                                           |                                                                       |
| TREATING THE WHOLE PERSON                                                                                                                                                          | Lead Authority                 | Start Date | Outcome                                                   | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.41 Increased the number of primary health providers trained to screen and recognize early signs of emotional / behavioral problems and make appropriate referrals                | DMHSA (CMHI)                   | May 2006   | Documented number of trained primary health providers     | ST to LT                                                              |
| 3.42Develop a policy and procedure to provide information, treatment, and/or supports to the parents of young children ( not yet in school) who have emotional/behavioral problems | DMHSA (Current Federal Grants) | June 2006  | Documented and Approved policy                            | ST                                                                    |
| 3.43Develop and implement a wrap around model for children and adolescents with Serious Emotional Disturbances (SED)                                                               | DMHSA                          | Immediate  | Implemented wrap around process                           | I to LT                                                               |
| Goal: 3.5 Improve and expand school mental health programs                                                                                                                         |                                |            |                                                           |                                                                       |
| TREATING THE WHOLE PERSON                                                                                                                                                          | Lead Authority                 | Start Date | Outcome                                                   | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.51 Increase the number of schools that provide school-based mental health prevention services                                                                                    | DMHSA                          | Short Term | Number of school-based prevention services                | ST to LT                                                              |
| 3.52 Include children's mental health in curriculum planning for undergraduate students at the Associates and Bachelor ate level                                                   | OCI, DOL                       | Short Term | Children's Curriculum                                     | ST to LT                                                              |
| Goal: 3.6 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations    |                                |            |                                                           |                                                                       |
| TREATING THE WHOLE PERSON                                                                                                                                                          | Lead Authority                 | Start Date | Outcome                                                   | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 3.61 Increase the number or rural, remote and underserved villages/communities that have access to mental health services via telehealth or through the use of health technology   | OCI                            | Short Term | Number of villages/communities linked to services         | ST to LT                                                              |
| Goal: 3.7 Develop and implement integrated electronic health record and personal health information systems                                                                        |                                |            |                                                           |                                                                       |
| TREATING THE WHOLE PERSON                                                                                                                                                          | Lead Authority                 | Start Date | Outcome                                                   | Type of Action<br>Immediate (I)                                       |

|                                                                                                                                                                                                                    |                   |               |                                         |                                                                       |
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|                                                                                                                                                                                                                    |                   |               |                                         | Short- Term (ST)<br>Long-Term (LT)                                    |
| 3.71 Develop a detailed plan for developing a statewide integrated electronic medical record keeping system that is consistent with federal policies and initiatives                                               | OCI, DPHSS        | Short Term    | Electronic Medical Record Plan          | ST                                                                    |
| Goal: 4.1 Transform our service delivery to evidence-based practices for quality care                                                                                                                              |                   |               |                                         |                                                                       |
| Evidence-Based Practices                                                                                                                                                                                           | Lead Authority    | Start Date    | Outcome                                 | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 4.11 Ensure the initial assessment reviews are conducted to determine applicable EBP's                                                                                                                             | OCI               | Immediate     | Assessment Report                       | I to LT                                                               |
| 4.12 Ensure the integration of selected EBP's within the continuum of care                                                                                                                                         | OCI               | Immediate     | Integration Plan                        | I to LT                                                               |
| 4.13 Ensure periodic reviews are conducted on the effectiveness of EBP's                                                                                                                                           | OCI               | Immediate     | Evaluation Report                       | I to LT                                                               |
| 4.14 Institutionalize certification programs with University of Guam and Guam Community College                                                                                                                    | OCI, DMHSA, DISID | Short Term    | Approved Adopted Certification Programs | ST to LT                                                              |
| Goal: 4.2 Improve access to quality care that is culturally competent                                                                                                                                              |                   |               |                                         |                                                                       |
| Evidence-Based Practices                                                                                                                                                                                           | Lead Authority    | Start Date    | Outcome                                 | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 4.21 Ensure the development and implementation of a cultural competence plan that is consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) | OCI               | November 2006 | Cultural Competence Plan                | LT                                                                    |
| Goal: 4.3 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness                                                                                                |                   |               |                                         |                                                                       |
| Evidence-Based Treatment                                                                                                                                                                                           | Lead Authority    | Start Date    | Outcome                                 | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 4.31 Develop a Memorandum of Understanding (MOU) between academic and research institutions regarding the prioritization and involvement for mental health and developmental disability research.                  | OCI, DMHSA, DISID | May 2006      | Documented and Approved MOU             | ST to LT                                                              |

| Goal: 4.4 Advance evidence-based (EBP's) using dissemination and demonstration projects and create a public-private partnership to guide their implementation |                   |            |                                                 |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-------------------------------------------------|-----------------------------------------------------------------------|
| Evidence-Based Treatment                                                                                                                                      | Lead Authority    | Due Date   | Outcome                                         | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 4.41 Develop within service contracts to implement adopted EBP by the single state agencies.                                                                  | OCI, DMHSA, DISID | Short Term | Documented and Approved Policy                  | ST to LT                                                              |
| Goal: 4.5 Improve and expand the workforce providing evidence-based mental health services and supports                                                       |                   |            |                                                 |                                                                       |
| Evidence-Based Treatment                                                                                                                                      | Lead Authority    | Start Date | Outcome                                         | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 4.51 Develop a funding plan to provide training on implementing EBP's on an on-going basis                                                                    | OCI, DMHSA, DISID | Short Term | Training Funds Plan                             | ST                                                                    |
| 4.52 Incorporate expertise regarding EBP's into credentialing and licensing policies                                                                          | OCI, DMHSA, DISID | Short Term | Documented and Approved Policy                  | ST                                                                    |
| 4.53 Develop and implement training module(s) on medication EBP's                                                                                             | DMHSA             | Immediate  | Number of staff trained in medication EBP's     | I                                                                     |
| Goal: 5.1 Promote an environment that provides quality delivery of services accountable to our consumers in the most effective and efficient manner           |                   |            |                                                 |                                                                       |
| Accountability                                                                                                                                                | Lead Authority    | Start Date | Outcome                                         | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 5.11 Reduce "Red Tape" to allow for improved and streamlined process                                                                                          | OCI, DOA          | Immediate  | Documented and implemented improved processes.  | I to LT                                                               |
| 5.12 Incorporate Evidence-Based Practices (EBPs) in response to creating proactive approaches to service delivery                                             | OCI               | Immediate  | Number of documented and implemented processes. | I to LT                                                               |
| 5.13 Conduct organizational reviews to obtain optimum level of staffing necessary to the delivery of service                                                  | OCI, DOA          | Immediate  | Final documented staffing pattern.              | I to LT                                                               |
| 5.14 Conduct program review of all (direct/indirect) support to care providers                                                                                | OCI               | Short Term | Program Review Report                           | ST to LT                                                              |
| 5.15 Develop an integrated and coordinated plan for councils                                                                                                  | OCI               | Short Term | Documented and Approved Minutes of Meeting      | ST to LT                                                              |
| 5.16 Ensure compliance with local and federal laws concerning fire, health, and occupational safety                                                           | DMHSA, DISID      | Immediate  | Favorable Compliance Report                     | I to ST                                                               |



| Goal: 5.2 Align relevant Federal funding to improve access and accountability for all psychiatric and developmental disability services                                                                    |                   |            |                                                       |                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-------------------------------------------------------|-----------------------------------------------------------------------|
| Accountability                                                                                                                                                                                             | Lead Authority    | Start Date | Outcome                                               | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 5.21 Increase number of relevant non-mental health Guam agencies implementing practices that are evidenced-based for people with disabilities to include employment and housing issues.                    | OCI, DMHSA, DISID | Short Term | Number of non-mental health providers practicing EBP' | ST to LT                                                              |
| Goal: 5.3 Develop the knowledge base in four understudied areas: mental health disparities with psychiatric and developmental disability consumers, long-term effects of medication, trauma and acute care |                   |            |                                                       |                                                                       |
| Accountability                                                                                                                                                                                             | Lead Authority    | Due Date   | Outcome                                               | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 5.31 Increased Guam agencies involvement in research regarding mental health disparities, long-term effects of medication, trauma, and/or acute care                                                       | OCI, DMHSA, DISID | Short Term | Research results                                      | ST                                                                    |
| Goal: 5.4 Review Comprehensive Implementation Plan                                                                                                                                                         |                   |            |                                                       |                                                                       |
| Accountability                                                                                                                                                                                             | Lead Authority    | Start Date | Outcome                                               | Type of Action<br>Immediate (I)<br>Short- Term (ST)<br>Long-Term (LT) |
| 5.41 Conduct semi-annual review on the Comprehensive Implementation Plan.                                                                                                                                  | OCI               | Short Term | Documentation of progress reports                     | ST to LT                                                              |
| 5.42 Ensure the coordination of a multi-year planning initiative of the Comprehensive Implementation Plan                                                                                                  | OCI               | Short Term | Documented and Approved Planned Initiative            | ST to LT                                                              |

| Guiding Principle | Plan of Action                                                          | Lead Authority                                                                                      | Completion Time Frame | Outcome                                          |
|-------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------|
| 1.13              | Meet all minimum care standards                                         | DMHSA                                                                                               | Immediate             | Actions and documentation submitted to the court |
| 2.13              | Work on completing the three components of the forensic plan.           | DMHSA, DOC                                                                                          | Immediate             | Documented and Approved Plan                     |
| 1.12              | Charter action teams to develop prevention and intervention procedures. | DMHSA, GLSC, AG, LEGISLATURE, PUBLIC DEFENDER, SCOG, SALVATION ARMY, PUBLIC GUARDIAN, DOC, DYA, GPD | Immediate             | Documented and Approved Procedures               |

| Guiding Principle | Plan of Action                                                                                                                | Lead Authority                                                                                      | Completion Time Frame | Outcome                                                                                           |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------|
| 1.14              | Execute MOUs for collaborative work.                                                                                          | DMHSA, GLSC, AG, LEGISLATURE, PUBLIC DEFENDER, SCOG, SALVATION ARMY, PUBLIC GUARDIAN, DOC, DYA, GPD | Immediate             | Approved and Documented MOUs                                                                      |
| 3.31              | Reductions in seclusion and restraint                                                                                         | DMHSA                                                                                               | Immediate             | Approved Policy and Procedure                                                                     |
| 2.17              | P & Ps for safety and high quality treatment (attachment)                                                                     | DMHSA                                                                                               | Completed             | Approved Policy and Procedure                                                                     |
| 1.23              | Service changes and grievances                                                                                                | OCI, DMHSA                                                                                          | Immediate             | Approved Policy and Procedure                                                                     |
| Guiding Principle | Plan of Action                                                                                                                | Lead Authority                                                                                      | Completion Time Frame | Outcome                                                                                           |
| 1.11              | Establish the Office of Community Integration (OCI)                                                                           | GOVERNOR OF GUAM                                                                                    | Complete              | Executive Order 2004-26                                                                           |
| 1.21              | Establish a consumer forum to obtain how individual needs can best be met by services and service providers.                  | OCI                                                                                                 | Immediate             | Needs assessment survey                                                                           |
| 1.34              | Establish a network with all our "Caring Communities."                                                                        | OCI                                                                                                 | Immediate             | Compile a directory of community-based services and supports.                                     |
| 1.21              | Ensure the incorporation of the "voice of consumers and stakeholders" in all workgroups.                                      | OCI                                                                                                 | Immediate             | Stakeholder input will be documented and ideas will be integrated into implementation activities. |
| 1.14              | Establish Memorandum of Understanding (MOU) and /or contracts that will provide for the delivery of community-based services. | OCI                                                                                                 | Immediate             | Documented and Approved MOU                                                                       |
| 1.15              | Ensure the establishment of Policies and Procedures that will govern the delivery of community-based services and supports.   | OCI                                                                                                 | Immediate             | Documented and Approved Policy and Procedure                                                      |
| 1.16              | Ensure quality assurance mechanisms for Local and Federal regulations.                                                        | OCI                                                                                                 | Short-term            | To be in compliance                                                                               |
| 1.18              | Coordinate the overlapping agendas of the Councils                                                                            | OCI                                                                                                 | Short-term            | Documented and Approved Minutes of Meeting                                                        |

| Guiding Principle  | Plan of Action                                                                                                       | Lead Authority                | Completion Time Frame | Outcome                                                    |
|--------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|------------------------------------------------------------|
| 2.111              | Catalogue funding and sources across applicable departments                                                          | OCI                           | Short-term            | Approved funding and sources catalog                       |
| 1.14               | Explore staffing and service partnerships between GMH, DPHSS, DMHSA, DISID                                           | OCI, DMHSA, GMH, DPHSS, DISID | Short-term            | Documented and Approved MOU                                |
| 5.14               | Complete site visits of all community vendors from third parties                                                     | OCI                           | Immediate             | Documented and Approved Inspection Report                  |
| 5.14               | Address payment issues reported by community professionals and vendors                                               | OCI                           | Immediate             | Approved payment recommendations                           |
| 2.21               | Develop a centralized MIS within the OCI                                                                             | OCI                           | Short-term            | Developed MIS                                              |
| 5.41               | Review progress toward Comprehensive Plan goals every six months                                                     | OCI                           | On-going              | Documented and approved updates to the comprehensive plan. |
| 1.11               | Draft legislation regarding OCI staffing and responsibilities                                                        | OCI                           | Short-term            | Public Law                                                 |
| 1.14               | Draft legislation regarding waiting list and comprehensive plan reporting standards                                  | OCI                           | Short-term            | Public Law                                                 |
| 5.42               | Coordinate the multi-year planning initiative among Departments                                                      | OCI                           | On-going              | Documented and approved planned initiative.                |
| Guiding Principle  | Action(s)                                                                                                            | Responsible Agency            | Completion Time Frame | Outcome                                                    |
| 1.14               | Established MOU with DISID for "Guma Isa" services                                                                   | DMHSA, DISID                  | Immediate             | Documented and Approved MOU                                |
| 1.14               | Established contract with Latte Treatment Center.                                                                    | DMHSA, Latte Treatment Center | Completed             | Documented and Approved Contract                           |
| Guiding Principles | Action(s)                                                                                                            | Responsible Agency            | Completion Time Frame | Outcome                                                    |
| 1.12               | Establishment of Working Groups<br>(Please see the table below of the working groups established and their purposes) | OCI, DMHSA, DISID             | Completed             | Chartered Groups                                           |
| 1.12(2)            | Establish working group reporting standards                                                                          | OCI, DMHSA, DISID             | Immediate             | Documented and Approved Reporting Standard                 |
| 1.19               | Address funding needs of working groups                                                                              | OCI, DMHSA, DISID, Workgroups | Short-term            | Needs Assessment                                           |
| Guiding Principle  | Action(s)                                                                                                            | Responsible Agency            | Completion Time Frame | Outcome                                                    |

| Guiding Principle | Plan of Action                                                                                                                                                                                                        | Lead Authority                                         | Completion Time Frame | Outcome                                                                          |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------|
| 3.43              | Implement a wrap-around process for children with serious emotional disturbances.                                                                                                                                     | DOE, SCOG, DYA, DPHSS, DISID, DMHSA                    | Ongoing               | Implemented Wrap Plans                                                           |
| Guiding Principle | Action(s)                                                                                                                                                                                                             | Responsible Agency                                     | Completion Time Frame | Outcome                                                                          |
| 3.42              | Data gathering efforts will be conducted on all childcare centers and primary healthcare providers to obtain data of young children and adolescents displaying behaviors that may require mental health intervention. | DMHSA Child and Adolescent Services Division (CASD)    | Immediate             | Documented number of children and adolescents needing mental health intervention |
| 3.51              | Collaborate with Guam Public School System (GPSS) to provide instructional time to SED population at Rays of Hope                                                                                                     | DMHSA – Project I'Famagu'on-ta                         | On-going              | Documented and approved MOU                                                      |
| Guiding Principle | Action(s)                                                                                                                                                                                                             | Responsible Agency                                     | Completion Time Frame | Outcome                                                                          |
| 2.12              | Establish charter to address housing standard compliance issues, discharge planning and inter-agency collaboration.                                                                                                   | DMHSA, DISID, GHURA                                    | Short-term            | Documented and Approved Housing Initiatives                                      |
| 2.13              | Needs assessment and collaboration with other agencies to address housing issues.                                                                                                                                     | GHURA<br>Public, Private, Non-Profit, Faith-based Org. | Short-term            | Documented Needs Assessment Report                                               |
| 2.12              | Establish policy and procedure to coordinate and/or integrate homeless related programs for a smooth transition throughout our continuum of care system.                                                              | GHURA, DMHSA, DISID                                    | Short-term            | Documented and Approved Policy and Procedure                                     |
| Guiding Principle | Action(s)                                                                                                                                                                                                             | Responsible Agency                                     | Completion Time Frame | Outcome                                                                          |
| 2.14              | Develop an accessible comprehensive system that receives individuals and families in need of care and move them through a system toward independent living and sustainability.                                        | GHURA, DMHSA, DISID                                    | Immediate             | Documented and Approved Plan                                                     |

| Guiding Principle | Plan of Action                                                                                                                                                      | Lead Authority        | Completion Time Frame | Outcome                                      |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|----------------------------------------------|
| 2.12              | Ensure an effective and efficient delivery system of services to prevent homelessness and to ensure placement into permanent housing                                | GHURA, DMHSA, DISID   | Short-term            | Effective and Efficient Delivery System      |
| Guiding Principle | Action(s)                                                                                                                                                           | Responsible Agency    | Completion Time Frame | Outcome                                      |
| 3.11              | Crisis Intervention Training (CIT) for police officers.                                                                                                             | OCI, DMHSA            | Immediate             | Number of police officers trained            |
| 3.33              | Mental health court is established                                                                                                                                  | OCI, DMHSA, SCOG      | Immediate             | Documented and approved court reorganization |
| 3.33              | For the forensic population, identify assessment, treatment, planning, placement, physical plant, and supervision needs                                             | OCI, DMHSA, DOC, SCOG | Short-term            | Needs Assessment                             |
| 1.14              | MOU between the Judiciary, corrections, Probation, Parole, DISID and DMHSA addressing target populations' needs and size, operating procedures, information sharing | DMHSA, DOC            | Immediate             | Documented and Approved MOU                  |
| 1.19              | Prioritize funding opportunities                                                                                                                                    | OCI, DMHSA, DOC, SCOG | Immediate             | List of funding opportunities                |
| 3.11              | Cross-training for all stakeholders                                                                                                                                 | OCI, DMHSA, DISID     | Immediate             | Number of Stakeholders trained               |
| Guiding Principle | Action(s)                                                                                                                                                           | Responsible Agency    | Completion Time Frame | Outcome                                      |
| 1.15              | Finalization of Departments P & Ps                                                                                                                                  | DMHSA, DISID          | Immediate             | Documented and Approved Policy and Procedure |
| 2.34              | Implementation of all inpatient and outpatient treatment and transition profiles                                                                                    | DMHSA                 | Immediate             | Documented Profile                           |
| 2.33              | Regular cross-departmental training regarding individualized treatment planning                                                                                     | OCI, DMHSA, DISID     | Immediate             | Number of staff trained                      |
| Guiding Principle | Plan of Action                                                                                                                                                      | Lead Authority        | Completion Time Frame | Outcome                                      |
| 4.11              | Evaluate current practice and alignment with EBPs                                                                                                                   | OCI, DMHSA, DISID     | Short-term            | Documented and adopted evaluation report     |
| 4.12              | Prioritize EBPs                                                                                                                                                     | OCI, DMHSA, DISID     | Short-term            | Approved list of prioritized EBPs            |

| Guiding Principle | Plan of Action                                                                                                       | Lead Authority    | Completion Time Frame | Outcome                                               |
|-------------------|----------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|-------------------------------------------------------|
| 4.51              | Assess resource and training readiness for prioritized EBPs                                                          | OCI, DMHSA, DISID | Long-term             | Needs Assessment                                      |
| 3.13              | Use train-the-trainer models for EBP dissemination                                                                   | OCI, DMHSA, DISID | Long-term             | Number of documented and implemented training modules |
| 4.13              | Assess effectiveness of EBPs                                                                                         | OCI, DMHSA, DISID | Long-term             | Documented and adopted evaluation report              |
| Guiding Principle | Plan of Action                                                                                                       | Lead Authority    | Completion Time Frame | Outcome                                               |
| 2.17              | Implement and update formulary to include second and third generation medications                                    | DMHSA             | Immediate             | Documentation for the updated formulary               |
| 2.17              | Review consultants recommendations from the Medication Acquisition and Prescribing Practices Report (see Appendix I) | DMHSA             | Immediate             | Implement consultant recommendations                  |
| 2.17              | Prioritize actions and timelines based on accepted recommendations                                                   | DMHSA             | Immediate             | Approved list of prioritized actions/timelines        |
| 2.17              | Establish efficient medication buying and prescribing procedures                                                     | DMHSA, DPHSS, GMH | Immediate             | Approved procedures                                   |
| 4.53              | Training on medication EBPs to staff involved in medication management                                               | DMHSA             | Immediate             | Number of trained staff                               |

| Guiding Principle | Plan of Action                                                | Lead Authority      | Completion Time Frame | Outcome                                            |
|-------------------|---------------------------------------------------------------|---------------------|-----------------------|----------------------------------------------------|
| 2.14              | Consumers will be placed in home and community based settings | OCI, DMHSA<br>DISID | Immediate             | All consumers to reside within the community       |
| 2.11              | Prevent future inappropriate institutionalizations            | OCI, DMHSA<br>DISID | Immediate             | Minimal institutionalization for at-risk consumers |

#### Waiting List

| Guiding Principle | Plan of Action                                                                                  | Lead Authority       | Completion Time Frame | Outcome                                |
|-------------------|-------------------------------------------------------------------------------------------------|----------------------|-----------------------|----------------------------------------|
| 2.14              | Submit all waiting list documentation, relevant policies and procedures, and forms to the court | OCI, DMHSA,<br>DISID | Completed             | Submitted to the court on Sept 8, 2005 |



| Guiding Principle | Plan of Action                                                                                                                                                                                                                                                                                                                    | Lead Authority    | Completion Time Frame | Outcome                                        |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|------------------------------------------------|
| 2.14              | Governor Appoints Placement Review Team                                                                                                                                                                                                                                                                                           | OCI               | Immediate             | Creation of Review Team                        |
| 3.13              | Conduct training regarding treatment, transition, and waitlist policies and procedures                                                                                                                                                                                                                                            | OCI, DMHSA, DISID | Immediate             | Number of staff trained                        |
| 2.14              | Commence MDTT on all consumers at RTFs                                                                                                                                                                                                                                                                                            | DMHSA             | Short-term            | Documented MDTT plans for RTF consumers        |
| 2.14              | Commence MDTT on all individuals that are considered "at risk" for institutionalization                                                                                                                                                                                                                                           | DMHSA             | Immediate             | Documented MDTT plans for at-risk consumers    |
| 2.14              | Release RFP for MDTT hires                                                                                                                                                                                                                                                                                                        | DMHSA             | Immediate             | Number of RFP responses                        |
| 2.14              | Conduct island wide census for persons with disabilities needing community services                                                                                                                                                                                                                                               | OCI, DMHSA, DISID | Short-term            | Census Report                                  |
| 2.14              | Stakeholder forum regarding waiting list procedures                                                                                                                                                                                                                                                                               | OCI               | Immediate             | Documented stakeholder input                   |
| 2.14              | Community monitoring/QA system developed                                                                                                                                                                                                                                                                                          | OCI, DMHSA, DISID | Immediate             | Documented and approved monitoring system      |
| Guiding Principle | Plan of Action                                                                                                                                                                                                                                                                                                                    | Lead Authority    | Completion Time Frame | Outcome                                        |
| 1.19              | Obtained supplemental funding to address immediate requirements of the Permanent Injunction:<br>➤ Permanent Injunction federal funding from DOI - \$916k<br>➤ Executive Order 2005-29 – \$250k<br>➤ Public Law 28-65 – \$2.75 mil.<br>➤ Local funding - \$200k<br>Federal Funds for an automated process to collect data - \$140k | OCI, BBMR, DMHSA  | On-going              | Established Fund Account                       |
| 1.19              | Establish a Services Moving Along Residential Treatment Fund (SMART Fund)                                                                                                                                                                                                                                                         | OCI/DMHSA/DISID   | Short Term            | Special SMART Fund Legislated and Appropriated |
| 1.19              | Submit a competitive multi-year grant proposal (MHT-SIG) - \$15 mil                                                                                                                                                                                                                                                               | DMHSA             | Short-term            | Grant Award                                    |
| 3.22              | Departments will review procurement processes for inefficiencies                                                                                                                                                                                                                                                                  | OCI/DMHSA/DISID   | Short-term            | Approved/Adopted Improved Processes            |
| 3.22              | Departments will communicate issues to the Guam Committee studying the Territory's procurement process                                                                                                                                                                                                                            | DMHSA/DISID       | Short-term            | Approved/Adopted review reports                |
| 5.14              | Audit vendors regarding use of SSDI                                                                                                                                                                                                                                                                                               | OCI/DPHSS/DISID   | Immediate             | Approved audit report                          |

| Guiding Principle | Plan of Action                                                                                                         | Lead Authority                                | Completion Time Frame | Outcome                                                                                                                  |
|-------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------|
|                   | payments                                                                                                               |                                               |                       |                                                                                                                          |
| 3.21              | Insure that community professionals are paid on time                                                                   | DMHSA/DISID<br>DOA/BBMR                       | Immediate             | Accounts Payables within 30 days                                                                                         |
| 1.19              | Explore opportunities to augment SSDI, Medicaid and Title XX funds                                                     | OCI                                           | Short-term            | Approved/Adopted Initiatives                                                                                             |
| 1.19              | Catalogue all current funding sources across departments and agencies                                                  | OCI                                           | Short-term            | Approved/Adopted Catalog                                                                                                 |
| 3.24              | Explore expansion of micro-enterprises on Guam                                                                         | OCI                                           | Long-term             | Recommendations report on micro-enterprises                                                                              |
| Guiding Principle | Plan of Action                                                                                                         | Lead Authority                                | Completion Time Frame | Outcome                                                                                                                  |
| 1.18              | Establish contract for expert consultation on systemic training needs.                                                 | DMHSA                                         | Completed             | Morris and Haimowitz are providing technical assistance to Guam from August 2004 through December 2005. (see Appendix L) |
| 2.17              | Conduct training to meet the mandates of the permanent injunction                                                      | DMHSA                                         | On-going              | See list of staff training (see Appendix M)                                                                              |
| 1.15              | Establish mandatory training guidelines for personnel making placement decisions                                       | OCI, DMHSA                                    | Immediate             | Training P & P                                                                                                           |
| 3.11              | Conduct on-going staff and vendor training                                                                             | OCI, DMHSA, DISID                             | On-going              | Scheduled training                                                                                                       |
| Guiding Principle | Plan of Action                                                                                                         | Lead Authority                                | Completion Time Frame | Outcome                                                                                                                  |
| 2.21              | Implement the Real Choice Initiatives                                                                                  | DISID, DPHSS                                  | Immediate             | Number of MIS established                                                                                                |
| 1.21              | Develop a Peer Support/Advocacy program within the delivery of services and support for individuals with disabilities. | OCI, DMHSA<br>DISID                           | Short-term            | Developed Peer Support Advocacy Program                                                                                  |
| 3.12              | Training on consumer and family directed services                                                                      | OCI, DMHSA, DPHSS<br>DISID<br>Guam DD Council | Immediate             | Approved and documented supportive and awareness training program                                                        |
| 2.41              | Open the Enrichment Center that will house resources on mental illnesses                                               | DMHSA                                         | Short-term            | Enrichment Center Site                                                                                                   |
| 2.41              | Anti-stigma campaign                                                                                                   | OCI, DMHSA, DISID<br>MHPC, DDC                | Short-term            | Territorial Anti-Stigma Campaign                                                                                         |

| Guiding Principle | Plan of Action                                                                                                                                                                                                                                                                                                 | Lead Authority                                     | Completion Time Frame | Outcome                                 |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------|-----------------------------------------|
| 2.41              | Suicide prevention campaign                                                                                                                                                                                                                                                                                    | DMHSA                                              | Short-term            | Territorial Suicide Prevention Campaign |
| 1.23              | Establish a grievance policy and procedure.                                                                                                                                                                                                                                                                    | OCI, DMHSA, DISID                                  | Immediate             | Published approved policy and procedure |
| Guiding Principle | Plan of Action                                                                                                                                                                                                                                                                                                 | Lead Authority                                     | Completion Time Frame | Outcome                                 |
| 3.12              | Collaborate with UOG CEDDERS on creating and Personal Care Attendant Program (funded by Real Choices New Freedom Initiative Grant)                                                                                                                                                                             | OCI, DMHSA, DISID                                  | Short-term            | Approved MOA/U                          |
| 3.11              | Create subcommittees for 1) internal issues related to staffing of DMHSA and DISID; 2) education with UOG, GCC, and GPSS to focus on curriculum development; and 3) Employment/ Economic Development led by GDOL and One Stop Career Center Partners to focus on employment and economic development concerns. | OCI, DMHSA, DISID, DOL, DOA                        | Short-term            | Approved MOA/U                          |
| 3.11              | Review and recommend exemplary on line training that is currently available through the College of Direct Support ( <a href="http://www.collegeofdirectsupport.com">www.collegeofdirectsupport.com</a> )                                                                                                       | UOG, GCC                                           | Short-term            | Approved Recommendations                |
| 3.11              | Review and recommend curriculum and training standards and innovations in workforce education that come out of the National Workforce Plan for Mental Health currently being completed by the Annapolis Coalition ( <a href="http://www.annapoliscoalition.org">www.annapoliscoalition.org</a> )               | DOL, DMHSA<br>Guam Workforce Investment Board, GCC | Short-term            | Approved Training Plan                  |
| 3.13              | Review of current National Certification of disability and mental health personnel                                                                                                                                                                                                                             | OCI, GCC, DMHSA, DISID                             | Short Term            | Approved Report                         |
| 3.23              | Through the Office of Community Integration, conduct a comprehensive assessment of what is available on Guam to support workforce development in the area of disabilities (DD/MH).                                                                                                                             | OCI                                                | Long-term             | Approved Report                         |

| Guiding Principle | Plan of Action                                                                                                                                                                           | Lead Authority                              | Completion Time Frame | Outcome                                                                  |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------|--------------------------------------------------------------------------|
| 2.21              | Strategies need to incorporate a comprehensive work plan for building and improving its data collection.                                                                                 | DMHSA                                       | Immediate             | The development of a five (5)-year plan for data collection and analysis |
| 3.71              | Assess the long-term potential for comprehensive electronic medical records, with integrated healthcare needs and barriers to community-based care tracking functionality.               | OCI, DMHSA, DISID                           | Short-term            | Approved Network System                                                  |
| 3.71              | Shared information systems among agencies                                                                                                                                                | OCI, DMHSA, DISID                           | Short-term            | Approved Network System                                                  |
| 2.21              | Contract data base infrastructure vendor                                                                                                                                                 | DMHSA                                       | Completed             | Vendor Selected                                                          |
| 2.21              | Building transition and waiting list forms into a shared database                                                                                                                        | OCI, DMHSA, DISID                           | Immediate             | Approved Network System                                                  |
| 3.34              | Develop HIPPA policies and procedures concerning privacy issues                                                                                                                          | OCI/DMHSA/ DISID                            | Short-term            | Approved Policy and Procedure                                            |
| 2.21              | Installation of a wide area network and web-based applications for community resources                                                                                                   | OCI, DMHSA, DISID                           | Short-term            | Approved Network System                                                  |
| 2.21              | Build a network system and web-based applications for better communication, data collection and the establishment of a consumer registry for inquiry of community-based support services | OCI                                         | Short-term            | Approved Network System                                                  |
| 1.16              | Recruit Q/A Officer/Coordinators                                                                                                                                                         | OCI                                         | Short-term            | Number of Recruited Position(s)                                          |
| 1.14              | Develop access agreement with Guam Legal Services Corp. & Public Guardian                                                                                                                | OCI, GLSC, AG Public Guardian, DMHSA, DISID | Short-term            | Approved MOU                                                             |
| 1.22              | Develop and conduct a consumer satisfaction survey                                                                                                                                       | OCI, DMHSA, DISID                           | Short-term            | Survey Report                                                            |
| 1.16              | Develop an effective monitoring system of community providers                                                                                                                            | OCI                                         | Long-term             | Approved Monitoring System                                               |
| 1.16              | Establish Q/A Program within collaborating agencies                                                                                                                                      | OCI                                         | Short-term            | Approved Q/A Program                                                     |
| 2.21              | Create online directory for long term care services through Resource Center Locations                                                                                                    | DISID                                       | Long-term             | Approved MIS Plan                                                        |
| 2.21              | Implement an Internet-based information, referral, screening and assistance (I&RA) tool that will serve as a screening tool and client management information system                     | DISID                                       | Long-term             | Approved MIS Plan                                                        |

| Guiding Principle | Plan of Action                                                                                                                                                                                                                                           | Lead Authority                        | Completion Time Frame | Outcome                                |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------|----------------------------------------|
| 3.51              | Initiate a High School program with the Department of Labor, AHRD, GPSS and Guam Community College in career awareness and job training for the High School, Allied Health program                                                                       | OCI/DMHSA /DISID/GCC, GPSS, AHRD, DOL | Long-term             | Approved MOA MOU with GPSS             |
| 4.21              | Through the University of Guam and the Guam Community College, ensure that all training, certificate programs, and on going staff support should be culturally competent and recognize the unique cultural and linguistic heritages found on our island. | OCI, GCC, UOG                         | Long-term             | Approved MOA MOU with UOG/GCC          |
| 3.13              | Develop through GCC a core program such as a Community Health Worker or a Direct Support Professional (as per gaps in services) with a general curriculum to address skills for direct support professionals.                                            | OCI, GCC                              | Long-term             | Approved MOA MOU with GCC              |
| 3.13              | Review DMHSA and DISID job descriptions, pay grades and steps toward pay increases.                                                                                                                                                                      | DOA                                   | Short-term            | Approved Re-description of Position(s) |
| 4.12              | Link to research on effective practices for individuals with psychiatric disabilities through the Federal Department of Labor                                                                                                                            | OCI, DOL, DMHSA                       | Long-term             | Approved Adopted EBPs                  |
| 3.13              | Fill critically vacant positions (professional support: psychiatry; psychology; nursing; social work; pharmacy.)                                                                                                                                         | DMHSA/ DISID/DOA                      | Immediate             | Number of New Recruits                 |
| 3.12              | Explore Vocational Rehabilitation & Educational Services for consumers and families who are able to join the workforce                                                                                                                                   | OCI/DMHSA/ DISID/GCC/UOG              | Short-term            | Approved Adopted Training Plan         |
| 3.13              | Develop an effective certification program.                                                                                                                                                                                                              | GCC                                   | Short-term            | Approved Adopted Certification Program |
| 2.41              | Educate all stakeholders to remove negative stereotypes of low expectations among employers and providers.                                                                                                                                               | UOG, GCC, DOL                         | Immediate             | Lists of Completed Trainees            |
| Guiding Principle | Plan of Action                                                                                                                                                                                                                                           | Lead Authority                        | Completion Time Frame | Outcome                                |