


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: CASD I'Famagu'onta Program Description and Scope of Services	POLICY NO: CL-CASD-01	Page 1 of 3
RESPONSIBILITY: Child Adolescent Services Division		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: 5/31/2006	LAST REVIEWED/REVISED: 04/28/2021; <i>1/27/23</i>

PURPOSE:

To provide an overview of the Child Adolescent Services Division (“I’Famagu’onta”) description and scope of services, that will guide staff in the delivery of such services at the Guam Behavioral Health and Wellness Center (GBHWC). This policy will meet the Commission on Accreditation of Rehabilitation Facilities (CARF) standards section 2A.1, 2A.3 and 2A.9.

POLICY

- A. Guam Behavioral Health and Wellness Center is the sole state entity providing public behavioral health services to children and adolescents under its Child-Adolescent Services Division (CASD) I’Famagu’onta program. It serves the entire child, youth, and adolescent population of Guam who may be in need of CASD outpatient mental health services. Services are offered regardless of the person’s ability to pay.
- B. It is offered to children, youth, adolescents and their families experiencing a variety of life, emotional and mental health issues from adjustment to life stresses to serious mental illness.
 1. Services are provided in the outpatient settings within GBHWC CASD Office, and in the community Monday – Friday 8:00 – 5:00 pm excluding government of Guam holidays. After hours and weekend services are offered on an as-needed basis to meet the unique needs of clients and their families.
 2. Services at GBHWC main facility is open 24 hours a day, 7 days a week for crisis intervention and inpatient services.
- C. CASD utilizes a Systems of Care approach in service planning, and works in collaboration with public, private, faith-based child-serving agencies, the family and natural support systems in an organized coordinated network providing comprehensive array of mental health and related services for the treatment of children, youth, and adolescents and their families who are at high risk due to severe emotional disturbances.
 1. The Lead Provider is a single point of access for all case management and other treatment planning services such as therapy and medication management services as needed by the child or adolescent.
- D. Eligibility criteria are as follows:
 1. Children and adolescents from ages five (5) through eighteen (18), or up to age twenty-one (21) if the individual is receiving special education services and attending secondary school.
 2. The child, youth, or adolescent has an emotional, behavioral, or mental disorder diagnosable (“serious emotional disturbance”, or SED) under the Diagnostic and Statistical Manual of Mental Disorder (DSM) -V or its ICD-10-CM equivalents, or subsequent revision (with the exception of the DSM-V “V” codes, or ICD10 Z

codes, substance use disorders and developmental disorders, unless they co-occur with another diagnosable serious emotional, behavioral, or mental disorder).

3. The child, youth, or adolescent is unable to function in the family, school, or community, or in a combination of these settings. Level of functioning may be such that the child or adolescent requires multi-agency intervention involving two or more community service agencies, such as mental health, education, child welfare, juvenile justice, substance abuse and health.

E. Transition of adolescent to Adult Mental Health should begin at least six months to one year prior to transfer to adult outpatient program at 18 years of age. However, it can begin at a later or earlier date based on the youth's level of developmental functioning, clinical evaluation (i.e., physical, emotional, academic and social) and current treatment needs.

1. The lead provider must begin the process of transition and present the case to the adult outpatient program if mental health services are still needed.
2. For more information regarding the transition between two programs for a consumer, please reference *CL-AP-06 Transition Policy*.

F. Discharge criteria are as follows:

1. Consumer met treatment goals and completed the program.
2. Legal guardian refused to continue program services.
3. Consumer does not meet the age eligibility criteria anymore and

PROGRAM PHILOSOPHY GOAL AND OBJECTIVE

CASD has adopted the System of Care philosophy and wraparound approach in its service planning, implementation and service delivery. This framework is built on the following core values and guiding principles: youth-guided and family driven, strengths and community based, and culturally competent. The System of Care Guiding Principles are: access to a comprehensive array of services, individualized services using a wraparound approach, services in the least restrictive environment, full family participation, integrated services, care coordination, early identification and intervention, smooth transitions, protection of the child's rights, non-discrimination and cultural appropriateness. Service delivery methods include the Wrap Coordinator as a single point of access for all case management and other treatment planning services and includes therapy and medication management services as needed by the assigned persons served.

DESCRIPTION AND SCOPE OF SERVICES

CASD serves approximately 300 unduplicated children per year - through assessment, care coordination, case management, individual treatment plans, outpatient counseling, crisis stabilization, residential group home, psychiatric and psychological services, home-based services, therapeutic group home, and acute inpatient stabilization. Specific services are delineated in the consumer information brochures.

Services*	Scope of Services
Intake Assessment	Process used with the youth to collect information related to his/her history and strengths, needs, abilities and preferences in order to determine the diagnosis, appropriate services and /or referral.
Treatment Planning	Individualized treatment planning based on the consumer's and their family's strengths, needs, abilities, and preferences. An

	interdisciplinary team/wrap around involves at least the consumer and the assigned staff member, and can include a psychiatrist, a nurse, a counselor, social worker, parents or legal guardian, and others as appropriate. Treatment plans are reviewed quarterly.
High Intensity Service Treatment Model	Wraparound - A major characteristic of the Wraparound Fidelity Model (Grealish 2004; VanDerberg & Grealish, 1996) in working with children with SED and their families is that it includes a specific set of procedures, practices, and steps to develop individualized services that are community-based, span across the child/family life domains, that are collaborative and family focused, is unconditional and includes both informal and formal community and family resources for children and their families.
Adjunct Therapies	Group therapy, parent and social skill building, music and other expressive art therapy
Counseling/Therapy Service	Individual and family counseling/therapy are available as needed. Counseling/therapy practices include the use of evidence-based practices such as: Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), CBT, person centered therapy, supportive psycho-education.
Case management Service	Coordinate care, develop pre-discharge transition plan. Work in conjunction with CPS, the court and GDOE utilizing the wrap around approach.
Psycho-education	Education on wellness, recovery, mental health issues and coping skills.
Tele-Mental Health Service Delivery	All direct care services may be provided through platforms such as video conferencing rather than traditional face to face service depending on the nature of the clinical concerns, family's ability, and concerns for safety and comfort.

DEFINITIONS:

RESPONSIBILITY

REFERENCE(S):

RELATED POLICY (IES):

SUPERSEDES:

ATTACHMENT(S):



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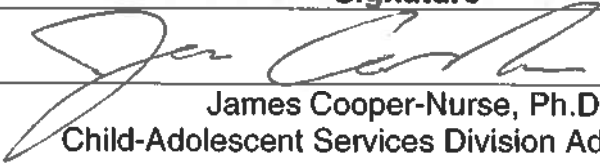
REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

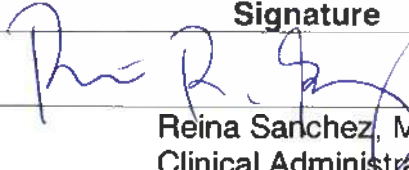
Policy Title: CASD Program Description and Scope of Services

Policy No.: CL-CASD-01


Initiated by: Child-Adolescent Services Division

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Child-Adolescent Services Division Administrator

Date	Signature
12/19/22	

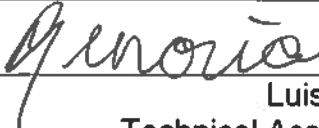
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