

April 21, 2006

DMHSA 06-04068

Dear Senator Calvo

Buenas!

The Honorable Edward J. B. Calvo Secretary of the Legislature Chairman, Committee on Finance, Taxation & Commerce Office of Finance and Budget 155 Hesler Place Hagatna, Guam 96910

Re: FY2007 Budget for Department of Mental Health and Substance Abuse

790.Gov. Carlos G. Camacho Rd. Tamuning, Guara 96913

Phone: 671 647-5330 Fox: 671 649-6948

FEUX PEREZ CAMACHO

Governor

KALEO SCOTT MOYLAN Usulanant Governor

J. PETER ROBERTO Director

EDDY J. REYES Deputy Director

Submitted herewith for your review and approval is the Department of Mental Health and Substance Abuse (DMHSA) FY2007 BUDGET.

Should you have any questions, please contact Ms. Juanita Quintanilla, Administrative Services Officer at 647-5326 or my office at 647-5330.

Dangkolo Na Si Yuus Maase!

PETER ROBERTO, ACSW

ATTACHMENTS: FY 2007 Budget

Cc: Chairman of the Committee on Health & Human Services
Director, BBMR

Committee on Finance, Taxation and Commerce
Office of Finance and Budget

Date Rcv'd: 4/25/06

Time: 9:45 A.M

Rcv'd by:

Print Name: F. P. CLAM



BUREAU OF BUDGET & MANAGEMENT RESEARCH

OFFICE OF THE GOVERNOR
Post Office Box 2950, Hagåtña Guam 96932

FELIX PEREZ CAMACHO GOVERNOR CARLOS P. BORDALLO
DIRECTOR

KALEO SCOTT MOYLAN LIEUTENANT GOVERNOR JOSE S. CALVO DEPUTY DIRECTOR

CERTIFICATION

The Bureau of Budget and Management Research has certified that the Department/Agency total General Fund and/or Special Fund request for Fiscal Year 2007 is within the Governor's approved budget ceiling level for:

DEPARTMENT OF MENTAL HEALTH & SUBSTANCE ABUSE AGENCY

It should be noted that the accuracy and justification of the information contained in the attached budget document is the responsibility of the aforementioned Department/Agency.

CARLOS P. BORDALLO

Date: APR 2 1 2006

RECEIVED
APR 2 1 2006

Bureau of Budget & Mgmt. Research.

department of MENTAL HEALTH & SUBSTANCE ABUSE

Dipătiamenton Salut Hinassa Yan Abusan Âmat

790 Gov. Carles G. Cumacha Rd. Tamuning, Guam 96913 Phone: 571 547-5330

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J. PETER ROBERTO Director

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April 21, 2006

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To:

Director of Bureau of Budget and Management Research

From:

Director

Subject:

FY2007 Budget for Department of Mental Health

and Substance Abuse

Buenas!

Submitted herewith for your review and approval is the Department of Mental Health and Substance Abuse (DMHSA) FY2007 BUDGET.

Should you have any questions, please contact Ms. Juanita Quintanilla, Administrative Services Officer at 647-5326 or my office at 647-5330.

Dangkolo Na Si Yuus Maase!

J. PÉTÉR RÖBERTO,

ATTACHMENTS: EY 2007 Budget

FISCAL YEAR 2007 BUDGET REQUEST

Department of Mental health and Substance Abuse 790 Gov. Carlos G. Camacho Road Tamuning, Guam 96910 Government of Guam Fiscal Year 2007 Budget Department / Agency Narrative

FUNCTION:

HEALTH

DEPT. / AGENCY: MENTAL HEALTH AND SUBSTANCE ABUSE

MISSION STATEMENT:

To provide comprehensive inpatient and community-based outpatient mental health, alcohol and drug programs, and services fore the people of Guam and to continually strive to improve, enhance, and promote the physical and mental well-being of the people of Guam who experience the life-disrupting effects of mental illness, alcoholism, and drug abuse, as well as those who are at risk of suffering those effects and who need such assistance; and to provide such assistance in an efficient and effective manner in order to minimize community disruptions and strengthen the quality of person, family and community life. (P.L. 17-21)

It shall be the public policy of the Government of Guam to encourage the development of privately funded community based programs for mental health, drug and alcohol abuse; in particular those programs that employ qualified local residents. As those services become developed and/or available in the Territory, the Government of Guam may gradually phase out of such operations.

GOALS AND OBJECTIVES:

- I. INCREASE THE COMMUNITY'S CAPACITY IN THE PRIVATE AND PUBLIC SECTOR TO SUPPORT, SERVE, AND TREAT INDIVIDUALS AND FAMILIES SUFFERING FROM THE EFFECTS OF MENTAL ILLNESS & SUBSTANCE AND/OR ALCOHOL ABUSE.
 - Objective 1: Develop and implement Crisis Intervention Program for individuals and families.
 - Objective 2: Develop and implement a Community Outreach and Support Program.
 - Objective 3: Develop and implement Respite Care Program.
 - **Objective 4:** Develop additional funding sources to support community-based programs.
 - Objective 5: Update and implement a Multi-Year Maintenance Plan for facilities.
 - Objective 6: Outsource programs that are ready for community-Based implementation.
 - II. PROVIDE THE MOST APPROPRIATE TREATMENT, SUPPORT, PLACEMENT, AND LEVEL OF CARE FOR THE DIAGNOSIS AND NEEDS OF INDIVIDUALS REQUIREING THE SERVICES OF THE DEPARTMENT.
 - Objective 1: Implement multi-disciplinary team in all patient treatment planning.
 - Objective 2: Improve programs for patients with co-occurring disorders.
 - Objective 3: Develop appropriate programs to expand the professional capacity such as Counselors, Psychiatric Nurses, and Psychiatric Technicians for education and training.
 - III. DEVELOP AND IMPLEMENT PROGRAMS RESPONSIVE TO THE COMMUNITY'S MENTAL HEALTH NEEDS.
 - Objective 1: Conduct community needs assessment.

Objective 2: Continue the following programs:

Program	Target Group	Services				
Guma Ifil	Adults with SMI	Transitional Group Home				
Guma Hinemlo	Adults with SMI	Permanent Group Home				
Healing Hearts	Victims of sexual assault	Medico Legal, counseling, Case				
		Management				
Community Support Svcs	Adults with SMI	Case Management				
Para I Manhoben	Children with SED	Crisis Intervention, Counseling,				
		Case management				
Emergency Intake	Individuals with urgent	Intake, Assessment, Acute Care				
	Mental Health Care					
	Needs					
Adult Inpatient Care	Adults	Acute Inpatient Care				
Children's Inpatient Care	Children & Adolescents	Acute Inpatient Care				
Medication Clinic	Adults with SMI	Outpatient and Medication				
		Services				
Day Treatment Services	Adult with SMI	Recreational & Industrial				
		Therapy				
Pharmaceutical Services	Patients/Clients of MH	Pharmacy				
Children/Adolescents	Children/Adolescents	Case Management				
Management Program						
Children/Adolescents	Children/Adolescents	Counseling Services				
Service Team						
Adult Counseling Services		Individual/Group Counseling				
Prevention/Training	Community, Schools,					
	Agencies and Org.	Training on Drug/Alcohol,				
		Tobacco, Mental Health				
Drug and Alcohol	Adults and Children New					
	Beginnings/New Beg's	1 *				
	Outpatient with chemical					
	abuse/dependence					

Objective 3: Provide for a new 24-Hour Residential Treatment as part of the Drug and Alcohol Rehabilitation Program.

Objective 4: Provide for a new 24-Hour Residential Treatment for adult consumer found Not Guilty by Reason of Insanity (NGRI).

II. INCREASE AND IMPROVE THE QUALITY AND LEVEL OF CLIENT/PATIENT CARE.

Objective 1: Reduce the caseload ratio of counselors and case managers per client/patient.

Objective 2: Hire critically needed clinical vacant positions.

Objective 3: Upgrade and improved written policies and procedures.

Objective 4: Improve and increase availability of medical records.

Objective 5: Upgrade medical charting and record keeping standards.

Objective 6: Increase staff development and clinical training.

Objective 7: Increase certification and credentials of clinical staff.

Objective 8: Conduct periodic quality review of services and programs and implement recommendations that improve and correct deficiencies found.

IMPACT STATEMENT:

The department continues to be impacted dramatically on all facets of the organization due to funding constraints. Program mandates are of always been neglected due to limited funds, however DMHSA strives to provide the best level and quality care and ensure a safe and healthy environment for both patients and staff. It has been and will continue to be affected significantly by the following:

- Availability of qualified clinicians and support staff and our ability to recruit and retain them.
- Number of consumers (clients/patients) needing services and the level of care, type of service, and treatment they need.
- Availability and access to services provided by other departments such as the Department of Integrated Services for Individuals with Disabilities (DSID), GHURA Housing, Food Stamps, Welfare, Public Health, Child Support Services, etc.
- Community support for residential, group homes, and other programs in the neighborhood.
- Overall mental health of our community.
- Funding from federal grants and other sources.

DMHSA is constantly facing shortages in critical clinician position mostly because of the lack of qualified professionals on the island (i.e., psychiatrist, counselors, pharmacist, and nurses). Although the department has made some progress at acquiring the services of these professionals, much more needs to be done.

Funds for medical supplies are also inadequate in our current budget. Special appropriations were made to alleviate some of the problems, in particular the Permanent Injunction. However, these special funds will soon be exhausted and thus the department will be faced again with this problem. In addition to funds, procurement of medical supplies has compounded the situation. On several occasions, consumers had to suffer due to lack of prescribed medications. The department cannot readily obtain the medications required for consumers in the most efficient manner. In most instances, we operate in a "catch-up" situation and not pro-active to insure the constant availability of medicinal supplies.

For the past funding years, local appropriations did not provide for major equipment or capital outlay. Funding for needed equipment is only made available through federal programs. Therefore, critical areas of operations such as nursing services will be impacted dramatically due to little or no funds for equipment replacement.

AGENCY BUDGET PLAN:

The department's overall mission and goal is to provide the highest quality and most appropriate level of health care and services to those in need. In addition, the department must also develop and implement programs that are responsive to our island's needs.

The budget request for FY 2007, provides for the sustainability for providing these health care services, but more importantly, sets the foundation for our "TRANSFORMATION" from facility health care provider to community base services. We envision that through "Caring Communities" DMHSA will be the forefront health care service provider. Major accomplishments have already been made and are listed as follows:

- Developed a system for the implementation of a Wait List.
- Development of the Guam's Comprehensive Implementation Plan that provides community services and supports for proper placement of individuals with disabilities in the least restrictive settings.
- Restructure of our Management Information System (MIS), which sets to improve communication, connectivity, direct link to AS400, and medical records.
- Initiatives are on going to identify services and functions within the department for outsourcing.
- Third floor renovations will be completed by the end of the Fiscal Year 2006.

BUDGET EXECUTIVE SUMMARY

The Department of Mental Health & Substance Abuse budget covers an array of many important and critical issues. These issues stems from providing the best level of health care services to developing the "road map" that will initiate the "TRANSFORMATION" to community-based, consumer and family driven continuum of services and support. Through the adoption of the concept "Caring Communities", our families will be given the opportunity to have a "voice" in the "choice" of their service delivery. We will incorporate goals outlined from the President's New Freedom Initiatives that addresses the gaps in services and outlines recommendations to improve service delivery to all individuals seeing mental health services.

These priorities include sustainability of our operations that include, maintaining current staff levels, contractual obligations, and potential outsourcing of programs.

Any further reductions would severely impact our ability to protect the government from further liability; most especially to inpatients services for adult and children, as well as to the safety of our community. If we continue to cut back on funding, our level of effort will threaten further cuts in federal block grants.

The department cannot afford further reduction, and lose qualified/dedicated staff. Our mission cannot be compromised any further than it is already. Federal audits, lawsuits, and court orders mandate services that I do not have the resources to provide.

DMHSA seeks your support to fully fund our programs and minimize any budget cuts. Allow us to be innovative, as we empower our staff to be innovative always-seeking better ways to be the most efficient organization, implement Evidence Based Practices (EBP). Ultimately, we will achieve greater heights, and leap-bound to greater performances so that our consumers will truly live as all individuals' should live in their own home environment.

Function: HEALTH

Agency: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

Program: DEPARTMENT AGENCY SUMMARY

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Budget		FY2005	FY2006	FY2007	FY2007	FY2007	FY2007
Account		Expenditures &	Authorized	General	Federal	Other	Total Req.
Code	Appropriation Classification	Encumbrances	Level	Fund	Fund	Fund	(A+B+C+D)
	GOOD DESGROCKS NOD DO DE GEOGROCHO DE DE GEOGRA GEOGRA DE GEOGRA D	knower-mannericken word verscher betreet der	malaterranen arratuaterri teknikarikarikari eta erren ataterra	dinamananan manan manan manan man			
	PERSONNET SERVICES			· 1			NATIONAL PROPERTY.
111	Regular Salaries/Increments	\$4,189,550	\$3,658,170	\$3,184,305	\$1,255,919	\$1,268,738	\$5,708,96
112	Overtime/Special Pay	\$0	\$0	\$0	\$0	\$0	\$
113	Benefits	\$1,019,639	\$1,036,487	\$1,016,085	\$388,142	\$410,227	\$1,814,45
	TOTAL PERSONNEL SERVICES	\$5,209,189	\$4,694,657	\$4,200,390	\$1,644,061	\$1,678,965	\$7,523,41
	operations						
220	TRAVEL- Off-Island/Local Mileage Reimburs.	\$7,116	\$0	\$0	\$170,259	\$0	\$170,25
		<u> </u>					
230	CONTRACTUAL SERVICES:	\$963,914	\$1,401,580	\$310,328	\$3,610,266	\$41,732	\$3,962,32
000							
233	OFFICE SPACE RENTAL:	\$0	\$0	\$0	\$30,000	\$0	\$30,00
240	SUPPLIES & MATERIALS:	£070 440	*440.040	6470.000	6400 727	\$452.400	\$437,74
240	SUFFEES & MATERIALS.	\$278,440	\$119,840	\$176,602	\$108,737	\$152,409	\$437,74
250	EQUIPMENT:	\$0	\$0	so.	\$39,778	\$0	\$39,77
		70		72	400,170	<u>_</u>	455)
290	SUB-RECIPIENT/SUBGRANT:	\$0	\$0	\$0	\$79,500	\$0	\$79,50
450	MISCELLANEOUS:	\$0	\$250,000	\$0	\$3,000	\$0	\$3,00
	TOTAL OPERATIONS	\$1,249,470	\$1,771,420	\$486,930	\$4,041,540	\$194,141	\$4,722,61
	250000000000000000000000000000000000000				oden veses soon ees es anno ee		
004	uthities	**************************************	ı			ı	
361 362	Power	\$273,313	\$299,313		\$8,000	\$0	\$322,2
363	Water/ Sewer Telephone/ Toll	\$21,782	\$21,782	\$22,874	\$8,000	\$0	\$30,8
303	TOTAL UTILITIES	\$63,061 \$358,156	\$65,816	\$67,410	\$9,200 \$25,200	\$0 \$0	\$76,6 \$429,7
	TOTAL OTILITIES	\$358,156	\$386,911	\$404,563	\$25,200	20	\$429,7
800	Bedreit Cost	\$0	\$0	\$0	\$0	\$0	
	Transcription of the control of the				- 30		·
450	SAPING SINGLE	\$0	\$0	\$0	\$100,270	\$0	\$100,2
	TOTAL APPROPRIATIONS	\$6,816,815	\$6,852,988	\$5,091,883	\$5,811,071	\$1,873,106	\$12,776,0
	1/ Specify Fund Source						
	POGRANICARIO POGRAGA ANO DO GOLGA ANO DO GOLG			Maring Department of the Control of		Annihir Managaran and Annihir	NAMES OF THE PROPERTY OF THE P
	CHE TREE EQUIVALENCIES (FTEST						
	UNCLASSIFIED	00	4	2	0	3	5
	CLASSIFIED	79	79	78	38	27	143
	TOTAL CITA	70	1 00				440

Separate Legislation or Miscellaneous Provisions are required for the following not included in FY2007:
Child Mental Health Initiative Cash Match (P.L. 28-68 Section 17) \$ 250,000.00
Sanctuary appropriated in FY05 and FY06 (P.L. 28-68 Section 18) \$ 153,144.00
Drug and Alcohol Grant Program for NPO's (P.L. 28.68 Section 19) \$ 600,000.00
\$ 1,003,144.00

79

TOTAL FTES

83

148

Schedule B- Contractual

		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
Security Services	12 Months	\$ 10,763.75	\$ 129,165.00	X	
Xerox Services	12 Months	\$ 1,416.67	\$ 17,000.00	X	
Yard Service	12 Months	\$ 225.00	\$ 2,700.00	X	
Trash Collection	12 Months	\$ 125.00	\$ 1,500.00	X	
Pharmacist	12 Months	\$ 2,208.33	\$ 26,500.00	X	
Ancilliary Services	12 Months	\$ 3,135.83	\$ 37,630.00	X	
Meals	12 Months	\$ 1,745.08	\$ 20,941.00	X	
Laundry	12 Months	\$ 291.67	\$ 3,500.00	X	
Building Insurance	12 Months	\$5,949.33	\$ 71,392.00	X	
Total Contractual			\$ 310,328.00		

Schedule C - Supplies & Materials

	Unit	Total		Funded in FY 2006?		
Item	Quantity	Price	Price		Yes	No
Medications	12 Months	\$ 13,063.50	\$	156,762.00	X	
Office Supplies	12 Months	\$ 166.67	\$	2,000.00	X	
Sas Coupons	12 Months	\$ 500.00	\$	6,000.00	X	
Iousekeeping	12 Months	\$ 986.67	\$	11,840.00	X	
				,		
					;	
otal Supplies & Materials		\$	176,602.00			

Schedule D - Equipment

				Total		Funded in FY 2006?		
	Item	Quantity	Price		Price		Yes	No
			ä	\$. •			
				\$	-			
		,		\$	-			
				\$	-			
				\$	-			
				\$	-			
otal Equipment	t			\$	-			

Schedule E - Miscellaneous

			Total		Funded in FY 2006?		
Item	Quantity	Price	Price		Yes	No	
			\$	-			
			\$	-			
			\$	-			
			\$	-			
			\$				
			\$	-			
Total Miscellaneous			\$	-			

Schedule F - Capital Outlay

			Total		Funded in FY 2006?	
Item	Quantity	Price	Price		Yes	No
			\$			
			\$			
			\$	-	<u> </u>	··
			\$	-		
			\$	-		
·			\$	-		
Total Capital Outlay			\$			

Schedule B- Contractual

		Unit	Total	Funded in	FY 2006?
Item	Quantity Price Price		Price	Yes	No
Security Services	12 Months	\$ 3,477.67	\$ 41,732.00		
		·			
		-			·
		·			
Total Contractual			\$ 41,732.00		

Schedule C - Supplies & Materials

		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
Medications	12 Months	\$ 12,700.75	\$ 152,409.00	X	
	3				
					,
Total Supplies & Materia		\$ 152,409.00			

Schedule D - Equipment

			Unit	Total		Funded in FY 2006?	
	Item	Quantity	Price		Price	Yes	No
				\$	-		
				\$	-		
				\$	-		
				\$	- 1		
		·		\$	- .		
		·		\$	-		
To	tal Equipment			\$			

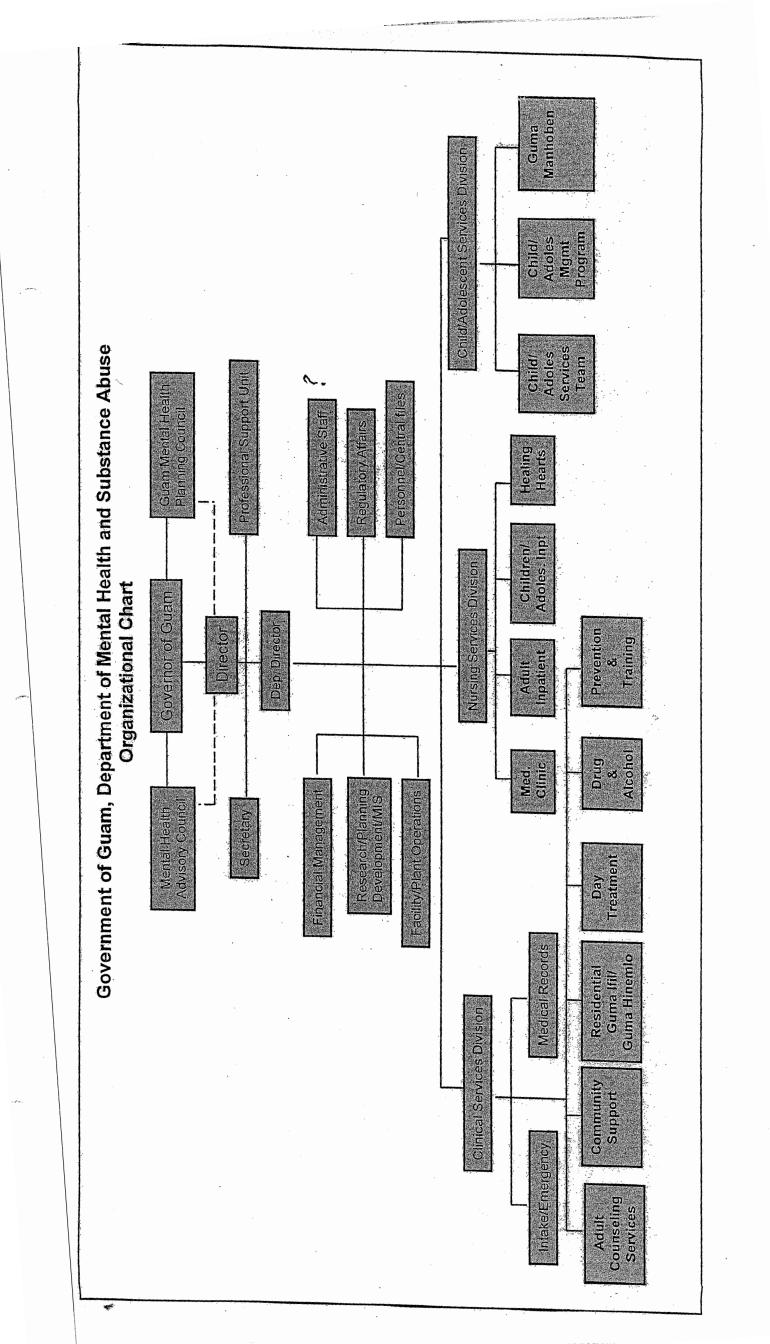
Schedule E - Miscellaneous

·		Unit	To	otal	Funded in FY 2006?	
Item	Quantity	Price	P	rice	Yes	No
		·	\$	-		
			\$	-		
			\$	-		*****
			\$	-		
			\$			
			\$	-		
Total Miscellaneous			\$	- 1		

Schedule F - Capital Outlay

			T	Total		Funded in	FY 2006?
Item	Quantity	Price		Price		Yes	No
			\$		•	•	
			\$		-		
			\$		-		
	,		\$		-		
			\$		-		
			.\$		-		
Total Capital Outlay		, , , , , , , , , , , , , , , , , , , ,	\$				L

Current Organizational Chart



ADMINISTRATIVE SUPPORT SERVICES

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

Program: DIRECTOR/PROFESSIONAL SUPPORT/ADMINISTRATION SUPPORT SERVICES DIVISION

-	_						
		disconnect Assessment	B	andronia Communica		E	F
Oracle					Govern	or's Request	
Budget		FY2005	FY2006	FY2007	FY2007	. FY2007	FY2007
Account		Expenditures &	Authorized	General	Federal	Other	Total Req.
Code	Appropriation Classification	Encumbrances	Level	Fund	Fund	Fund	(A+B+C+D)
	Period di China (Carante China (Cara	dentra de la companya de la company	NGT HENDE TO SERVE TO SECURE TO SECU			ata an ing ang manananan ing ang ang ang ang ang ang ang	
	PEUSONNELSUBVICES						
111	Regular Salaries/Increments	\$1,042,393	\$767,044	\$689,745	02	\$404,303	\$1,094,048
112	Overtime/Special Pay	\$0	.50	02	\$0	50	50
113	Benefits	\$198,645	\$177,476	\$211,702	\$0	\$105,679	\$317,381
	TOTAL PERSONNEL SERVICES	\$1,241,038	\$944,520	\$901,447	\$0	\$509,982	51,411,429
		pang suggapan kacamengan sugara	ORTHOGRAPHICATURE TRANSPORTER				*******************
	OPERACTIONS	in continue in the state of the state of	ha nga kangana dan dalam kangan	E9000000000000000000000000000000000000			
220	TRAVEL- Off-Island/Local Mileage Reimburs,	\$7,116	20	S0	\$6,000	50	\$6,000
230	CONTRACTIVAL SERVICES.	0/22 224	000.000		E1 0/2 / 02	6,1 500	61 225 600
230	CONTRACTUAL SERVICES:	\$621,056	\$586,365	\$221,757	\$1,062,100	\$41,732	\$1,325,589
233	OFFICE SPACE RENTAL:	.50			so	\$0	so
233	OFFICE SPACE RENTAL:	30	50	50		30	30
240	SUPPLIES & MATERIALS:	\$14,216	\$19,840	\$19,840	SO	80	\$19,840
240	SUIT LIES & MATERIALS;	314,216	317,640	317,040	30	30	313,040
250	EQUIPMENT:	\$0	\$0	\$0	\$0	\$0	\$0
							
290	SUB-RECIPIENT/SUBGRANT:	50	\$0	SO	so	\$0	50
450	MISCELLANEOUS:	50	50	02	\$3,000	\$0	\$3,000
-	TOTAL OPERATIONS	\$642,388	\$606,205	\$241,597	\$1,071,100	\$41,732	\$1,354,429
	ATTAINES						
361	Power	\$273,313	\$299,313	\$314,279	so	\$0	\$314,279
362	Water/ Sewer	\$21,782	\$21,782	\$22,874	50	02	\$22,874
363	Telephone/ Toll	\$63,061	\$65,816	\$67,419	\$0	\$0	\$67,410
	TOTAL UTILITIES	\$358,156	\$386,911	\$404,563	SO_	50	\$404,563
				·	,	·	·
800	INDIRECTION	\$0	50	so	·	50	so
450	CAPTIAL OUTLAY		02	So.	\$0	\$0	02
	PORT A CHINA MANA MINE AND A CHINA	1		T			
	TOTAL APPROPRIATIONS	\$2,241,582	\$1,937,636	\$1,547,607	\$1,071,100	\$551,714	\$3,170,421
	1/ Specify Fund Source						
	FILLUTEME BOUTVA' ENGLES (CEES)						
	UNCLASSIFIED	4		NEGOTISTO PROGRESSION CONTROL			
	CLASSIFIED	23	27	17	0	3	5
	TOTAL FTEX	27		17			17
	TOTAL FIES.	27	31	19	10	1 3	22

X

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: DIRECTOR'S OFFICE/ADMINISTRATIVE SUPPORT SERVICES DIVISION
FUND: GENERAL FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern CURRENT

Position No. Number I A.1001 Director 2 A.1002 Deputy Director 3 A.1005 Messenger Clerk 4 A.1007 Administrative Assistant 5 E.1001 Administrative Assistant 6 E.1002 Administrative Assistant 7 E.1003 Administrative Aide 8 E.1004 Administrative Aide 9 E1005 Program Coordinator II 10 E.1103 Planner III 11 E.1201 Personal Officer 14 E.1304 Program Coordinator II 15 E.1405 Management Analyst IV 16 E.1407 Maintenance Supervisor 17 E.1403 Maintenance Sepcialist 18 E.1404 Maintenance Sepcialist 19 P.1024 Housekeeper II *Night Differential / Hazardous / Worker's Compensation / etc. *Night Differential / Hazardous / Worker's Compensation / etc.
Reyes, Eddy J. (Unclassified) Reyes, Eddy J. (Unclassified) Reyes, Eddy J. (Unclassified) Reyes, Eddy J. (Unclassified) Sanchez, Julie Sanchez, Julie Santos, Adelina Quintanilla, Juanita Quintanilla, Juanita Quintanilla, Juanita Salanga, Yvette Perez, Peter Yamasta, Michelle Damian, Alejandro Paloma, Simeon M. Finona, Danial M. Aguilo, Karen Leon Guerrero, John Finores, John C. H Mafnas, Francisco D
(D) (E) Grade/ Step Salary LLS S5,303 D9 22,175 J4 27,244 N8 43,490 J4 25,810 F6 22,044 F4 20,942 L5 31,493 N13 49,915 L6 33,150 N14 51,662 G11 29,068 L8 35,802 J12 36,865 I10 32,083 H14 34,982 D.5 19,800 \$670,461
(F) (G) Overtime Special* Overtime Special* Solution S - S - S - S - S - S - S - S - S - S
(H) (H) (Increment S
(J) (E+F+G+1) Subtotal - 67,150 - 55,303 - 22,175 4 28,678 3 45,043 4 27,244 2 22,926 2 22,044 2 33,819 5 31,723 3 34,776 3 35,802 38,155 33,206
(K) (L) Retirement Retire (DDI) (J*21.81%) (\$9.16*26PP) 114,645 (12,062 238 4,836 238 6,255 0 9,824 238 5,942 238 5,940 238 7,158 238 7,158 238 11,676 0 6,562 0 7,808 0 8,322 0 7,242 0 7,242 0 7,242 0 7,742 0 7,761 238 4,491 238 150,433 \$ 2,142
(M) Social Security (6.2%* J) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(N) (O) Benefits Medicare Life (1.45% * J) (1/) 974 \$174 802 \$174 416 \$174 426 \$174 476 \$174 476 \$174 476 \$174 476 \$174 476 \$174 476 \$174 476 \$174 476 \$174 477 \$174 477 \$174 519 \$174 481 \$174 481 \$174 481 \$174 481 \$174 481 \$174 481 \$174 481 \$174 516 \$174 517 \$174 517 \$174 517 \$174 517 \$174 517 \$174 517 \$174 517 \$174 517 \$174 517 \$174 517 \$174 517 \$174 518 \$174 519 \$174
Input by Department (P)
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(S) (J+R) TOTAL 87,889 72,447 29,482 36,963 57,521 35,433 30,260 32,291 41,162 67,797 43,204 67,896 38,697 45,744 51,074 44,974 44,974 41,402 47,846 29,367 901,447

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: DIRECTOR'S OFFICE/ADMINISTRATIVE SUPPORT SERVICES DIVISION
FUND: GENERAL FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern PROPOSED/VACANT

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	(A) (B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	œ	9	(P)	(0)	(B)	ĝ
Pos	Position Position	N-III)				Incr	Increment					Benefits			į		(3)
Z		to amen	Grade/						(E+F+G+1)	Retirement	Retire (DDI)	Social Security	Medicare	Life	Medical	Denta	Total Reposits	11
	- 83	наситрен	Step	Salary	Oyertime	Special*	Date	Amt,	Subtotal	(J * 21.81%)	(\$9.16*26PP)	(6.2% * J)	(1.45% * J)	3	(Premium)		(KthruO)	TOTAL
┿		Roberto, Feter J. (Unclassified)	LL3	67,150	- 50			÷9	67,150	14,645	0	0	974	\$174	4 500	446	20.720	
A	A.1002 Deputy Director	Reyes, Eddy J. (Unclassified)	LLS	55,303	-	_		5	505 55	12062	720			- T	4,500	440	20,/39	
3 A.1	A.1005 Messenger Clerk	Sanchez, Julie	D9	22.175			10/1/2007	0	22,200	700,21	238		802	\$174	3,572	297	17,144	72,447
4 A.1	A.1007 Administrative Assistant	Santos, Adelina		-	9 6		7/15/10/		22,175	4,830	238	0	322	\$174	1,440	297	7,307	29,482
5 E.1	_1	Ouintanilla, Juanita	Z S				1007/2007		28,678	6,255	0	0	416	\$174	1,440	0	8,285	:3
6 E.1	E.1002 Administrative Assistant	Salanga, Yvette	.14	-			6/12/2007		45,043	9,824	238	0	653	\$174	1,440	149	12,478	57,521
7 E.I	E.1003 Administrative Aide	Perez, Peter	3				6/5/2007	5 1,+34	21,244	5,942	238	0	395	\$174	1,440	0	8,189	3
8 E.1	E.1004 Administrative Aide	Yamasta, Michelle	F				1/20/2007	200	22,920	5,000	238	0	332	\$174	1,440	149	7,334	3
9 E10	E1005 Program Coordinator II	Damian, Alejandro	5				1/20/2007		22,044	4,808		0	320	\$174	4,500	446	10,247	32,291
10 E.1	E.I103 Planner III	Paloma, Simeon M.	NI3	-	0 6		1002/2/2		32,819	7,158	238	0	476	\$174	0	297	8,343	4
11 E.1201		Finona, Danial M.	7.7	_		,	1/4/2007	\$ 1,000	31,123	187,11	0	0	750	\$174	3,572	297	16,074	0
12 E.1301	301 Management Analyst IV	Aguilo, Karen	Z ₁	_			2/15/2007		52,522	,519	238	0	500	\$174	0	297	8,728	4
13 E.1302	(Leon Guerrero, John	2	_	0 6		1176/2006	1	30,005	11,676	0	0	776	\$174	1,440	297	14,363	6
14 E.1304		Pangelinan, Emily	2.5	-			10/5/2007	\$ 1,01/	35,085	0,562	0	0	436	\$174	1,440	0	8,612	38,697
15 E.1405	_	San Augustin, Henry	1112	_			7/20/2007		35,802	7,808	0	0	519	\$174	1,440	0	9,942	4
16 E.1402		Bejado, Jose	110	_			2/6/2017	\$ 1,290	22,105	8,322	0	0	553	\$174	3,572	298	12,919	S
17 E.1403		Cabrera, Luis M.	II	-4-			2/15/2007		22,200	7,42,1	0	0	481	\$174	3,572	298	11,768	4
18 E.1404		Flores, John C.	H14	-			1/23/2007		35,500	1,242	0	0	481	\$174		298	8,196	4
19 P.1024		Mafnas, Francisco	D.5				10/4/2006	١,	30,500	/,/61	238	0	516	\$174	3,572	0	12,261	47,846
		Grand Total:		-	8	3	10,4,500		765,07	4,491	238	٥	299	\$175	3,572	0.	8,775	29,367
Vight Dif	* Night Differential (Honoral Control	1		1	**	6		\$ 17,204	\$ 003,743	3 150,433	5 2,142 5		S 10.001 S	3.307 S	41.952 S	3.866 \$	211.702 \$	901.447

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Administrative Assistant	VACANT POSITIONS

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		D. C.	Program Coordinator II	Program Coordinator II	Quality Assurance Coordinator	Program Coordinator II	Management Analyst IV	Housekeeper I	Computer Systems Analyst I	Review Officer(FEE SCHEDULE)		Supervisor(FEE SCHEDULE)	Accounting Technician	SCHEDULE)	Accounting Technician III (FEE
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(A) (B) Position Position No. Number Title 1 A.1103 Staff Psychiatrist Post, Lau 2 A.1106 Staff Psychiatrist Redding, 1 3 A.1107 Psychologist Santos, Ed * Night Differential / Hazardous / Worker's Compensation / etc.
(A) (B) Position Pos Number T A.1103 Staff Psychiatrist A.1106 Staff Psychiatrist A.1107 Psychologist t Differential / Hazardous / V
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Post, Laura Redding, Es Santos, Edw
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(C) Name of incumbent incumbent rd rd rand Total:
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(E) Salary O 177,516 171,513 55,274 \$404,303
(F) Overtime 0 0 0
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(K) Retirement (J*21.81%) 38,715 37,407 12,055 \$88,177
(L) Retire (DDI) (S9.16*26PP) 238 238 238 238 8714
(M) (6.2%*J) (1) (8.2%*J) (1) (2) (3)
(N) Benefits Medicare (1.45% * J) 2,574 2,487 801 85,862
(O) Life (IJ) \$174 \$174 \$174
(P) Medical (Premium 3,5 4,5 1,4 4,5 5,5 5,5 5)
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(R) Total Benefits (K thru Q) 45,570 45,103 15,006 \$105,679
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FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: ADMINISTRATION/PROFESSIONAL SUPPORT UNIT
FUND: HEALTH FUTURES FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern PROPOSED/VACANT

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VACANT POSITIONS

Schedule A - Off-Island Travel

Department/Agency: Department of Mental Health and Substance Abuse

Division: Administrative Support Services Division

Program: All General Fund

	Purpose / Justificat	ion for Travel		
	NOT APPL	ICABLE		
Travel Date: To Be Announced		No.	of Travelers:	*
Position Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cost
	-	-	-	-
	Purpose / Justificat	ion for Travel		
Fravel Date:			of Travelers:	*
	Air Fare	Per diem	Registration	Total Cost
	\$ -	Per diem	Registration	Total Cost
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osition Title of Traveler(s)	\$ - \$ -	Per diem \$ - \$ -	Registration	Total Cost \$ - \$ -
ravel Date:	\$ - \$ -	Per diem \$ - \$ -	Registration \$ - \$ -	Total Cost \$ - \$ -
Position Title of Traveler(s)	\$ - \$ - Purpose / Justificat	Per diem \$ - \$ - ion for Travel	Registration \$ - \$ -	Total Cost \$ - \$ -

Schedule A - Off-Island Travel

Department/Agency: Department of Mental Health and Substance Abuse Division: Administrative Support Services Division Program: All **Healthy Future Funds Purpose / Justification for Travel** NOT APPLICABLE No. of Travelers: Travel Date: To Be Announced Per diem Registration **Total Cost Position Title of Traveler(s)** Air Fare \$ \$ \$ **Purpose / Justification for Travel** No. of Travelers: Travel Date: Position Title of Traveler(s) Air Fare Per diem Registration **Total Cost** \$ \$ \$ \$ **Purpose / Justification for Travel**

				,
Position Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cost
	\$ -	\$ -	-	\$ -
	\$ -	\$ -	\$ -	\$ -

No. of Travelers: *

Travel Date: _____

^{*} Provide justification for more than one traveler to the same conference / training / workshop / etc.

Schedule A - Off-Island Travel

Department/Agency: Department of M Division: Administrative Support Ser Program: Research, Planning and Dev	vices Division		n Systems	
Federal Grant: Data Infrastructure Gr			-	
Pı	urpose / Justificati	ion for Travel		
Travel Date: To Be Announced		No. o	of Travelers:	*
Position Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cost
Management Analyst IV	\$ 3,000.00		\$ 600.00	\$ 6,000.00
	\$ -	\$ -	\$ -	\$ -
Training on Data Collection Information Travel Date:	- · · .	No. o	of Travelers:	*
Position Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cost
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
Pt	urpose / Justificati	ion for Travel		
				·
Travel Date:	-		of Travelers:	*
Position Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cost
	-	-	I S -	\$ -

^{*} Provide justification for more than one traveler to the same conference / training / workshop / etc.

Schedule B- Contractual

		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	 Price	Yes	No
Security Services	12 Months	\$ 10,763.75	\$ 129,165.00	X	
Xerox Services	12 Months	\$ 1,416.67	\$ 17,000.00	X	
Yard Service	12 Months	\$ 225.00	\$ 2,700.00	X	
Trash Collection	12 Months	\$ 125.00	\$ 1,500.00	X	
Building Insurance	12 Months	\$5,949.33	\$ 71,392.00	X	
					·
Total Contractual			\$ 221,757.00		

Schedule C - Supplies & Materials

		Unit	To	otal	Funded in	FY 2006?
Item	Quantity	Price	Pr	ice	Yes	No
Office Supplies	12 Months	\$ 166.67	\$	2,000.00	X	
Gas Coupons	12 Months	\$ 500.00	\$	6,000.00	X	
Housekeeping	12 Months	\$ 986.67	\$	11,840.00		
				·		
Total Supplies & Materials			\$	19,840.00		

Schedule D - Equipment

		Unit	Total		Funded in	FY 2006?
Item	Quantity	Price	Price	(Yes	No
			\$	•		
			\$	-		
			\$	-		
			\$	-		
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	-	And the state of t	\$	- 1	;	
Total Equipment			\$	-		

Schedule E - Miscellaneous

		Unit	Tot	tal	Funded in	FY 2006?
Item	Quantity	Price	Pri	ce	Yes	No
			\$	-	,	
		·	\$	-		
			\$	-	· ·	
		4	\$	-		·
			\$	-		
			\$	÷ ,		
Total Miscellaneous			\$. •		

Schedule F - Capital Outlay

		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
			\$ -		
			\$ -		
			\$ - 1		
			\$ -		
			\$ -		
			\$ -		
Total Capital Outlay			\$ -		

Schedule B- Contractual

			Unit	Total	Funded in	FY 2006?
Item		Quantity	Price	Price	Yes	No
Security Services	. 444	12 Months	\$ 3,477.67	\$ 41,732.00	X	
				·	·	
					·	
Total Contractual				\$ 41,732.00		

Schedule C - Supplies & Materials

			Unit	Total	Funded in	FY 2006?
	Item	Quantity	Price	Price	Yes	No
Γ						
To	otal Supplies & Materials			\$ -		

Schedule D - Equipment

		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
tal Equipment	:		\$ -	'	

Schedule E - Miscellaneous

			Total	Funded in FY 2006?	
Item	Quantity	Price	Price	Yes	No
!			\$ -		
1			\$ -		
			\$ -		
otal Miscellaneous			\$		

Schedule F - Capital Outlay

					Unit	Total		Funded in FY 2006?	
	Item	Quantity	Price]	Price	Yes	No		
				\$	-				
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Department:

Department of Mental Health and Substance Abuse

Administration Support Division/Section: Division/Director's Office

Program Title: PROFESSIONAL SUPPORT UNIT, DIRECTOR'S OFFICE

Activity Description:

This is the Professional Support Unit, and the Director's Office that provides the overall administration and support services to the Department of Mental Health and Substance Abuse. Manages all funds and is the resource sponsor for all divisions and branches of this department providing health care services for individuals with developmental and mental disabilities. Strategically align all departmental administrative units and functions that directly or indirectly impact on patient care, such as program development, quality assurance, policies & procedures, medical records, fee schedule development and implementation, etc.

Major Objective(s):

- 1. Provide the highest level of medical/psychological care to consumers of DMHSA, in a timely and most effective manner.
- 2. Enhance the quality of care provided to consumers of DMHSA by other clinicians with the agency.
- 3. Maintain close liaison with federal project leaders and administrators with the program needs.
- 4. Maintain close liaison with the community for issues regarding services and needs.
- 5. Continue to seek resources (funding) for the enhancement and sustainability of DMHSA services.
- 6. Facilitate the "TRANSFORMATION" of DMHSA from facility health care provider to community base settings.

- 1. Actively recruit for critically needed Clinician and Support Staff for DMHSA's vacant funded positions.
- Facilitate the establishment of the 24-Hour Drug and Alcohol Unit and Forensic Unit.
- 3. Facilitate and implement the approved Guam Comprehensive Implementation Plan.

Workload Output		,	
Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
1. Medication Formulary	····		
System	60%	70%	90%
2. Execute Streamline measures within DMHSA	50%	50%	80%
3. Develop the Most Efficient Organization	500/	700/	0004
(MEO) for DMHSA	50%	70%	90%
4. Establish a Forensic Unit.	0%	20%	60%
5. Collaboration with other Gov't Guam Agencies	50%	60%	80%
6. Partner with Private Sectors for the enhancement of care services.	60%	70%	80%
7. Manage and Maximize funding of all Federal Grants	70%	80%	90%
8. Pursue Trainings for Clinician and Support Staff to ensure full certification	70/0	8070	7020
credentials.	70%	80%	90%

Department:

Department of Mental Health and Substance Abuse

Administration Support Services/Regulatory

Division/Section: Affairs

Program Title: Regulatory Affairs

Activity Description:

This branch upholds mandated safety and security requirements for personnel, clients and visitors according to establish guidelines. This branch also provides technical assistance to departmental programs in the development of preventive/corrective action plans and oversees the quality assurance for clients. The Regulatory Affairs branch compiles departmental data for reporting purposes, resolves administrative problems and responds to departmental issues relative to public service. This branch provides reviews of the existing departmental policies and procedures and the development of new policies and procedures to ensure consistency with departmental operations, monitors capital improvement, oversees contractual procurement and assists with financial analysis.

Major Objective(s):

- 1. Establish current written policies, guidelines and orientations for personnel
- 2. Establish continuous quality improvement programs
- 3. Establish continuous improvement for contractual procurement
- 4. Provide ongoing assessment of departmental organizational structure to increase effectiveness and accessibility
- 5. Provide 24-hour security services and a safe environment for all employees, clients and visitors within our facility
- 6. Oversee and maintain the capital improvements of our facilities
- 7. Assist with financial analysis reports

- 1. Review and update all current policies for accuracy, efficiency and effectiveness by September, 2007.
- 2. Conduct an assessment of the ongoing program evaluations by September, 2007.
- 3. Assess current contractual procurement procedures for further improvements by September, 2007.
- 4. Complete departmental organizational structure and update functional charts by September, 2007.
- 5. Improved security services and a complete inspection of the infrastructure by September 2007.

Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
1. Policies and Procedure			
Compliance	50%	60%	70%
2. Program Evaluation and			
Needs Assessment	25 %	30%	40%
3. Organizational Structure			
and Functional Charts	50%	60%	70%
4. Contractual Procurement			
Improvement	50%	60%	70%
5. Security Contract and			
Safety Inspections	75%	80%	90%
6. Financial Analysis	30%	50%	60%

Department of Mental Health

and Substance Abuse Division/Section:

Administration Support Service Division/Research Planning and Development/ Management Info, System

Program Title: Research, Planning and Development Management Information System Activity Description:

The RPD Branch conducts evaluations of current programs for areas of improvement and assesses the feasibility of new program implementation. This branch also researches and writes grants and coordinates activities of the various capital improvement projects. MIS performs systems analysis and design, purchases hardware and software, installs and operates and maintains the computer infrastructure of the department.

Major Objective(s):

Department:

- 1. Evaluate service programs for areas of improvement.
- 2. Identify possible new programs that would contribute to the enhancement of services for clients.
- 3. Identify various federal and private grants to support the department's various programs.
- 4. Improve services to the various client populations by improving facilities and infrastructure.
- 5. Satisfy the internal information needs and external reporting requirements of the organization.
- 6. Provide relevant information regarding client/case management and manpower distribution to different levels of management to help achieve overall department goals.

- 1. Assess and evaluate the programs intended to improve the well-being of the clientele
- 2. Complete existing grants and finalize the grants annual reports.
- 3. Explore the various private grants that will be available in September, 2007.
- 4. Provide technical support and maintenance of current computer systems and local area network.
- 5. Upkeep and develop the integrated Management Information System for the department, serving as both the State Agency and Local Provider.

Workload Output			
Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
Program assessment and		000/	000/
development	70%	80%	80%
2. Grants Services	C00/	700/	0007
Management	60%	70%	80%
3. Local and National Area	500 4	6007	500
Network	50%	60%	70%
4. Automate Management	4004	5001	
Information Systems	40%	50%	60%
5. Department Strategic			
Planning on departmental			
and integrated services.	50%	60%	60%
6. Training and Support			
program managers on			
requiring supplemental		•	
funding	30%	40%	50%
7. Develop and Implement		t	
community-based services	30%	40%	40%
8. Planning for treatment			
expansion to meet patient		,	
needs	40%	40%	40%
9. Compose building of		1	
services within the		**	
community	40%	40%	40%
10. Department Capital			1020
Improvement Projects	50%	40%	40%

Department:

Department of Mental Health and Substance Abuse

Administration Support Division/Section: Division/Regulatory Affairs

Program Title: Regulatory Affairs

Activity Description: This branch oversees the evaluation and continuous improvement of department services and service delivery through written guidance to ensure the best possible mental health care for the community according to established guidelines. This branch provides for the safety of personnel, clients and visitors and provides facility inspection control guidelines.

Major Objective(s):

- 1. Establish current written policy, guidelines and orientations for personnel.
- 2. Establish continuous quality improvement programs.
- 3. Provide on-going assessment of departmental organizational structure to increase effectiveness and accessibility.
- 4. To provide 24-hour security services and a safe environment for all employees, clients and visitors within our facility.

- 1. Review and update all current policies for accuracy, efficiency and effectiveness by Sept. 2007.
- 2. Conduct and assessment of ongoing program evaluation and needs assessments by Sept. 2007.
- 3. Complete departmental organizational structure and update functional charts by Sept. 2007.
- 4. Improve security services and compile inspection of infrastructure by Sept. 2007.

Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
1. Policies and Procedures			
Compliance.	50%	80%	90%
2. Program evaluation and needs assessment.	25%	50%	80%
3. Organizational Structure and Functional Charts	50%	70%	90%

Department:

Department of Mental Health and Substance Abuse

Administration Support Division/Section: Services/Plant Operations

Program Title: Facility Operations

Activity Description: Plant & Facility Management provides services to ensure that DMHSA facility structure complies with the Building and Safety Code. It serves to provide and promote safe, clean and operation conditions on Structural (i.e., Carpentry, electrical, plumbing, and grounds) for safety and to promote convenience, comfort and conductive environment within the facility structure for clients. visitors, and staff.

Major Objective(s):

- 1. Ensure that the investments of the DMHSA buildings & equipment are protected.
- 2. Maintain facilities' structure and fixed assets in safe and operating maximum capacity.
- 3. Ensure Major Fixed Assets (i.e., generators, elevators etc.) at required levels of operations and certifications.
- 4. Maintain the grounds surrounding the main building facility.

- 1. Conduct Preventive Maintenance and repairs on major fixed assets on a semi-annual basis.
- 2. Conduct weekly facility's inspections for preventive maintenance or major repairs.
- 3. Secure service contracts for repair and maintenance of building fixed assets.
- 4. Secure service contracts for facility's ground maintenance.

Workload Output			
Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
1. Maintenance Major fixed			
Assets.	60%	70%	80%
Maintain Building Facility	30%	60%	70%
3. Service Major Fixed Assets. (Generator,			
Elevator, Air Conds.)	50%	70%	80%
4. Ensure Ground Maintenance	60%	70%	90%
5. Complete all regularly schedule projects.	60%	70%	90%
	-		1

Department:

Department of Mental Health and Substance Abuse

Division/Section:

Administration Support Services Division/Financial Management Branch

Program Title: Fiscal and Program Management

Activity Description: Leads all fiscal activities of the department to include program budgeting, procurement, payroll and fiscal grant projects that provide fiscal accountability on the funding of appropriations, encumbrances and expenditures and the use of fiscal operating resources.

Major Objective(s):

- 1. To Implement the fiscal component of the "FEE SCHEDULE"
- 2. To develop fiscal standards for accountability, efficiency and effectiveness.
- 3. To maintain close liaison with federal project leaders and administrators in funding program needs.
- 4. Identity and implement opportunities to improve processes of fiscal and procurement systems within the department.

- 1. To assess and report improvements on the implementation of the "FEE SCHEDULE" by Sept. 2007.
- 2. Establish and publish standards for all improved processes for financial and procurement system within the department.
- 3. Continuously train and update staff on fiscal management and procurement policies and procedures by Sept. 2007.

Workload Output			
Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
Established FEE SCHEDULE	0%	50%	80%
2. Develop and implement a financial system and a departmental procurement and federal management plan.	60%	75%	80%
3. Develop and train in the management of Fund Balance, Program Costing, Cost Analysis and Federal Reporting of FSR's.	75%	80%	90%

CLINICAL SERVICES DIVISION

Department of Mental Health and Substance Abuse (DMHSA) FY 2006 Budget

FUNCTION: Division of Clinical Services

PROGRAM MISSION: To provide comprehensive community-based outpatient and residential mental health services for adults and alcohol and drug prevention and education, early intervention, and treatment programs for children, youth and adults. (10GCA Chapter 8601)

MANDATES FOR CLINICAL SERVICES:

- 10GCA Chapter 86 § 86105.A(1)(a)(b)(c)(d)(e) (24-hr crisis intervention services, mobile crisis team, hotline, (partial hospitalization, aftercare, transitional homes for the mentally ill) (outpatient services for elderly and adults) (individual, group and family counseling) (alcohol and drug detoxification inpatient)
- 10GCA Chapter 86 § 86105.A (2)(a)(b)(c)(d)(e) (mental health, alcohol & drug abuse prevention) (affect policy to change conditions to minimize the availability of drugs and other negative influences) (train significant individuals such as, parents, teachers, commissioners, and parish priests with prevention skills) (provide clearinghouse for drug & alcohol information)(promote alternatives to drug & alcohol use among the youth) (provide education to dissemination of accurate information)
- 10GCA Chapter 86 § 86109.1 (residential treatment program)
- 10GCA Chapter 82 § 82201.(a)(d) (qualified mental health professional perform examination/evaluation)
- 10GCA Chapter 82 § 82202.(a)(b)(c) (72-hour Hold application)
- 10GCA Chapter 82 § 82203.(a) (72-hour Hold procedure)
- 10GCA Chapter 82 § 82301(c) (72-hour Hold hearing)
- 10GCA Chapter 82 § 82601(b)(d)(e) (informed of treatment, 28-day, 90-day)
- 10GCA Chapter 82 § 82605 (confidential records)
- 10GCA Chapter 82 § 82305.(a)(b)(c)(d) (disclosure procedure)
- 42 U.S.C.300x.22(a)(1)(2) & 45 C.F.R.96.124(a)(1)(2) (SAPT Block Grant 35% for drug treatment and 35% for alcohol treatment)
- 42 U.S.C.300x.22(b)(1) & 45 C.F.R.96.124(b)(1) (SAPT Block Grant of 20% for prevention activities)
- 42 U.S.C.300x.22(c)(1)(C) & 45 C.F.R.96.124(c)(e) (SAPT expansion of women services)
- 42 U.S.C.300x.22(c) & 45 C.F.R.96.124(c)(3) & 45 C.F.R. 96.122(f)(1) (viii) (SAPT Programs for pregnant women and women with dependent children)
- 42 C.F.R. 300x.23; 45 C.F.R. 96.126 & 45 C.F.R.96.122(f)(1)(ix) (SAPT programs for intravenous drug users)
- 42 U.S.C.300x.24(a) & 45 C.F.R.96.127 (SAPT funding for tuberculosis services)
- 42 U.S.C.300x.26 & 45 C.F.R.96.130 (unlawful to sell tobacco products to minors)
- 42 U.S.C.300x.27 & 45 C.F.R.96.131 (Preference in admission for pregnant women)
- 42 U.S.C.300x.28(c) & 45 C.F.R.96.132(c) (coordination of prevention and treatment services)
- 42 U.S.C.300x.29 & 45 C.F.R.96.133 (SAPT needs assessment)
- 42 U.S.C.290cc.21 (services for homeless adults with serious mental illness)
- 45U.S.C. Parts 160 and 164 (Health Information Portability and Accountability Act -HIPAA)
- 45 C.F.R.96.122(f)(3)(vii) (monitoring of programs compliance)
- 45 C.F.R.96.126c & 45 C.F.R.96.131c (capacity management and waiting list systems for IV drug users and pregnant women)
- EO95-29 (GovGuam Drug Free Workplace Policy)
- GC §9120.11 (confidential records)
- MOA: APRI (to provide training and training site)
- MOU:DFWP (to accept EAP referrals for treatment services)
- P.L. 102-321: Criterion 1 (to provide community-based services under CMHS block grant)
- P.L. 102-321: Criterion 2 (prevalence study) under CMHS block grant)
- P.L. 102-321: Criterion 4 (services for homeless under CMHS block grant)
- P.L. 24-278 (Tobacco Control Act)
- P.L. 25-141 (System of Care)
- Requirements 42 U.S.C.300x-23 & 45 C.F.R.96.126 (treatment services for IV Drug users)
- Title 42 C.F.R. ch.1; part 2 (1983) (confidential records for drug and alcohol)
- UHIA (Uniform Healthcare Information Act) (confidential information disclosure)

GOALS AND OBJECTIVES

Goal: "To continually strive to improve, enhance, and promote the physical and mental well-being of the people of Guam who experience the life-disrupting effects of mental illness, alcoholism and drug abuse or are at risk to suffer those effects and who need such assistance and; to provide such assistance in an efficient and effective manner in order to minimize community disruption and strengthen the quality of personal, family and community life." (10GCA Chapter 86101)

DMHSA consumers include individuals who are currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder or sufficient duration to meet diagnostic criteria specified within DSM-IV-TR (Diagnostic and Statistical Manual for Mental Disorders), that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

In line with the U.S. President's New Freedom Initiative, DMHSA will promote increased access to educational and employment opportunities for people with disabilities and to also promote increased access to assistive and universally designed technologies.

In January 2000, the U.S. Department of Health and Human Services (HHS) developed a 10-year health objective for the Nation with the vision of "Healthy People in Healthy Communities". Healthy People 2010 (HP2010) outlines a "comprehensive, nationwide health promotion and disease prevention agenda." There are two (2) overarching goals: 1) Increase quality and years of healthy life, and 2) Eliminate health disparities. There are 28 focused areas in the HP2010 among them are: Access to Quality Health Services, Disability and Secondary Conditions, Health Communication, Injury and Violence Prevention, Mental Health and Mental Disorders, Substance Abuse, and Tobacco Use. "Implementing policies and preventive interventions that effectively address...determinant of health can reduce the burden of illness, enhance quality of life, and increase longevity."

DMHSA will continue to strive towards improving access to quality care and services for consumers and their families, regardless of their race, gender, ethnicity, language, age or place of residence.

Objectives:

- I. To provide Intake, Emergency and Crisis Hotline Services. These services include screening and evaluation of individuals requesting mental health and substance abuse services, and/or who are referred to the department for emergency services and crisis intervention. A 24-hour Crisis Hotline is also available seven days a week.
- II. To provide **Adult Counseling Services** to individuals as well as to families, couples and groups in need of psychotherapy, as a primary treatment modality, for problems they may be trying to cope with that may or may not occur because of substance abuse or mental illnesses.
- III. To provide Alcohol and Drug Treatment services in a therapeutic setting for individuals and families, and most especially women and youth, affected by substance abuse or dependence. Services include but are not limited to outpatient, intensive outpatient, aftercare, day treatment, residential and inpatient rehabilitation.
- IV. To provide Community Support Services (Aftercare and Case Management) for adults with long-term, serious mentally illnesses and their families, and to prevent rehospitalization.
- V. To provide **24-hour Residential Treatment Services** to seriously mentally ill adults who are clinically stable and needing to develop skills to live independently in the community.
- VI. To provide **Day Treatment Services** that promote and enhance the psycho-social, economic and physical well-being of each adult consumer with serious mental illnesses enrolled with the program and who require monitoring and supervision in a therapeutic setting through a variety of program events (i.e. Community Outings, Industrial Work Therapy Program, and Job Fairs and Presentations)
- VII. To provide Prevention and Training programs in the community that addresses the problems associated with tobacco, alcohol and other drug use and abuse. In the Prevention & Training Branch goals, objectives and activities are guided by the six

Centers for Substance Abuse Prevention (CSAP) primary prevention strategies (Information Dissemination, Problem Identification and Referral, Education, Alternatives, Community-Based Process, and Environment). All strategies and activities take into consideration risk populations, including those unique to Guam, throughout the island's nineteen (19) villages.

VIII. To maintain and safeguard confidential **Medical Records**, thus protecting consumers' health information from accidental or intentional disclosure to unauthorized persons and from alteration, destruction and loss of these records.

IMPACT STATEMENT:

DMHSA strives to establish and maintain a comprehensive system of care that provides mental health and substance abuse services that meet the needs of the department's consumers and their families. This system of care reflects a continuum of services that address the multiple and varied needs of individuals, families and the community and contain the components and the mechanisms for efficient coordination, integration and delivery of these services.

Through collaborative engagement with Guam's Caring Communities, the quality and strength of health care services will be achieved and will be recognized through the active participation from stakeholders and through the demonstration of collective, community-based approaches. DMHSA staff is cognizant of the fact that the consumers and families, and eventually the community as a whole will be severely impacted as a result of inadequate or un-funded mandates for mental health and substance abuse programs and services.

I. Intake/Emergency and Crisis Hotline Services

A. Program Description

Intake/Emergency Services

Intake/Emergency Services Branch, "the gateway to services," under the Clinical Services Division is a 24-hour/7-days-a-week program, which provides services for individuals seeking mental health and substance abuse information, crisis intervention and treatment from the Department of Mental Health and Substance Abuse. The Intake Branch provides initial assessments and mental status examination on individuals requesting DMHSA services to determine eligibility and appropriateness of available DMHSA services as well as crisis intervention to individuals needing immediate psychiatric attention. As a collateral duty, Intake Social Workers also assist the Crisis Hotline by receiving crisis calls after hours. This Branch is also a referral link to various governmental agencies and community organizations and frequently entertains calls requesting information on mental health and substance issues and services available in the community.

This is specialized social work requiring training and experience in the use of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association. Intake Social Workers must consult with staff psychiatrists to determine immediate treatment needs in crisis cases and formulate diagnostically based treatment recommendations for routine cases. On a case-by-case basis, intake social workers provide community outreach on emergency situations.

The Intake Branch has several administrative functions such as greeting consumers; answering telephone calls, setting appointments, faxing to various referral sources, making copies, data gathering and following up with consumers linked to outside providers that must be maintained for branch efficiency.

Below are statistics reflecting the numbers of individuals who have received intake services for FY 2005 and the anticipated number of consumers for FY 2006 and FY 2007. FY 2005 census is not indicative of a decrease in individuals requesting DMHSA services, but rather, the need for more consistent tracking mechanisms of consumers seen for services since department clinicians have been assisting the Intake branch in performing after-hours emergency intakes due to the decline in staffing. The numbers reflected on this census do not include active cases that require crisis intervention. These numbers are primarily consumers who have are new to DMHSA or consumers that have been closed for six months or more and require a new assessment prior to receiving services.

FY 2005	FY 2006	FY 2007
994	1050	1200

Crisis Hotline

Crisis Hotline (CHL) provides a 24-hour/7-days-a-week immediate telephone response service to callers needing assistance for personal crisis (i.e. family violence, suicide thoughts). CHL also serves as the liaison to activate the rape crisis response team and is a referral link to various governmental and community services.

Below are statistics reflecting the number of calls received to the Crisis Hotline for FY 2005 and the anticipated number of calls for FY 2006 and FY 2007.

FY 2005	FY 2006	FY 2007
984	1000	1100

B. Staffing

Intake/Emergency

Intake and Emergency Services is currently staffed with four (4) FTE – one (1) Psychiatric Social Worker Supervisor I, one (1) Social Worker III, one (1) Social Worker II, and one (1) Social Worker I.

Crisis Hotline

Crisis Hotline Services is currently staffed with one (1) FTE – one (1) Psychiatric Technician II who has been detailed to manage these services until permanent staffing and/or outsourcing of this service is accomplished.

C. Priority Areas and Impact

PERSONNEL

Intake/Emergency

The rise in the number of individuals coming in for mental health services emphasizes the need to increase the current staffing level in order to meet the community demands for routine and emergency services operating 24-hours/7-days-a-week. With its current staffing pattern, Intake/Emergency is being assisted by department clinicians in fulfilling its mandate of providing after-hours emergency services to individuals in crisis. Below are additional personnel needed by this branch for effective service delivery.

- One (1) Social Worker I
- One (1) Social Worker II
- One (1) Social Worker III

There is an immediate need for administrative support for this branch to ensure efficient and consistent daily operational function such as greeting and directing consumers, answering telephone calls, making follow-ups for missed appointments, copying, faxing, entertaining inquiries, setting appointments, etc. Currently, the Clinical Division secretary, who is also assisting other areas within the department, is assisting this branch.

• One (1) Clerk II

Crisis Hotline

Two (2) Crisis Counselors are needed to man this 24-hour/ 7-days-a-week Crisis Hotline Service. Presently, after hour's calls are being fielded by Intake Social Workers and the Inpatient Unit staff, thus interrupting the primary duties of these two areas.

SUPPLIES

In order to efficiently run the administrative component of both the Intake/Emergency Services and Crisis Hotline, office supplies such as Xerox paper, writing paper, pens and pencils, stapler and staples, computer floppy disks, etc. is needed to sustain the branches for the year.

In providing efficient service delivery to consumers, Intake Social Workers and Crisis Hotline staff must be equipped with the necessary resources to carry out their tasks. Needed resources include office space (three (3) Intake Social Workers are presently sharing one room), individual telephone lines to facilitate consumer follow-ups and individual computer systems for data gathering and correspondence purposes. Repair to the primary Intake telephone line is also a priority in rendering quality services to our consumers.

CAPITAL OUTLAY:

II. Adult Counseling Services

A. Program Description

Adult Counseling Services provides therapeutic services that address a broad spectrum of mental disorders, which affect the adult population on the island. Professional short-term, goal-oriented counseling/therapy is provided to adult individuals, couples, families and groups, addressing a wide range of psychological, emotional and relationship problems including but not limited to depression, anxiety, marital and family discord, physical and sexual abuse, bereavement and other problems affecting the person's emotional, occupation and social functioning. Homebased counseling is also provided for consumers who are physically unable to leave their home to receive counseling services.

B. Staffing

Adult counseling services is currently staffed with one (1) FTE – one (1) Psychiatric Social Worker I.

C. Priority Areas and Impact

Interfacing with the adult service components within the Department to provide psychoeducation, anger management, and grief management groups is essential. With just one (1) Psychiatric Social Worker these components are not adequately provided. Increasing staff level will ensure that this mandated service be provided.

Staff Recruitment

Individuals received counseling for mental health issues such as depression, relationship issues, suicide, schizophrenia, anxiety disorder, personality disorder, and sexual abuse issues. It is anticipated that at least one (2) Psychiatric Social Worker I(s) and (1) Psychiatric Social Worker II are needed to provide services for the anticipated increase in individuals needing mental health service.

III. Drug and Alcohol Treatment

A. Program Description

The Drug and Alcohol Branch staff provides and supports an array of comprehensive outpatient and residential drug and alcohol treatment programs and services for adolescents and adults. The Branch chose the American Society of Addiction Medicine Patient Placement Model-2R (ASAM PPC-2R) as the primary reference source for Guam's substance treatment Continuum of Care. The Patient Placement Criteria (PPC) are guidelines developed by the American Society of Addiction Medicine (ASAM) that can be accurately used to assess the severity of patients' problems so that they can be admitted to the most appropriate level of care (admission criteria), remain in that level of care (continuing care criteria) and be discharged from that level of care (discharge criteria). The Branch currently provides Level 0.5 Early Intervention Services/Drug

and Alcohol Education, Level I Outpatient, and Level II.1 Intensive Outpatient (ASAM Patient Placement 2nd Revision Model). The Salvation Army Lighthouse Recovery Center serving men only provides Level III.5. The Oasis Empowerment Center serving women only also provides Level III.5. Sanctuary, Inc. provides the same level of care for adolescents. The Guam Memorial Hospital provides Level IV for patients needing full medically managed detoxification. This allows consumers to move from one level of care to another, depending on their intensity of services needed, determined when completing a bio-psychosocial assessment (based on six patient problem areas: ASAM dimension model). The following are program descriptions for each level of care being provided by DMHSA and its partners.

Level 0.5: Early Intervention Services/Drug and Alcohol Education

This is the least intensive outpatient service, totaling fewer than four (4) hours a week. It is designed for consumers mainly with problems or risk factors related to substance use and needing drug and alcohol education. In addition, when an initial assessment is completed, an immediate Substance Related Disorder (DSM-IV substance abuse or dependence criteria) cannot be confirmed. Further assessment is warranted to rule in or out an addiction problem. Core service elements include, but not limited to, group drug education on the dynamics of addiction and the addiction process, medical aspects of addiction, drug-related legal aspects, and community resource awareness of available drug and alcohol service providers. Consumers receive a minimum of twenty (20) drug education hours. The Superior Court of Guam's Alcohol Treatment Program (ATP) and Drug Education Program (DEP) are equivalent to this level of care.

Level I: Outpatient Treatment

A nonresidential group service or office visits, totaling fewer than nine (9) hours a week, in which directed treatment and recovery services are provided that help consumers cope with life tasks without non-medical use of psychoactive substances. Core services elements include, but not limited to, referral for TB testing, treatment planning, drug education, minimal individual or group counseling, drug testing, and ongoing bio-psychosocial assessment. Consumers provisionally diagnosed with substance abuse (DSM-IV abuse criteria), or unmotivated consumers diagnosed with substance dependence (DSM-IV dependence criteria) but are in early stages of change (Prochaska and DiClemente) and who are not yet ready to commit to full treatment and recovery are placed in this level of care. A primary objective with dependent consumers is to engage resistant individuals in treatment and work towards securing a referral to the next appropriate level of care.

Level I-D: Outpatient Detoxification: Level I-D is an organized outpatient service which may be delivered in an office setting, healthcare or addiction treatment facility, or in a patient's home, by trained and licensed clinicians who provide medically supervised evaluation, detoxification and referral services according to a predetermined schedule. Such services are provided in regularly scheduled sessions. They should be delivered under a defined set of policies and procedures or medical protocols. Outpatient services should be designed to treat the patient's level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering drugs (including alcohol and tobacco) and to effectively facilitate the client's transition into ongoing treatment and recovery, such as a referral to an Intensive Outpatient Program, as stated below.

Level II.1: Intensive Outpatient Treatment

A programmatic therapeutic milieu consisting of regularly scheduled sessions for a minimum of nine (9) hours a week in a structured program, which provides consumers with the opportunity to remain in their own environment and/or retain their employment. It is designed for individuals needing multidimensional services that cannot be met at an Outpatient level of care and who do not need primary medical and nursing services at a partial hospitalization, or medically monitored intensive inpatient level of care. Consumers diagnosed with substance dependence and not needing withdrawal monitoring are placed in this level of care. Core services elements include, but not limited to, referral for TB testing, ongoing bio-psychosocial assessment, treatment planning, drug testing, drug education, intensive individual/group/family psychosocial therapy, and case management. Optimal elements include family support group, spirituality, AA/NA 12-step support groups, pre-employment skills training, nutrition education, and

issuance of vouchers for childcare and transportation services. Enhancing elements include techniques to address relapse prevention, stress, anger, and self-esteem issues.

Level II.5: Partial Hospitalization (Day Treatment, Currently Not Available)

The components of the partial hospitalization (Day Treatment) level of care include all core, optimal, and enhancing multidimensional elements provided in an Intensive Outpatient level of care. This program operated Mondays through Fridays from 7:30 am to 4:30 pm. It is designed to provide consumers who need a more structured care, in comparison to Intensive Outpatient, but not severe enough to require inpatient services. Additional elements include regular access to psychiatric services, recreational therapy, and basic nurse's aide services. The Day Treatment Program is temporarily suspended due to structural damages resulting from super-typhoon Pongsona in December 2002.

Level III: Medically Monitored 24-hour Intensive Inpatient

This is a 24-hour Inpatient program in a planned regimen of observation, monitoring, and treatment. It utilizes a multidisciplinary staff for consumers whose biomedical, emotional, and/or behavior problems are severe enough to require inpatient services. It also includes all cores, optimal, and enhancing multidimensional elements provided in an Intensive Outpatient level of care. The Salvation Army's Lighthouse Recovery Center for men and the Oasis Recovery Center for women both fall under this level of care, as well as, any adult or adolescent clinically managed, 24-hour residential treatment program. Treatment capacity for both Centers is limited and needing expansion. Currently, DMHSA does not provide this level of care.

<u>Level III.2-D: Clinically-Managed Residential Detox. (Social Detoxification, Currently Not Available)</u>

ASAM level III.2-D is sometimes referred to as "Social Setting Detoxification." It is an organized service that may be delivered by appropriately trained and certified staff, who provides 24-hour supervision, observation and support for patients who are intoxicated or experiencing withdrawal, with the aim for them to achieve initial recovery from the effects of AOD. Prior to admission patients must provide a medical clearance document, to validate that there are no medical complications needing urgent attention. Social Detoxification is characterized by its emphasis on peer and social support. This level provides care for patients whose intoxication/withdrawal signs and symptoms are severe to require 24-hour structure and support, but the full resources of a medically monitored inpatient detoxification are not necessary. A social detoxification facility must have an agreement with local medical providers to ensure readily accessible emergency care when needed. Hospital affiliation providing 24-hour medical backup is a must. Staff members must be trained in admission, monitoring skills, including signs and symptoms of alcohol and other drug intoxication and withdrawal, as well as appropriate treatment of those conditions, supportive care, basic cardiopulmonary resuscitation technique, assessment and referral procedures. These services function under a defined set of policies and procedures. This level of care is currently not available, however through funding made available by government of Guam's FY 2006, it will be contracted to a non-profit organization.

Level III.5: Residential/Inpatient Services: Residential treatment is a broad category that consists of many different treatment models. This is the most developed and supported part of the continuum. DMHSA defines this level as a 24-hour Inpatient program in a planned regimen of observation, monitoring, and treatment. It utilizes a multidisciplinary staff for patients whose biomedical, emotional, and/or behavior problems are severe enough to require inpatient services. It also includes all cores, optimal, and enhancing multidimensional elements provided in an Intensive Outpatient level of care. It serves patients who need a safe and stable living environment in order to develop their recovery skills. Mutual and self-help group meetings generally are available on-site. In order to assist its partners in understanding this part of the AOD system, DMHSA is using two categories to define AOD residential treatment: residential treatment less than 30 days and residential treatment more 30 days.

Residential treatment (sometimes referred as Rehabilitation) < 30 days includes several treatment modalities designed to assist individuals who need brief residential treatment interventions that address AOD problems. For most individuals who are physically addicted or otherwise determined dependent, this is the first part of entering the treatment process, but individuals may enter at any point on the continuum and/or may need to utilize this particular

component more than once. Some of the residential treatment models that are considered part of this component are: detoxification, stabilization, observation, and transitional services, and short-term specialized treatment programs. The main goal of residential treatment < 30 days is to medically detoxify and/or stabilize individuals, to assess the exact nature of the AOD problem, to assist individuals with case management needs, and to access next-step treatment and support systems at the appropriate level of care. Furthermore, intense psychosocial therapy may be considered depending on the patient's level of severity. Research supports that a significant number of patients have benefited from this level of care and were referred to less intense programs, such as Intensive Outpatient or Outpatient, and thus showed successful or favorable treatment outcomes.

Residential treatment >30 days: The residential treatment >30 days is the only part of the system that is supported by funding from the Substance Abuse Treatment Prevention (SAPT) Federal Block Grant, through DMHSA. DMHSA is working with its partners to broaden funding opportunities to increase the availability of beds and bed days to the system. This category consists of several different long-term treatment models. These models are designed to assist individuals and families in a safe, long-term, stabilized, therapeutic living situation to learn more about their AOD problems; strategies for relapse prevention; interpersonal, social, and life skills necessary to form productive personal relationships, career/work/educational opportunities, and community support systems. These models have individual treatment plans and/or case management plans that assist patients in maintaining sobriety and developing self-supportive, independent lives. Models included in the residential> 30 days include residential recovery homes, therapeutic communities, social rehabilitation models, youth residential programs, and family shelters. The Salvation Army's Lighthouse Recovery Center for men and the Oasis Empowerment Center for women both fall under this level of care, as well as, any adult or adolescent clinically managed, 24-hour residential treatment program. Treatment capacity for both Centers is limited and needing expansion.

Level III.7-D: Medically-Monitored Inpatient Detoxification (Not Available): Level III.7-D is sometimes referred to as "Semi-Medically-Managed" service. It is an organized service delivered by medical and nursing professionals, which provides 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. This level provides care for patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care. DMHSA further defines this service, as indicated treatment, which concentrates on patients who are experiencing high-risk ASAM dimension 3 problems. This level of care is unavailable, however should DMHSA's third floor be renovated and refurbished

Level IV: Medically Managed 24-hour Intensive Inpatient

This level of care has primary medical and nursing services and the full resources of a general hospital available on a 24-hour basis with multidisciplinary staff to provide support services for both alcohol other drug treatment and coexisting acute biomedical, emotional, and behavioral conditions that need to be addressed. Currently, DMHSA does not provide this level of care.

In FY 2005, consumers received services from the D&A Branch at the Department of Mental Health and Substance Abuse (DMHSA) in spite of the island-wide devastation caused by the December 8, 2002 super-typhoon. DMHSA facilities that housed D&A Branch staff offices, group meeting rooms and day treatment site for the consumers were damaged, resulting in a displacement of treatment staff, a disruption in the workplace environment and a cancellation and/or restructuring of treatment programs and services for consumers. Programs were severely interrupted given the destruction of the rooms used for New Beginnings/Day Treatment services that offered an 18-bed, 8-hour/day programs. The New Beginnings/Day Treatment programs and services will resume upon completion of reconstruction and repairs in 2006.

B. Staffing

The Drug and Alcohol Treatment Branch is currently staffed with fourteen (14) FTEs – Two (2) Chemical Dependency Treatment Specialist IIIs, Three (3) Chemical Dependency Treatment Specialist IIs, Three (3) Chemical Dependency Treatment Specialist I's, one (1) Substance

Abuse Treatment Program Supervisor, one (1) Psychiatric Technician II, one (1) Word Processing Secretary, funded by the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. In addition, from local sources, the General Fund supports two (2) Psychiatric Technician I's and the Healthy Future Funds supports one (1) Psychiatric Technician II. For FY 2007, two additional Chemical Dependency Treatment Specialist I's must be recruited to provide treatment services for individuals suffering from **Tobacco Addiction**.

C. Priority Areas and Impact

A formal Guam Territory needs assessment of drug and alcohol prevention and treatment (to include tobacco cessation) is being conducted. The data collected will be analyzed and thus decisions will be made on what D&A Treatment level of care services will be provided for the Guam community. Program priorities for the targeted youth and adult populations will be established to include what DMHSA provides and what services would be outsourced. The needs assessment was contracted to the University of Guam's Cooperative Extension Services and the projected completion date is May 2006.

Over 80% of all DMHSA Intake for Services is referred to the Drug and Alcohol Treatment Branch, with approximately 15% being women. In FY 2005, the Drug & Alcohol Branch received 569 case referrals. Of this number, consumers with alcohol as a primary substance use were 60%, meth-amphetamine and other substances 40%. Approximately 73% of these adults who entered treatment (at least one day or more) successfully completed their treatment program. Of the 569 cases, 57 or 10% were adolescents. The adolescents were in treatment primarily for alcohol, marijuana and inhalant use/abuse. Approximately 87% of these adolescents completed their treatment program with an average treatment period of fifteen weeks.

Currently, DMHSA does not provide a 24-hour Inpatient substance treatment program (ASAM: Level IV). The D&A Branch is planning to establish a Semi-medical Managed 24-hour Inpatient Treatment. Local law (10GCA Chapter 86101; added by P.L. 17-21) mandates the Department of Mental Health and Substance Abuse to provide substance abuse inpatient services. However, in the past several years, this level of care ceased due to funding shortages and difficulty with staff recruitment.

In addition, during an ongoing strategic planning meeting, in which DMHSA is was in the process of developing a three (3) year island-wide plan for mental health and substance abuse services, the participating group chose 24-hour inpatient substance abuse treatment unit as number two (2) in a priority list. The group members are representatives from the community, including DMHSA staff, Sanctuary, DOC, Oasis Center, Lighthouse Recovery Center, past and current consumers, and other stakeholders.

Furthermore, many substance abuse treatment providers agree that this level of care is a treatment gap needing immediate attention. Providers agree that a significant number of individuals needing substance abuse treatment are medically treated at GMH emergency room. But because of the absence of this level of care, they return home, usually to a high-risk situation resulting in continued substance use. Should the implementation of this 24-hour inpatient level of care be successful, these individuals initially treated at GMH can be referred to this level of care and benefit from the needed intensive multidimensional services that would increase favorable treatment outcomes.

New tobacco related data made available by the Governor's appointed advisory committee called PEACE (Prevention and Early Intervention Advisory Committee Empowerment), in December 2005, shows alarming statistics pertaining to tobacco use and its consequences. Statistics indicated that Guam currently has the highest adult smoking prevalence (34%) among all the States and Territories, with the Guam's male adult smoking rate (42%) the highest overall. Tobacco currently kills one person per day, on the average, on Guam. The top 3 causes of death of mortality--heart disease, cancer, and stroke are all tobacco related. If the situation remains unchanged, the projected health and economic consequences of the tobacco epidemic on the island community will be catastrophic. Smoking among youth is steadily increasing (75.6% of all high school students have tried smoking; 32% of high school youth are current smokers). This is much higher than the US average of 21.9%. Due to the high number of youths smoking, it would be good judgment to say that the numbers of individuals suffering from tobacco

addiction already have their replacements. The need to increase treatment capacity for those suffering from tobacco addiction is there. Recruitment and training of Tobacco Cessation Facilitators becomes imperative in order to provide treatment for those already suffering from the addiction and raise the community's awareness about the harmful and deadly effects of tobacco use and reduce the individual risks for initiating use and eventual addiction.

Recruitment of additional staff who are cultural competent and sensitive to the needs of the various ethnic groups is imperative in order to meet the demand for treatment services and to accommodate consumers whose primary language is other than English. More than 50% of the individuals who seek treatment are Chamorro and over 25% represent other Micronesians.

DMHSA has initiated efforts to collaborate with ethnic and civic community groups, faith-based organizations including, but not limited to, Guam Ministerial Association (GMA), FSM Consulate, Salvation Army Lighthouse Recovery Center, Oasis Center, Sanctuary, and Juvenile Drug Court. DMHSA, as the single state agency, will provide consultation, technical assistance, and funding, when available, to these organizations that they may continue to be a part of the continuum of care for substance abuse services for the territory. As a result, these organizations will take the lead in making the philosophy of "caring communities" a reality, and thus benefit consumers and their families by increasing the number of favorable treatment outcomes.

Certification of all Chemical Dependency Treatment Specialists of DMHSA and those interested and qualified in the community is also one of the department's top priorities; a goal that must be achieved to ensure that all levels of care and services to adolescents, women and other adults are done with knowledge, skills and competence within the International Certification & Reciprocity Consortium (IC&RC) standards of the Pacific Jurisdiction. DMHSA and community-based treatment personnel are expected to demonstrate the skills necessary to appropriately service its consumers.

As of December 30, 2005, the Pacific Substance Abuse and Mental Health Collaborating Council (PSAMHCC) Counselor Certification Board certified four D&A Counselors in the Department of Mental Health and Substance Abuse (DMHSA). This is approximately 50% of the Drug and Alcohol Branch counseling staff. The PSAMHCC is a member of International Certification & Reciprocity Consortium (IC&RC) that leads in fostering the adoption of professional practice and standards for individuals engaged in providing substance abuse services. Over 44 States and several countries are also members of IC & RC.

D&A treatment staff with credentials will facilitate greater successes in establishing treatment programs that are consumer-centered, family-focused and efficient, and thus a greater number of consumers in treatment will succeed in completing their treatment goals through the establishment and/or strengthening of the following priority services:

1. Planned 24-hour Semi-medical Managed (youth/adult) Inpatient Treatment (ASAM Level III.7): The D&A Branch will initiate efforts to establish a 24-hour inpatient unit. Local law (10GCA Chapter 86101; added by P.L. 17-21) mandates the Department of Mental Health and Substance Abuse to provide a 24-hour inpatient substance abuse services. The purpose of this level of care is designed for youth and adult consumers intoxicated by alcohol, meth-amphetamine, and/or substances or who are suffering from mild withdrawal coupled with situational crisis, or who are unable to abstain with an absence of past withdrawal complications, or who are individuals in danger of relapse. This level of care provides a safe environment in which a person may complete withdrawal and secure a referral to the next appropriate level of care.

In order to resume this level of care, eleven (11) additional staff must be recruited including, but not limited to, one (1) part-time Addiction Psychiatrist, three (3) Licensed Practical Nurses, one (1) Chemical Dependency Treatment Specialist III, three (3) male Psychiatric Technician IIs and three (3) female Psychiatric Technician IIs.

The following equipment and supplies are needed: 18 beds complete with mattress and box springs, two refrigerators, one microwave (large capacity), one large wall clock, one 36" television, one video cassette recorder, one wall unit or television stand, and 75 stacking chairs, curtains/blinds, 18 shower curtains, one dryer, one rice cooker, one 36-cup coffee maker, containers for storage, dish rack, and a 15-passenger van.

In addition, inpatient consumers would need three (3) meals a day. It would be appropriate to have this service contracted to a private-entity. This would allow addiction professionals to focus fully on the treatment needs of consumers.

The re-establishment of this level of care would definitely address a substance abuse treatment gap. Consumers with severe dependency issues, after receiving initial medical care from Guam Memorial Hospital Emergency Unit, may be referred for continuum of care in this inpatient unit. Consumers of this nature will be better served because of their need for a more structured program to avoid high-risks situations, necessary to prevent relapse episodes, that can only be met in this level of care.

Furthermore, daily monitoring and ongoing assessments will assist treatment professionals to substantiate diagnosis, resulting in appropriate facilitation of the development of consumer-centered treatment plans. This would improve quality of care and increase favorable treatment outcomes. Finally, other benefits include absence of transportation issue, home for the homeless, increased family involvement, and successful collaborative efforts with Adult Probation Officers, Employee Assistance Program Officials, and other private-sector employers. The D&A Branch's stated goals and objectives can only be realized or achieved through collaborative efforts with private and public community stakeholders as well as the full support of the three branches of the government of Guam.

- 2. Tobacco Treatment Programs: Based on the recent data as stated above, In FY 2007, the Drug & Alcohol Branch of DMHSA will initiate treatment programs specifically for those suffering from tobacco addiction. Two Chemical Dependency Treatment Specialist IIs would need to be recruited to facilitate these programs. Current Chemical Dependency Treatment Specialist and those to be recruited will undergo training (in how to facilitate smoking cessation classes) provided at Guam Naval Hospital. The objective is to have treatment specialists gain more skills, knowledge, and abilities in this area of providing tobacco treatment. Completion of this training would also provide certification raising competency levels, and thus supporting favorable treatment outcomes. Collaboration with medical addiction professionals will be sought for those consumers who opt for pharmacotherapy, as part of their treatment plan. Consumers will be assisted to establish a new habitual lifestyle. Research shows that physical withdrawal only last up to two and a half weeks. The most difficult segment in treatment would be changing and maintaining a new habitual lifestyle, that is essential for relapse prevention.
- 3. Treatment for Women Special needs for women requiring outpatient and intensive outpatient treatment must be addressed in order to offer viable options that will support their attainment and completion of treatment services. Women are given priority for accessing treatment and potential barriers to treatment are minimized. Childcare, prenatal services and transportation are supportive elements of treatment made available to them through the issuance of vouchers. Education and training activities in the area of parenting, family planning, coping, decision-making and problem solving and other life skills will continue to be provided. DMHSA will also initiate formal agreements for collaboration and the provision of technical assistance and other support to the Oasis Center [RFP] in its endeavor to provide a transitional recovery home (Level III.5/ASAM levels model for women in need. This Center also addresses a gap in substance abuse treatment continuum of care services.

In FY 2005, DMHSA is considering to outsource basic services for women needed in a residential or recovery home setting. Basic services include individual and group psychosocial therapy, case management services, Parental and Life skills training. It is also significant to note that during a strategic planning meeting, in which DMHSA is in the process of developing a three (3) year island-wide plan for mental health and substance abuse services, the participating group chose recovery home for women as one of the top five in its priority list.

4. Day Treatment (New Beginnings Program) - With the Federal Emergency Management Agency (FEMA) funding to reconstruct, repair and refurbish all needed equipment and furnishings, the Government of Guam's sole residential facility, DMHSA

will resume original level of operations in this area. Currently, DMHSA will continue to work with and support the Salvation Army's Lighthouse Recovery Center in their efforts to maintain and expand on their outpatient and residential treatment services needed in the community. In FY 2007, DMHSA plans to outsource basic services for a Level III Clinically-managed residential setting for men. Basic services include individual and group psychosocial therapy, case management services, Parental and Life skills training.

5. Youth in Treatment – Individuals below the age of 18 years who have been diagnosed with substance abuse and/or dependence are enrolled into the Adolescent Outpatient Program. Referrals of youth needing treatment are received primarily from the Department of Education or self-referred. DMHSA will pursue the establishment of a formal memorandum of agreement with the Guam Juvenile Drug Court (JDC) under the Superior Court of Guam to serve yearly, a limited number of JDC-referred adolescents diagnosed with substance dependence in an intensive outpatient program. Adolescents diagnosed with substance abuse will also be referred to DMHSA for treatment in a less intensive outpatient program. In addition, adolescents identified by the Court needing detoxification services, particularly inhalant users and experiencing suicidal ideation will be referred to DMHSA for further assessments and dispositions.

This less intensive program indicated above is referred to under ASAM-model as Level I Outpatient Treatment. It is significant to note that approximately 80% of adolescent consumers utilized this level of care. Basic services under this level of care include, but not limited to, intake services, case management services, drug testing, specialized education, and counseling services. Intake services include screening, documenting, and assessing. Screening refers to the process of determining eligibility and appropriateness for a program. Documenting refers to the process of completing all required program documents, especially securing a completed confidentiality consent form. Assessing refers to the process of conducting a bio-psychosocial assessment based on six patient problem areas (ASAM-model) and DSM-IV substance criteria.

Case management services include treatment planning, crisis intervention, and coordination of services. Consumer-centered treatment planning is significant in order to engage unmotivated adolescents, since it's anticipated that many referrals may come from Guam Juvenile Drug Court (JDC) by order. This plan focuses on what a consumer values most while in treatment, at the same time it addresses substance abuse issues. Consumers may at times experience a crisis. A crisis for one consumer may differ to another. Treatment professionals shall provide intervention and assist consumers to diffuse their unique state of crisis. Often times, consumers may need additional services not provided in their level of care. Services may include medical, educational, or vocational. Making referrals to organizations and coordinating for such services with follow-up becomes appropriate.

In addition, specialized education includes topics such as understanding substance use, HIV infection and AIDS, and other sexually transmitted diseases. Counseling services may include individual, group, or family psychosocial therapy. One primary recommendation stated by the Substance Abuse and Mental Health Services Administration (SAMHSA) November 2000 National initiative is to provide appropriate treatment programs before adolescent consumers become involved in higher levels of the criminal justice system. Certainly, the availability of this Outpatient Treatment level of care does serve to meet the aforementioned initiative but remains inadequate.

It appears that the Guam Juvenile Drug Court (JDC), Department of Youth Affairs, and other organizations working with youth claim that a significant number of adolescents need short-term residential care that provides intensive substance abuse services. Currently in FY 2006, DMHSA, through the Substance Abuse Prevention Treatment (SAPT) Block Grant is proving funding to Support Sanctuary's short-term residential treatment facility (Level III.5 Clinically-Managed) for adolescents. In FY 2007, DMHSA is considering to outsource basic services for up to six (6) adolescents, for three (3) males and three (3) females, at any given time, needed at a short-term residential level of care. Basic services include individual, group, and family psychosocial therapy, case management services, and Life Skills training. Adolescents experiencing severe withdrawals, or in acute stage will be served at GMH emergency room. Adolescents

experiencing mild withdrawal, coupled with situational crisis will be served at the Planned 24-hour Semi-medical Managed (youth/adult) Inpatient Treatment. After they complete safe withdrawal a referral to residential care would be appropriate.

Furthermore, that an integrated approach to treatment be considered when individuals are diagnosed with co-occurring disorders. This will ensure optimal care for these consumers. DMHSA and the Guam Juvenile Drug Court will continue to develop a collaborative partnership that will enhance alcohol, tobacco and other drug education and prevention, early intervention and treatment of the youth offenders and their families. Some of the areas to address in order to improve effective deliverance of substance abuse services to adolescents include, but not limited to, data collection, staff development, leveraging of resources, and continued monitoring and strengthening of the referral process. The Drug and Alcohol Branch of DMHSA remains committed to set as a priority, adolescent substance treatment in collaboration with providers such as the Juvenile Drug Court and Sanctuary to ensure a well-established continuum of care that is available on island to meet substance abuse treatment needs of youth consumers.

6. Adult Outpatient Programs – Community awareness, outreach and partnering with other health services providers will be strengthened to minimize behaviors that place consumers and others at greater risk. Memorandum of Agreements will be established to better coordinate services to consumers who have been identified as having untreated sexually transmitted diseases, tuberculosis, and other contagious health conditions. Referrals from Government of Guam and Private Sector Employee Assistance Programs and the Superior Court of Guam continue to be received regularly.

The development of a Supportive Employment Program with consumers will serve as an additional priority in the continuum of care for the treatment and recovery of consumers in need. DMHSA will build upon its system's capacity to provide opportunities for employment by: Developing program policies and procedures, assuring quality and measurable outcomes, building collaborative partnerships and leveraging resources, and planning for social enterprises.

Consumers served were unemployed. Participants also attended the Men's Ice Group were unemployed. Pre-employment skills training were implemented to help address this issue of unemployment. Some of the skills include, but are not limited to resume writing, interview preparation, and job searching. It is planned in FY 2006 to continue with an endeavor to enhance and strengthen this program component, in hopes to increase opportunities for consumers to successfully secure and retain employment.

7. Outpatient and Intensive Outpatient Program Wait-List: consumers needing evening Outpatient and Intensive Outpatient Treatment level of care services could not be accommodated on a timely manner due to insufficient staffing. Additionally, former treatment professionals who resigned were not replaced. Consumers often waited between one to four months before onset of their treatment. An average of ninety individuals are currently wait-listed. In a DHHS publication (No. 00-3479), one of the National treatment recommendations is for consumers to receive treatment on a timely manner. When needed treatment is delayed consumer readiness status may change to pre-contemplation of the "stages of change" (Prochaska and DiClemente). Treatment for consumers who start in this stage may have a longer service process because of the need to address denial issues. Therefore, it would be appropriate to alleviate the number of individuals who are wait-listed so that consumers can receive treatment immediately. In FY 2006, DMHSA, as the single state agency will provide technical assistance and funding, when available, to community and faith-based organizations to increase treatment capacity. As a result, the wait-listed consumers will reduce significantly, because many will receive substance treatment by these organizations.

IV. Community Support Services

A. Program Description

The Community Support Services (CSS) branch is an outpatient program under the Clinical Services Division of the Department of Mental Health & Substance Abuse. The main goal is to prevent re-hospitalization.

The population served is adults diagnosed with a thought or mood disorder. The CSS Supervisor staffs any deviation from these diagnosed prior to acceptance. The CSS branch receives referrals from the Intake Unit that is the gateway to services, the Adult Inpatient Unit an acute care unit, Medication Clinic an outpatient clinic and Day Treatment Services a therapeutic milieu and the Guma Ifil and Guma Hinemlo programs which are residential treatment facilities.

The main goal of the CSS branch is to prevent re-hospitalization of consumers. In doing so, CSS social workers provides on-going supportive care and case management services to adults with serious mental illness and their families and facilitates the delivery of a range of services in both home and community based settings. Such services include periodic visits to the home and workplace for assessment, individual and family supportive counseling, crisis outreach, service planning (i.e. medication management, housing, employment etc.) and consumer advocacy.

The CSS branch expanded its services to provide case management for consumers within the criminal justice system, namely those identifies as Not Guilty by Reason of Insanity (NGRI). Collaboration and networking between the DMHSA and the Superior Court of Guam enhances the effectiveness of treatment provided to NGRI consumers, as well as tracks services provided between these agencies for efficient and effective treatment outcomes.

The CSS branch has expanded its services to involve systems change for adults with disabilities that is consumer-directed and community-based. Through Executive Order 2004-26, the Office of Community Integration was established. Funding for this office comes from the Department of Mental Health and Substance Abuse (DMHSA) and Department of Integrated Services for Individuals with Disabilities (DISID). Enhancing the need for an Adult Systems of Care for individuals with disabilities, the CSS branch is the identified program to assist in the development, implementation and evaluation of programs for community integration. In order for the CSS branch to function, administrative duties such as greeting consumers.

answering telephone, data gathering, typing, ordering supplies and materials must be maintained.

B. Staffing

CSS is currently staffed with eleven (11) FTEs – One (1) Social Services Supervisor I, three (3) Social Worker III, two (2) Social Worker II, four (4) Social Worker I, one (1) Clerk I (100% locally funded).

C. Priority Areas and Impact

Personnel:

There is a need for three (2) additional staff:

(2) Social Worker II - It is expected that the number of consumers that will be served by the CSS branch will continue to rise. Incoming referrals reflect the need for public assistance (i.e. food stamps, general aid, and medical insurance), housing needs and medical treatment. Domestic violence and substance abuse is common throughout those connected with the court system.

At the present time, the branch is working to develop a format to collect data on the quality of life and level of functioning of consumers served within the CSS branch. It is estimated that approximately 40% are high maintenance consumers, of which the social worker carries on most of the activities laid out in a treatment plan. Approximately 50% are moderate maintenance consumers, of which the social worker and consumer meet half way to accomplish activities laid out in a treatment plan. Approximately 10% are low maintenance consumers, of which the consumer needs little support from the social worker to carry out activities laid out in a treatment plan.

At the present time the ratio of consumers per social worker falls between the ranges of 1 to 30.

The following census below reflects the number of consumers served by social workers during the fiscal years 2004 and 2005.

FY2004	CENSUS	FY2005	CENSUS
October	144	October	162
November	141	November	168
December	140	December	165
January	142	January	166
February	150	February	168 (as of 2/11/05)
March	150	March	
April	152	April	
May	149	May	
June	154	June	
July	162	July	
August	162	August	
September	160	September	

(2) Program Coordinator II - Through executive order 2004-26, the Office of Community Integration was established. Funding for this office comes from the Department of Mental Health and Substance Abuse (DMHSA). Enhancing the need for an Adult Systems of Care for individuals with disabilities, the CSS branch is the identified program to assist in the development, implementation and evaluation of programs for community integration.

The DMHSA funding allocated will support the salary of a program coordinator whose duties and responsibilities would be concentrated on effectuating policy to support and develop systems change as well as to keep up with the latest trends of community integration for adults with disabilities. Services will be provided efficiently and effectively for every consumer with a disability.

(3) Secretary I - In order for the CSS branch to function, administrative duties such as greeting consumers, answering telephone, data gathering, typing, ordering supplies and materials must be maintained.

The CSS branch currently utilizes a clerk I to assist with administrative duties and maintain branch operations. Although this clerk is available to assist, her time is devoted to grant activities, as her salary is 100% federally funded by the CMHS Block Grant.

SUPPLIES:

Office supplies such as writing paper, Xerox paper, pens and pencils, staples etc. for the year would be needed to efficiently run the program service.

(2) Telephones and (2) Telephone lines would be needed for the social worker and program coordinator in order to communicate with consumers and agencies.

Fuel and maintenance on vehicles for the year is needed.

CAPITAL OUTLAY:

The procurement of one (1) standard utility vehicle is needed to support social workers and the program coordinator in carrying out activities for consumers within the community.

One (1) desktop computer and printer is needed to accommodate the additional staff requested. Preparing reports and gather data will be needed.

CONTRACTUAL:

Internet access is needed in order to access the latest trends in the field of mental health and allow collaboration with community partners to improve and develop new evidence-based practices.

V. Residential Treatment Services (RTS)

A. Program Description

Guma' IFIL (Institute For Independent Living)

Guma' IFIL is a 24-hour transitional residential program for adults with serious mental illnesses who are clinically stable and are not yet ready to live independently. The staff at this residential program setting provides structure, guidance, and skill building activities to the consumers so they attain independence and self-sufficiency. Consumers who are referred to Guma' IFIL from other services in DMHSA when a transitional living arrangement would be of benefit to the consumer and when placement at Guma' IFIL for respite care would provide temporary intervention or relief for the consumer and his/her family. Clinicians with specialized skills, who are trained in the non-violent crisis intervention mode, thus creating an environment of respect and safety for residents and staff, continuously supervise residents.

Guma' Hinemlo (Healing Home)

The Department, through a formal Agreement with Guma Mami, Inc. and with funding from Guam Housing and Urban Renewal Authority (GHURA)/U.S. Department of Housing and Urban Development (HUD), provides Care Worker and Operational services for the Guma' Hinemlo residents. This program serves adults with serious mental illnesses who are homeless and in need of constant supervision. Its mission is to provide a "surrogate family milieu" to its residents who may at time of admission have no family or significant other, or who are separated/alienated from the ones they have. Guma' Hinemlo is currently located in Mangilao and is within walking distance to recreational facilities, convenience stores, food establishments and accessible to public transportation. Up to seven (7) residents can be accommodated.

Sagan Mami Drop-In Center

Department through a formal Agreement with Guma' Mami, Inc., and with funding from Project for Assistance in Transition from Homelessness (PATH) offers services to adults with mental illnesses who are homeless or at-risk of being homeless. Sagan Mami Drop-In Center offers group sessions and activities (i.e. personal financial planning, coordination of public transportation, habitation and rehabilitation services, and pre-vocational and vocational skills that promote independent living) are provided. In addition, peer-operated programs that provide education, advocacy, leadership, support and information are available. An average of 9 to 12 individuals participate in the drop-in center. Sagan Mami is operated out of the Department and hours of operation hours are 5pm to 9pm Monday to Friday.

B. Staffing

Guma IFIL is currently staffed with nine (9) FTEs – One (1) Social Services Supervisor, one (1) Social Worker III, three (3) Psychiatric Technician I, three (3) Psychiatric Technician II, and one (1) Community Program Aide. (4) Social Workers III's are needed for case management.

Guma Hinemlo is currently staffed with eleven (11) Care Workers, one (1) House Manager, and a Mental Health Residential Service Coordinator. In addition to this, the local cash match share (calculated through labor costs) includes the Residential Treatment Services Social Worker III at 75% of his time; Social Service Supervisor at 30% of time; 25% of three (3) Day Treatment Services Psychiatric Technician II's time.

The current staffing level in the Sagan Mami Drop-In Center project consists of two (2) half-time Facilitators, and four (4) consumers compensated through stipends for twenty (20) hours each of their time.

C. Priority Areas and Impact

Staff Recruitment

The maximum bed capacity of Guma' IFIL is thirteen (13), however, a maximum of six (6) residents can be accommodated at a given time within this facility because of the current staffing level. Understaffing of Guma Ifil 24-hour residential treatment program places the staff and consumers at risk for injury and liability.

Four Social Worker II's are essential in providing individual and group supportive sessions, training activities, crisis intervention, linkages to family support and community resources, advocacy and the development of social skills. Presently, the Residential Social Worker III can only provide 25% of his time to the Guma IFIL residents. The remaining 75% is spent providing case management activities to the Guma Hinemlo residents as a required cash match by HUD.

One (1) Program Coordinator II can facilitate vocational, educational, and housing opportunities for the participants in Guma IFIL and Guma Hinemlo. Vocational and educational opportunities include a system for coordinating referrals and job coaching within the community setting to successfully gain employment and independence. Housing opportunities would include helping the residents select the type and location of residential quarters that are safe and suitable for their needs.

Equipment and Supplies

Guma IFIL

Two-way radios are needed when the activities are away from the facility to ensure prompt action and decisions are made in the event of an emergency (i.e. such emergencies could be the vehicle breaking down in an isolated area, a consumer in crisis, a need to inform staff of emergency meetings or appointments for consumer, etc.)

Fuel for the year and maintenance on vehicles for the year is needed. Fuel for the generator is also needed.

Two (2) First Aide Kits are needed to replace the Kits that have expired.

Guma Hinemlo

A computer workstation for Guma Hinemlo is needed to replace the computer that recently broke.

Sagan Mami Drop-In Center

The Sagan Mami Drop-In Center was relocated to one of the Department's group room as a result of the damages from typhoon Pongsona. It is essential that Sagan Mami return to its original location in the Department so that it can resume to full operation. One of the projects in Sagan Mami is to set up and operate a small café (Cup O Joe) within the compound of the Department. Some funding was provided through the Community Mental Health Services (CMHS) block grant to purchase equipment and supplies. This project is currently on hold because of funding problems to rehabilitate a section of the building to meet the health code requirements. The café aims to provide a training ground for consumers to learn the operations and logistics of running a business as well as developing good working habits. The Sagan Mami consumers have already completed Phase 1 training in forming a business through the Center for Excellence in Developmental Disabilities Education, Research, and Services (CEDDERS).

Workforce Development

Staff training is needed to enhance the work skill of existing and new staff. The current staffing level made it difficult for staff to receive much needed training in the area of Basic Life Support (CPR), First Aid Training, Non-Violent Crisis Intervention Training, and Computer Literacy Skills.

Capital Outlay, Capital Improvement and Preventive Maintenance

Guma IFIL

Guam will continue to be affected by typhoons and other natural disasters. Therefore, Guma IFIL is in need of a generator as well as a water tank to ensure that services are not interrupted in the event of a disaster or other unforeseen situations. When power and water services are not available it severely impacts on program activities and services, and places undue hardship on the consumers.

Guma IFIL residents are placed in a home like environment, requiring that they learn skills for daily living (i.e. cooking, housekeeping, shopping, etc.). A Living room set, dining room set, cooking equipment, and household appliances such as a washer, dryer, stove, refrigerator, and a microwave oven are needed. Currently, the Guma IFIL staff transports consumers to the Laundromats at least three times a week to wash their clothes, thus minimizing the time available for consumers to participate in other unit or community activities.

A 5-passenger sedan is a critical need for the program to transport consumers to activities in the community, to medical and psychiatric appointments, and other necessary activities.

Guma Hinemlo

Typhoon shutters are also a necessity for the Guma Hinemlo facility to ensure the safety of the consumers and staff who must remain in the facility during a typhoon.

The Guma Hinemlo program is in need of a sedan to transport consumers to activities in the community, to medical and psychiatric appointments, and other necessary activities.

Information Technology and Data Infrastructure

Guma IFIL

Cable and Internet access are also needed to support the training program activities (i.e. consumers learning to access information that may be useful in their development of their independent living skills). Internet access will allow for access to the main department's MIS and Data Infrastructure Systems for patient information tracking.

Contractual Services

Another need in Guma IFIL is trash collection service. The Asan Mayor's Office has made allowance for Guma IFIL to haul the trash to the commercial trash bin situated at the Mayor's Office. This would require putting the trash in a government vehicle and transported to the Mayor's Office. This presents a hazardous condition for the staff and consumer hauling the trash.

A compressor for the air conditioning unit is needed to replace the one that's broken. Guma IFIL has two air conditioning units. One unit is not sufficient to properly cool the facility. Consumers with respiratory problems and seizure disorders are affected by the quality of the air. A service contract may need to be included to ensure proper maintenance of the air conditioning units.

Local Cash Match Requirement

Guma Hinemlo

This Supportive Housing Program grant is a competitive grant that requires a local cash share. Local cash match of 25% for Supportive Services and 20% for Operations are required for this 3-year program, which ends in June 2006.

Safe Haven



The Department submitted a Notice of Intent to Apply for Supportive Housing Program grant funds under the U.S. Department of Housing and Urban Development (HUD). This program aims to provide shelter, supportive services, and operations to individuals with serious mental illnesses with or without co-occurring substance abuse problems. The Salvation Army Homeless Count revealed that there are individuals that would need this type of services.

The Supportive Housing Program grant requires a local cash match of 25% for Supportive Services, 20% local cash match for Operations, and 50% local match for Rehabilitation of the building if needed.

VI. Day Treatment

A. Program Description

The Day Treatment Services (DTS) is an outpatient service under the Clinical Services Division. This program is designed to provide structured, therapeutic activities for the adults with serious mental illnesses. It includes acute mentally ill adults still hospitalized in the Adult Inpatient Unit and is in need of a supportive, therapeutic and less restrictive environment that facilitates the transition to home and community living. The primary objective of the DTS program is to promote and enhance the psychosocial, economic, and physical well being of each consumer enrolled with the program.

B. Staffing

DTS is staffed with 3 Psychiatric Technicians II; the Guma IFIL Social Services Supervisor I supervises this program.

C. Priority Areas and Impact

Staff Recruitment

Day Treatment Services is currently operating out of the Guma Ifil's residential facility located in Asan. The Children's Inpatient Unit is presently utilizing the Day Treatment facilities because of the damages sustained from Super Typhoon Pongsona.

There 25 consumers presently enrolled in the DTS program. The present level of personnel is not adequate to manage DTS. Aside from facilitating participation among consumers in therapeutic program activities such as social skills building, arts and crafts, personal hygiene, independent living skills, recreational and work activities, staff must also manage varied levels of crisis situations that may occur at a moment's notice as well.

There is a need for one (1) Social Worker III to provide supportive care and case management services to the consumers actively participating in DTS. Presently most of the DTS consumers do not have a social worker to assist them with their mental health needs. Although there is a case management service in the department, not all consumers are eligible for this service. Aside from the need to address individual consumer needs, the Social Worker II can also facilitate supportive group sessions to address areas of social functioning, and coping abilities.

A Program Coordinator II can facilitate the activities of supported employment for the DTS consumers. The Industrial Therapy Program (ITP) under DTS, provides opportunities for consumers to participate in some employment preparation in the area of housekeeping and clerical work and participation in job fairs. The Program Coordinator II can ensure there are linkage to employment services, and other opportunities for gainful employment beyond housekeeping and clerical work employment.

Workforce Development

Staff training is needed to enhance the work skill of existing and new staff. The current staffing level made it difficult for staff to receive much needed training in the area of Basic Life Support (CPR), First Aid Training, Non-Violent Crisis Intervention Training, and Computer Literacy Skills.

Program Expansion

A part time Counselor is essential in addressing the area of self-esteem. Each participant in DTS carries with them the "scars" of their mental illness. Therefore it is important as part of their development and habilitation to have the opportunity to address the issues that affect their self-esteem. Each consumer is also affected by life situations, such as the loss of loved ones, tragedies, and disasters that every person faces. The Counselor will be able help the consumer through the grieving process and develop coping mechanisms to deal with other life situations. Coordination between the DTS and Adult Counseling Services to address this issue would ensure that the consumer's issues are addressed.

The Drug and Alcohol Service's M.I.C.A. (Mentally Ill Chemical Abusers) program is accessible to individuals with serious mental illnesses with substance abuse issues. However, it is important to include a drug and alcohol education component as part of DTS prevention education. Prior to Typhoon Pongsona, DTS consumers received drug and alcohol education twice a month. The reduction in personnel and the relocation of DTS put a halt to this group education. DTS need to reestablish this drug and alcohol group education component.

Equipment and Supplies

Field communication devices (radios) are needed when the activities are in the community. These radios will ensure prompt action and rapid responses in the event of an emergency (i.e. vehicle breaking down in an isolated area while transporting consumers to activities in the community, a consumer in a crisis situation, and/or a need to inform staff of emergency meetings, etc.

Capital Outlay, Capital Improvement and Preventive Maintenance

There's a need to purchase a 15-passenger van to support the Day Treatment program activities. About 50% of the program activities are out in the community and a van is needed to transport the consumers to the program activities.

There is also a need to for two (2) computers and printers for consumers to access information for skill development in the area of employment opportunities and accessing mental health information.

VI. Prevention and Education

A. Program Description

The Prevention and Training Branch provides training and educational opportunities for various targeted groups that focus on reducing the incidence and prevalence of alcohol, tobacco and other drug-related problems, and promotes overall health and wellness. This Branch adopted the public health model of prevention that recognizes that prevention is a lifelong process and attempts to reduce both the supply of and the demand for alcohol, tobacco and other drugs. Prevention programs and services utilize these six (6) strategies: (1) Information Dissemination, (2) Education, (3) Alternatives, (4) Problem Identification and Referral, (5) Community-Based Process, (6) Environmental and Social Policies.

B. Staffing

The Prevention and Training Branch is currently staffed with six (6) FTEs – one (1) Program Coordinator IV Supervisor, three (3) Program Coordinators IIIs, one (1) Recreational Therapy Coordinator and one (1) Word Processing Secretary. The salaries for one staff is currently and will continue to be funded for FY 2006 under the federal SAPT Block Grant, while the other four (4) staff members are funded locally. For the PEACE planning grant, ten FTEs have been recruited thus far – one (5) Special Projects Coordinator, (1) Program Coordinator III's, (3) Program Coordinator II and (1) Community Program Aide are currently needed to facilitate the Smoking Cessation Program.

C. Priority Areas and Impact

Infrastructure Development

On behalf of the Territory of Guam and the Office of the Governor, the Department of Mental Health and Substance Abuse received a one-year prevention and early intervention planning and development federal grant. The Governor-appointed advisory committee called PEACE (Prevention and Early Intervention Advisory Committee Empowerment) represents the "buy-in" of the three branches of government, as well as other leaders in the community. The PEACE process has begun for developing a comprehensive, five-year Substance Abuse Prevention and Early Intervention Plan for Guam that addresses the gaps in service provision and the leveraging of monies and resources to meet the needs of the Guam community, particularly underserved populations and individuals between the ages of 12 and 25 years.

The PEACE plan will incorporate all current prevention and early intervention programs being implemented by the government of Guam and other prevention service providers in the private sector and/or the military community.

DMHSA will pursue prevention infrastructure development for Guam that would include developing the island's capacity and readiness to support the implementation of science-based prevention and intervention programs and services that are culturally relevant and appropriate for Pacific Islander and Asian populations on Guam. It is anticipated that a five-year comprehensive plan for Prevention and Early Intervention will be written for implementation in FY 2005 through FY 2010 given the successful application of additional federal funds and leveraging of funding and resources locally.

Centralized Data Collection Systems

DMHSA and other partners in the PEACE process will pursue the establishment of a system for identifying, collecting and analyzing alcohol, tobacco and other drug-related data on Guam. All data collected will be analyzed and effectively utilized towards program development and enhancement for substance abuse-related prevention and education, early intervention, and treatment programs and activities.

Tobacco Prevention and Control

Guam currently has the 2nd highest adult smoking prevalence (32.1%) among all the States and Territories, with the Guam's male adult smoking rate (40.9%) the highest overall. Tobacco currently kills one person per day, on the average, on Guam. If the situation remains unchanged, the projected health and economic consequences of the tobacco epidemic on the island community will be catastrophic. Smoking among youth is steadily increasing. Teaming with the Department of Revenue and Taxation Enforcement Officers and with youth volunteers in the community will continue in vendor monitoring and inspections activities (Synar Mandate). Youth Leadership Trainings in tobacco prevention and control will continue resulting in a greater effort to raise the community's awareness about the harmful and deadly effects of tobacco use and addiction.

Specific priorities identified in the area of tobacco prevention and control include:

- Retain the services of DMHSA's Tobacco Control Technical Consultant, and Research and Statistical Analyst
- Ensure certification of additional DMHSA staff in smoking cessation
- Establish and strengthen Guam's pool of APPEAL (Asian and Pacific Partners for Empowerment and Leadership) Leaders in Tobacco Prevention and Control
- Support the continuation of positive alternatives to tobacco and other drug use among children and youth (i.e. Annual Swimming and Water Safety and Youth)
- Complete statistical analysis of all SYNAR data for publication and reporting back to the community
- Initiate a strategic communications and media advocacy campaign to promote tobacco-free lifestyles, and to reinforce the importance of quitting tobacco use
- Conduct pilot cessation programs for selected target groups
- Support UOG in establishing a center for excellence in tobacco control research

- Support the official establishment of the Tobacco Control Coalition
- Develop Guam's state-wide comprehensive 5-year plan for prevention and early intervention (PEACE) to include a comprehensive tobacco control plan
- Develop a strategic and long-term plan of action for tobacco control for the Department that is consistent with the PEACE plan and with evidence-based interventions to reduce tobacco consumption
- Expand the network of tobacco control resources and partners with local, Regional and international affiliates

Positive Alternatives-to-Drug Use

The Eighth Annual Summer Swimming and Water Safety Program targeting 200 children between the ages of 5 and 15 years old will continue in partnership with the Youth for Youth Organization, the Guam Chamber of Commerce, the Department of Parks and Recreation, the American Red Cross, the Guam National Guard and other partners. Youth between the ages of 14 and 19 are recruited and trained as program leaders and instructors.

Annual Youth for Youth Conference

Middle and high school students from Guam and the neighboring islands in Micronesia are invited each year to attend this annual event that is designed by youth, for youth. Youth conference planning committee members design, develop and implement this annual event for educating their peers on the facts about alcohol, tobacco and other drugs, personal life skills development, problem-solving and decision-making skills, and making healthy choices in their lives. This effort is under the guidance and support of the DMHSA Prevention and Training Branch staff.

Employee Assistance Program

DMHSA's Prevention and Training Branch staff continue to work collaboratively with the Government of Guam's Department of Administration, Training and Development Center. Government of Guam employees are afforded opportunities to participate in training events to increase their knowledge and skills for preventing substance use and abuse in the workplace.

Workforce Development and Certification of Prevention Specialists

Given the numerous and complex mental health and substance abuse problems present in the Guam community (i.e. suicide, family violence, sexual assault and rape) it is imperative that the prevention and treatment staff employed are afforded opportunities to broaden their knowledge, professional skills and resources to respond to the community's needs. The Prevention and Training Branch staff will continue to participate in professional development and certification training programs available locally, regionally and national (associated with APPEAL - National Asians and Pacific Partners for Empowerment and Leadership, NAPAFASA - National Asian Pacific American Families Against Substance Abuse, NPN - National Prevention Network, WHO – World Health Organization, Western States Youth to Youth Organization, PSAMHCC - Pacific Substance Abuse and Mental Health Collaborating Council, RADAR – Regional Alcohol and other Drug Abuse Resources, etc). Staff will enroll in local programs, when offered (e.g. University of Guam, Guam Community College and Guam Memorial Hospital's Grand Rounds to learn more about mental health and substance abuse-related topics; and any other valuable conferences and seminars).

IX. Medical Records

A. Program Description

The Medical Records Unit serves as the Health Information Center for the Department of Mental Health and Substance Abuse. Critical responsibilities are to collect, develop, monitor, maintain, record, research, and protect all clinical or health information of all consumers, who receive or utilize the Department's substance abuse services, medical, forensic, psychiatric and psychological services in accordance with applicable federal and local laws, rules and regulations, and standards. The Medical Records Unit provides essential health information

services to support the development, delivery or implementation and monitoring of all protected health information (PHI).

DMHSA must maintain the duties and responsibilities as outlined in the following federal and local mandates: Drug and Alcohol Confidentiality Law, (42U.S.C.-290dd); Social Security Act – Conditions of Participations (Title XVIII); Uniform Healthcare Information Act; and the Health Insurance Portability Accountability Act (HIPAA) (45USC Parts 160 and 164); 10GCA §86105B(2); DMHSA policies and procedures and other regulatory arms such as the Joint Commission Accreditation of Hospital Organizations (JCAHO), to include other national infrastructure initiatives that would support the development and implementation of an electronic medical records system.

Accidental or intentional disclosure to unauthorized persons is punishable by law to include civil and criminal penalties up to \$250,000.00 as evidenced in HIPAA Sec. 1177 (45USC 1320d-6) and in addition, may include incarceration. Thus, information security, privacy and protection from alteration, destruction and loss are DMHSA's primary concern in complying with the privacy and security rules (i.e. HIPAA). Compliance is not a choice but a mandate therefore; it is imperative that the medical records section be a priority.

The vision for DMHSA is parallel to President Bush's National Information Technology Initiative Plan and Health and Human Services Secretary, Tommy Thompson who announced a series of initiatives aimed at speeding up the development and implementation. This calls for every consumer to have an electronic record within 10 years. Thompson is quoted as saying that a good information technology system "could save our economy, conservatively, \$140 billion a year. That's 10 percent of what we spend right now [on health care]. This state-of-the-art information technology seamlessly integrates consumer information in a safeguarded environment that maximizes the exchange of authorized information access among DMHSA and its collaborative partners and will support a system for improved clinical care, education, grant requirements, research and public service.

This can be done by using information technology to bring together DMHSA and the world community; provide easy and secure electronic access to information from any location at any time; develop quality systems for collecting, standardizing and using data; provide training and support systems that strengthen user productivity and satisfaction; evaluate needs and plan for fiscal support. A Data-rich environment that is technologically advanced and exceeds the minimum qualifications of all mandates to build a strong foundation of information resources and systems that will enhance the total quality of consumer care. Quality Healthcare is achieved through Quality Information!

Medical Records services and activities currently provided can be significantly elevated from a sub-standard manner (due to inadequate staffing, funding and infrastructure) is:

- Ensure health information is complete and available to legitimate users
- Code and classify data for research, grant justification, public health studies
- Analyze information necessary for decision support
- Protect consumer privacy and provide information security
- Enhance the quality and uses for data within the healthcare agency
- Comply with standards and regulations regarding health information
- Prepare health data for requests from authorized users
- Analyze clinical data for research and public policy

All DMHSA employees undergo mandatory training on Confidentiality, Health Insurance Portability Accountability Act with a goal of a 100% compliance rate. In May of 2003, five DMHSA employees attended a three-day training on HIPAA training and now serve on the DMHSA HIPAA Task force. This HIPAA Task Force's primary duty is to implement, train and ensure full compliance with this federal mandate. A mandatory departmental HIPAA Awareness Training commenced resulting in 99% of DMHSA employees in attendance.

Significant achievement in the improvement of quality documentation was established through the Forms Committee chaired by the Medical Health Records Supervisor and other members from each discipline with DMHSA. Team members reviewed mandates, regulations and outdated forms for the creation of two new and improved forms known as Integrated Progress Notes and a Signature Sheet. These two forms were needed to standardize and capture information on all consumers' progress and to ensure identification and authentication of the



author for entries made in a clinical record as per regulatory arms. In addition to the forms itself, policies and procedures were created after piloting these forms and having employee training on both forms. Thus, the Integrated Progress Note Policy and Procedure has been approved.

B. Staffing

Medical Records Unit is currently staffed with two (2) FTEs - one (1) Medical Records Supervisor (local funding) and (1) CPA I. Recruitment of (2) Med. Records Clerk is pending and a Data Control clerk is needed to provide digital archiving and administrative support.

C. Priority Areas and Impact

The present staffing of the Medical Records Unit is critically understaffed given the custodial responsibility of over 16,000 paper-based medical records to date, that span a period from 1969 thru the present and the diligence for immediate adherence to the federal Health Information Portability and Accountability Act (HIPAA) and Confidentiality of Patient Records for Alcohol and Drug Treatment mandates. Critical needs include the immediate recruitment of: one (1) Data Control Clerk II and one (1) Computer Systems Analyst I. The additional personnel are critically needed in order to manage the current and increasing workload and demands of the Medical Records Branch.

The keypad security system currently in use to enter the Medical Records section requires immediate funding to restore tracking of all authorized persons entering this section. It is necessary to eliminate access codes previously issued to former DMHSA employees and to also regain the ability to re-issue new access codes which was damaged from Typhoon Pongsona.

Objective 1: To maintain efficient and secure collection, management and access of all DMHSA Consumer Health Information.

Improve information, data, processes and technology that serve the immediate needs of authorized persons such as healthcare providers, consumers, justice system, educators, researchers, families and caregivers. Developing an electronic clinical data warehouse or webnet, we would be able to support decision making and research that is accessible 24 hours a day, 7 days a week. This integrated process would allow access to all clinical information using the web, hand-held personal digital assistant (PDA) technologies with security and confidentiality capabilities that out perform federal and local mandates. Imagine our authorized target population being supported via the net and their clinical practice including drug alerts, laboratory results, practice guidelines, treatment plans and others at their fingertips which in turn would reduce paper work, save money while significantly reducing time to receive PHI whether addressing a crisis situation in the community or off-site for a home visit. This objective relates to quality time spent with the community of Guam with rapid access to PHI.

Objective 2: To establish effective use of technology for educating all DMHSA employees and other relevant health care personnel.

Improving the support for instructional technology by promoting and developing instructional trainings for employees of DMHSA and other health care partners for best practices in the delivery of a constant revolving healthcare is necessary. In accordance with Healthy People 2010, a national planning process for the Healthy People Initiative, Health Communication's Goal #11 is to use communication strategically to improve health. Vital trainings on how to deal with our population in a culturally competent environment is hampered because employees are currently tasked with maintaining the daily operations of a critical department without meeting the needs of mandatory trainings, testing and up-to-date information which is necessary to reduce liability. The development of a web site for consumer information is imperative for educating all on the Consumers Bill of Rights that may include topics such as the Notice of Privacy and Information Practices as required by HIPAA. Consumers and others will also have the ability to obtain a Consent to Release Confidential Information form that can be downloaded or printed via the web, which would significantly increase accessibility, efficiency and cost-savings.

Objective 3: To increase protection of all PHI from potential destruction due to natural disasters.

Information security, privacy and protection are difficult since monitoring of activities is in

manual form thus destruction from natural disasters hampers the protection of confidential health information. This was evident after Typhoon Pongsona left 1,200 consumers medical records illegible because they were water damaged. By creating the tools to measure and analyze grant related research activities, we could save the government of Guam a wealth of money.

Digital archiving of all medical records and other electronic filing of PHI will be implemented, thus protecting and preventing further loss and destruction of consumer records as a result of typhoons. Again, critical needs include: Recruitment of (1) Data Control Clerk II and (1) Computer Systems Analyst I to establish and maintain a Health Information Management System as mentioned previously.

Department of Mental Health Department: and Substance Abuse

Division/Section:

Clinical Services Division Intake/Emergency Services and Crisis Hotline

Program Title: Intake/Emergency Services and Crisis Hotline

Activity Description:

Intake/Emergency Services

Intake/Emergency Services Branch, "the gateway to services," under the Clinical Services Division is a 24-hour/7-days-a-week program which provides services for individuals seeking mental health and substance abuse information, crisis intervention and treatment from the Department of Mental Health and Substance Abuse. The Intake Branch provides initial assessments and mental status examination on individuals requesting DMHSA services to determine eligibility and appropriateness of available DMHSA services as well as crisis intervention to individuals needing immediate psychiatric attention.

Crisis Hotline

Crisis Hotline (CHL) provides a 24-hour/7-days-a-week immediate telephone response service to callers needing assistance for personal crisis (i.e. family violence, suicide thoughts). CHL also serves as the liaison to activate the rape crisis response team and is a referral link to various governmental and community services.

Major Objective(s):

Intake/Emergency Services

- 1. Provide services for individuals seeking mental health and substance abuse information, crisis intervention and treatment.
- 2. Provide initial assessments on individuals requesting services to determine eligibility and appropriateness of available DMHSA services.
- 3. Ensure the continuation of services for the community by stabilizing the 24-hour/7-days-a-week operation to handle routine and emergent cases.
- 4. Ensure an efficient daily administrative operation to provide for quality services to consumers in terms of setting appointments, answering service inquiries, linkages to other governmental and community providers, etc.

- 1. Provide immediate telephone response services to callers needing assistance for personal crisis.
- 2. Ensure the continuation of services for the community by stabilizing the 24-hour/7-days-a-week operation.

Short-Term Goals:

Intake/Emergency Services

- 1. Recruitment of three (3) FTEs one (1) Social Worker I, one (1) Social Worker II, one (1) Social Worker III to ensure the stabilization of a 24-hour/7-days-a-week operation for routine and emergent cases by the first quarter of the fiscal year.
- 2. Recruitment of one (1) FTE Clerk II to provide administrative support to the Intake Branch by the first quarter of the fiscal year.

Crisis Hotline

1. Recruitment of two (2) FTE Crisis Counselors to ensure the stabilization of a 24-hour/7-days-aweek crisis telephone response by the first quarter of the fiscal year.

W	or	klo	ad	O	ut	put

Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
1. Intake and Assessments	85%	90%	95%
2. Crisis Intervention	85%	90%	95%
3. Crisis Calls	85%	90%	95%
 Administrative Operations 	30%	30%	90%

Department of Mental Health

and Substance Abuse

Clinical Services Division

Division/Section: Community Support

Services Branch

Program Title: Community Support Services

Activity Description:

Department:

Community Support Services

The Community Support Services (CSS) Branch is under the Clinical Services Division of the Department of Mental Health & Substance Abuse. This program provides on-going supportive care and case management services to adults with serious mental illness and their families. The main goal of the CSS Branch is to prevent re-hospitalization.

Major Objective(s):

- 1. Provides on-going supportive care and case management services to adults with serious mental illness and their families and facilitates the delivery of a range of services in both home and community-based settings.
- 2. Maintains daily functional operations such as greeting consumers, answering telephone, data gathering, typing, procuring supplies, filing etc. as part of office management.
- 3. Provides educational services to consumers and other human service providers on mental health issues.

Short-Term Goals:

- 1. Recruit two (2) Social Worker I positions to provide case management services for the adult serious mentally ill consumers for the forensic population and for program expansion of activities by the first quarter the fiscal year.
- 2. Recruit a Clerk II to maintain daily functional operations of the CSS Branch program by the second quarter of the fiscal year.

Workload Output			
Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
1. Supportive care and case management services	70%	80%	90%
2. Administrative duties and operations	25%	25%	80%

Department of Mental Health

and Substance Abuse

Clinical Services Division

Division/Section: Day Treatment Branch

Program Title: Day Treatment Services

Activity Description:

Department:

To provide Day Treatment Services that promote and enhance the psychosocial, economic and physical well-being of each adult consumer with serious mental illnesses enrolled with the program and who require monitoring and supervision in a therapeutic setting through a variety of program events (i.e., Community Outing, Industrial Work Therapy Program, and Job Fairs and Presentations).

Major Objective(s):

- 1. Continue to promote and enhance the psychosocial, economic, and physical well being of each consumer enrolled wit the program.
- 2. Continue to provide structured, therapeutic activities for the adults with serious mental illnesses.
- 3. Continue to provide a structured and less restrictive environment for consumers preparing for community integration from the Adult Inpatient Unit.
- 4. Continue to promote and enhance staff development.

Short-Term Goals:

- 1. Actively recruit for professional staff support that provide support care and case management services to the consumers.
- 2. Procure for urgently needed equipment in the event of an emergency, and fuel and maintenance for existing vehicle fleet and other operational supplies.
- 3. Pursue training in the areas of Basic Life Support (CPR), First Aid Training, Non-Violent Crisis Intervention, and Computer Literacy Skills and also funding for the certification of these trainings.

Workload Output			
	FY 2005	FY 2006	FY 2007
Workload Indicator:	Level of	Anticipated Level	Proposed Request
	Accomplishment		
1. Case Work Activities	70%	80%	90%
2. Therapeutic Group			,
Activities	50%	60%	80%
3. Support Employment			
Activities	50%	60%	80%

Department:

Department of Mental Health and Substance Abuse

Clinical Services Division Division/Section: 24 Hr Res. Trtmt Guma Ifil

Program Title: 24 Hour Residential Treatment Services

Activity Description:

Guma' IFIL is a 24 hour transitional residential program for adults with serious mental illnesses who are clinically stable and are not yet ready to live independently. The staff at this residential program setting provides structure, guidance, and skill building activities to the consumers so they attain independence and self-sufficiency. Consumers who are referred to Guma' IFIL from other services in DMHSA when a transitional living arrangement would be of benefit to the consumer and when placement at Guma' IFIL for respite care would provide temporary intervention or relief for the consumer and his/her family. Clinicians with specialized skills, who are trained in the non-violent crisis intervention mode, thus creating an environment of respect and safety for residents and staff, continuously supervise residents.

Major Objective(s):

- 1. Provide 24-hour transitional residential services to adults with serious mental illnesses.
- 2. Facilitate the development of activities of daily living skills.
- 3. Monitor and facilitate improvement of consumers of psychological social and economic well being, to enable the consumer to become self sufficient and independent.
- 4. Promote and enhance staff development.

Short-Term Goals:

- 1. Actively recruit for professional staff support that will manage and provide a safer patient-staff ratio level that will also address the admission capacity and liability issue.
- 2. Procure for urgently needed equipment and supplies in the event of an emergency, fuel and maintenance for existing vehicle fleet and other operational supplies.
- 3. Pursue training in the areas of Basic Life Support (CPR), first Aid Training, Non-Violent Crisis Intervention, and computer Literacy Skills and also funding for the certification of these trainings.

Worldood Output

Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
1. Case Work Activities	70%	80%	90%
2. Train Consumers	50%	60%	80%
3. Community Based			
Activities	50%	60%	80%
4. Wait-List Activities	50%	60%	80%

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE CLINICAL SERVICES DIVISION SUMMARY

		ALCOHOLOGY DE LA CONTRACTOR DE LA CONTRA					P
Oracle					Gevernor's	Hemest	
Budget	[FY2005	FY2006	FY2007	FY2007	FY2007	FY2007
Account		Expenditures and	Authorized	GENERAL	FEDERAL	OTHER	Total Req.
Codo	Appropriation Classification	Encumbrances	Level	FUND	FUND	FUND	(A+B+C+D)
	RUNNITO DES RUTTO ROURES DO DO CONTRE STERNIS DO DES RUTTO DE TRANSPORTADO DE PROPERTO DE CONTRE						
	PHERSONNEL SERVE ES				0004 505	\$695,066	\$2,085,905
111	Regular Salaries/Increments	\$1,243,236	\$1,131,733	\$696,254	\$694,585	5095,000	\$2,003,503
112	Overtime/Special Pay	\$0	50	\$0 \$226,839	\$0 \$213,108	\$234,856	\$674,803
- 113	Benefits TOTAL PERSONNEL SERVICES	\$322,287	\$347,669	\$923,093	\$213,108	\$929,922	\$2,760,708
	TOTAL PERSONNEL SERVICES	\$1,565,523	\$1,479,402	\$923,093	\$907,093	3727,7221	32,700,700
220	TRAVEL- Off-Island/Local Mileage Relmburs.	SO.	\$0	so	\$45,009	\$0	\$45,009
230	CONTRACTUAL SERVICES:	\$303,144	\$753,144	20	\$2,105,264	\$0	\$2,105,264
233	OFFICE SPACE RENTAL:	\$0	\$0	\$0	50	\$0	\$0
							602 727
240	SUPPLIES & MATERIALS:	\$0	\$0	\$0	\$73,727	\$0	\$73,727
	· <u> </u>				\$26,778	50	\$26,778
250	EQUIPMENT:	50	\$0		320,778	30	320,770
290	The program of the control of the	\$0	\$0	so	\$43,500	so	\$43,500
290	SUB-RECIPIENT/SUBGRANT:	30	30	30	343,300	- 30	\$45,500
450	MISCELLANEOUS:	\$0	\$250,000	02	SO	50	\$0
430	INDSCELLARIEOUS:	1	3230,000				
/	TOTAL OPERATIONS	\$303,144	\$1,003,144	so so	\$2,294,278	\$0	\$2,294,278
		Ř					
361	Power	\$(\$0	
362	Water/ Sewer	S				\$0	\$
363	Telephone/ Toll	\$I				50	
	TOTAL UTILITIES	s	o s	0] \$0	\$0	50	3
800		S	0 5	0 50	so	. 50	S
800	DESCRIPTION OF THE PERSON OF T	3	<u> </u>	0]	30	30	
450		s	0 . 0	0 50	\$38,000	\$0	\$38,00
		ENG.		<u> </u>			
	TOTAL APPROPRIATIONS	\$1,868,66	7 \$2,482,54	6 \$923,093	\$3,239,971	\$929,922	\$5,092,98
	1/ Specify Fund Source						
	Remarkable and the company of the co	220					
	ender in en estat extrement de la company						
	UNCLASSIFIED	00	0	0	0	0	0
	CLASSIFIED	49	46	18	19	20	57 57
	TOTAL FIBS	49	46	18	19	20	57

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: CLINICAL SERVICES DIVISION

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern CURRENT

323,073	0 440,007 0	ن مدور	\$ 100,000		F					,		1				ion / ata	* Night Differential / Hazardone / Worker's Componentian / oto	* Night Diff
	776 920	-	7	3 132 €	10.096 \$		\$ 2.142 \$	\$ 151.853 S	\$ 696,254 \$	S 22,440 S	•	\$ 24,328	·	649,486	S	Grand Total:		
37,391	10,529	297	3,572 \$	\$174 8	389	0	238	5,859	26,862	\$ 1,541	02/28/07	\$ 665	·	24,656	Kl \$	Johnston, Maribeth	0005 Social Worker I	18 CH.0005
47,606	12,264	297	3,572 \$	\$174 \$	512	0	0	7,708	35,342	S 1,090	L	\$ 3,114	s -	31,138	GI3 S	Grarrido, George		+-
46,649	12,204	446	3,572 \$	\$174 \$	499	0	0	7,512	34,445	S 1,017	L		59		↓_	Almandres, Mark		+
49,107	10,890	149	1,440 \$	\$174 \$	554	0	238	8,335	38,217	-	_		59		┸	rox, Namhee	1	+
49,525	12,626	297	3,572 \$	S174 S		0	0	8,048	36,899	\$ 1,090	_	4	\$		1	Quinata, Maria E.	┸	+
74,793	17,515	446	3,572 8	\$174	831	0	0	12,492	57,278	\$ 1,937	L	59	\$		1	Benavnete, Barbara SN	Т.	+-
62,072	13,143	148	1,440 \$	\$174	709	0	0	10,671	48,929		L	\$ 1,234	\$		1	Manibusan, Evelyn	J	+
37,027	8,611	149	1,440 S	\$174 \$		0	238	6,198	28,416	\$ 1,541	L	l	\$ -		ļ.,	Lampa, Vanessa	1	+-
68,540	16,214	297	3,572 \$	\$174 `S	759	0	0	11,412	52,326	\$ 1,728	<u> </u>	\$ 1,234	s -		Ľ	Miral, Marilyn		+
55,608	13,967	297	3,572 \$	\$174	604	0	238	9,082	41,641	\$ 1,974	08/16/07	S 951	\$	38,716	M7 \$	Quinata, Sylvia	١	╫
51,148	13,125	297	3,572 8	\$174 \$	551	0	238	8,293	38,023	\$ 1,326	11/03/06	\$ 895	\$		L7 S	Vila, Sandra	ł.	╀
39,288	10,887	297	3,572 \$	\$174	412	0	238	6,194	28,401	\$ 1,541	L	\$ 663	59		K2 \$	Okubo, Frances	١.,	+
56,060	13,859	297	3,572 \$	\$174 \$	612	0	0	9,204	42,201	\$ 1,392	02/16/07	\$ 1,029	5		L10 \$	Rosario, Barbara	┸	6 B.1502
69,260	16,350	297	3,572 \$	\$174 S	767	0	0	11,540	52,910	\$ 1,747	02/26/07	\$ 1,248	5		N12 S	Weakly, Mary		5 B.1501
38,623	8,912	149	1,440 \$	\$174 8	431	0	238	6,480	29,711	\$ 1,541	05/12/07	\$ 1,973	,		K2 \$	Hautea, Juanazon	L	+
37,027	8,611	149	1,440 \$	\$174 8	412	0	238	6,198	28,416	\$ 1,541	10/11/06	\$ 678			L	Lizama, Sheena		3 B.1302
57,305	14,287	297	3,572 S	\$174 \$	624	0	238	9,382	43,018	\$ 1,434	05/04/07	\$ -	S		L	Tydingco, Karen		2 B.1201
46,066	12,847	446	4,500 \$	\$174 S	482	0	0	7,245	33,219	-	08/21/08	S	-		ـ	Aguon, Rose	1	+
TOTAL	(KthruQ)	(Premium)	Premium) ((1)	_	(6.2% * J) (1	(\$9.16*26PP)	(J * 21.81%)	Subtotal	Amt	Date	Special*	Overtime	Salary	Step	Incumbent		No. Number
(J+R)	Total Benefits	Dental	Medical	Life	Medicare L	Social Security 1	Retire (DDI) S	Retirement	(E+F+G+I)						Grade/	Name of		
					Benefits					rent	Increment							.
(S)	(R)	(Q)	(P)	(0)	(N)	(M)	(L)	(K)	(J)	(I)	(H)	(G)	(F)	(E)	(D)	(c)	(A) (B)	()
k dhen u		al different	imput of surje															
arker skraw		mont	Input by Dengartment												epartment	Input by Department		
and attributions									T	CURRENT							FUND: GENERAL FUND	FUND: 0

* Night Differential / Hazardous / Worker's Compensation / etc.

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: CLINICAL SERVICES DIVISION

FUND: GENERAL FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern PROPOSED/VACANT

			Input by Department	epartment													Input by	Input by Department		
	(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(0)	(R)	<u> </u>
															Benefits					
	Positio	Position Position	Name of	Grade/					тистениения	E.01	(E+F+G+I)	Retirement	Retire (DDI)	Social Security	Medicare	Life	Medical	Dental	Total Benefits	(J+R)
No.	Number	er Title	Incumbent	Step	Salary	Overtime		Special*	Date	Amt.	Subtotal	(J * 21.81%)	(\$9.16*26PP)	(6.2% * J)	(1.45% * J)	(1)	(Premium)	(Premium)	(K thru Q)	TOTAL
1	B.1104	4 Secretary (Typist)	Aguon, Rose	H13	\$ 33,219	8 6	S	•	08/21/08	s -	33,219	7,245	0	0	482	\$174	\$ 4,500	\$ 446	12,847	46,066
2	B.1201	1 Medical Health Rec. Supervisor	Tydingco, Karen	M9	\$ 41,584	S	s	-	05/04/07	\$ 1,434	43,018	9,382	238	0	624	\$174	\$ 3,572	S	14,287	57.305
3	B.1302	2 Social Worker I	Lizama, Sheena	K2	\$ 26,197)7	\$	678	10/11/06	\$ 1,541	28,416	6,198	238	0	412	\$174	\$ 1,440	S	8,611	37,027
4	B.1304	4 Social Worker I	Hautea, Juanazon	K2	\$ 26,197	S	\$	1,973	05/12/07	\$ 1,541	29,711	6,480	238	0	431	\$174	\$ 1,440	\$ 149	8,912	38,623
5	B.1501	1 Social Service Supervisor I	Weakly, Mary	N12	\$ 49,915	15 S	\$	1,248	02/26/07	\$ 1,747	52,910	11,540	0	0	767	\$174	\$ 3,572	\$ 297	16,350	69,260
6	B.1502	2 Social Worker II	Rosario, Barbara	L10	\$ 39,780	S	S	1,029	02/16/07	\$ 1,392	42,201	9,204	0	0	612	\$174	\$ 3,572	\$ 297	13,859	56,060
7	B.1503	3 Social Worker I	Okubo, Frances	K2	\$ 26,197	69	\$	663	05/11/07	\$ 1,541	28,401	6,194	238	0	412		\$ 3,572	ક્ક	10,887	39,288
œ	B.1504	4 Social Worker II	Vila, Sandra	1.7	\$ 35,802	s	59	895	11/03/06	\$ 1,326	38,023	8,293	238	0	551	-	\$ 3,572	S	13,125	51,148
9	B.1505	5 Social Worker III	Quinata, Sylvia	M7	\$ 38,716	6. \$	\$	951	08/16/07	\$ 1,974	41,641	9,082	238	0	604	\$174	3,572	\$ 297	13,967	55,608
10	B.1507	7 Social Worker II1	Miral, Marilyn	M14	\$ 49,364	S	·S	1,234	06/15/07	\$ 1,728	52,326	11,412	0	0	759	\$174	\$ 3,572	\$ 297	16,214	68,540
=	B.1508		Lampa, Vanessa	K2	\$ 26,197)7 S	S	678	10/04/06	\$ 1,541	28,416	6,198	238	0	412	\$174	\$ 1,440	\$ 149	8,611	37,027
12	B.1509	9 Social Worker III	Manibusan, Evelyn	M13	\$ 47,695	S	59	1,234	10/08/07		48,929	10,671	0	0	709	\$174	\$ 1,440	\$ 148	13,143	62,072
13	B.1601	1 Program Coordinator IV	Benavnete, Barbara SN	N15	\$ 55,341	s	55	-	06/23/07	\$ 1,937	57,278	12,492	0	0	831	\$174	3,572	\$ 446	17,515	74,793
14	B.1701	1	Quinata, Maria E.	G13	\$ 31,138	s	s	4,671	05/03/07	\$ 1,090	36,899	8,048	0	0	535	\$174	\$ 3,572	S 297	12,626	49,525
15	B.1702	2 Psychiatric Social Wkr. I	Fox, Namhee	М6	\$ 37,282	2 \$	s	935	02/28/08	-	38,217	8,335	238	0	554	\$174	\$ 1,440	\$ 149	10,890	49,107
16	B.1703	3 Psychiatric Technician II	Almandres, Mark	G11	\$ 29,068	\$	59	4,360	04/25/07	\$ 1,017	34,445	7,512	0	0	499	\$174	\$ 3,572	\$ 446	12,204	46,649
17	C.1112	2 Psychiatric Technician II	Grarrido, George	G13	\$ 31,138	S	- 8	3,114	05/03/07	\$ 1,090	35,342	7,708	0	0	512	\$174	\$ 3,572	\$ 297	12,264	47,606
18	CH.0005	05 Social Worker I	Johnston, Maribeth	K1	\$ 24,656	6 \$ -	s	665	02/28/07	\$ 1,541	26,862	5,859	238	0	389	\$174	\$ 3,572	\$ 297	10,529	37,391
			Grand Total:		\$ 649,486	6 8	s	24,328		\$ 22,440	\$ 696,254	\$ 151,853	\$ 2,142	\$ -	S 10,096	\$ 3,132	\$ 54,564	\$ 5,052	\$ 226,839 \$,
gtN *	at Differ	* Night Differential / Hazardous / Worker's Compensation / etc	ation / etc.																	

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961.406	247 021 \$	5.940 \$	71.440 \$	3.480 \$	10.358 \$	&	&>	155,803	714,365 \$ 1	- \$ 714	•	\$ 79,365	635,000 \$ -	49	Grand Total:	*****		
148,258	31,257 \$	297 \$	3,572 \$	174 \$	1,697 \$	-	- 8	25,518 \$	117,000 S	\$ 11	To the state of th	S -	117,000	Uncl \$ 1	(MECONICOPE) PROPRIED DE CONTRACTOR DE CONTR	VACANT	Staff Psychiatrist(Part-Time)	20 DA.2020 S
57,067	14,049 \$	297 S	3,572 S	174 \$	624 S	-	- 8	9,382 \$	3,018 \$	s		\$ 7,170	35,848	M5 \$		VACANT	Chem. Dep Trmt Specialist III	DA.2019 (
43,590	11,506 \$	297 S	3,572 S	174 \$	465 S		- 8	6,997 \$	32,083 \$	\$ 3,	Video and Company of the Company of	\$ 5,347	26,736	\$	der contract de la co	VACANT	Licensed Practical Nurse II	DA.2018 L
32,10	9,339 \$	297 S	3,572 S	174 \$	330 \$	-	S	4,966 \$	2,769 S	\$ 2:	STATESTICS AND DESCRIPTION OF THE PROPERTY AND ADDRESS	\$ 3,795	18,974	H	TO THE PROPERTY OF THE PROPERT	VACANT	Licensed Practical Nurse I	3
32,10	9,339 \$	297 S	3,572 \$	174 \$	330 S		- 5	4,966 S	2,769 \$	S 2:	Bernard Commence of the Commen	\$ 3,795	18,974	•	WWww.astranatronantranatrana	VACANT	Licensed Practical Nurse I	DA.2016 L
36,93	10,249 \$	297 S	3,572 \$	174 S	387 \$	- 8	S	5,819 \$	6,681 \$	\$ 2	entre-reconstruction and the second s	S 4,447	22,234	G4 \$	Printeramono ano aprovada ano anterior de la compansión d	VACANT	Psychiatric Technician II	
36,93	10,249 S	297 \$	3,572 \$	174 \$	387 \$	- s		5,819 S	6,681 \$	\$ 2		\$ 4,447	22,234	\$	e la differente de antico de la constante de l	VACANT	Psychiatric Technician II	1
36,93	10,249 \$	297 S	3,572 \$	174 S	387 \$	- \$	- s	5,819 \$	6,681 \$	S 2	***************************************	\$ 4,447	22,234	•		VACANT	Psychiatric Technician II	à .
30,12	8,965 \$	297 \$	3,572 \$	174 \$	307 s	- \$		4,615 S	1,162 \$	S 2	de altres de la companya de la compa	\$ 3,527	17,635	\$		VACANT	Psychiatric Technician I	
30,1;	8,965 \$	297 \$	3,572 \$	174 \$	307 S	. ·		4,615 \$	21,162 \$	\$ 2		\$ 3,527	17,635	*	TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	VACANT	Psychiatric Technician I	DA.1111
30,1	8,965 \$	297 S	3,572 \$	174 \$	307 s	-	- s	4,615 S	1,162 \$	\$.2	V () () () () () () () () ()	\$ 3,527	17,635	F1 \$	ACTION OF THE PARTY OF THE PART	VACANT	Psychiatric Technician I	DA.1110
44,0:	11,590 \$	297 S	3,572 \$	174 S	470 \$	·	•	7,076 S	12,446 \$	\$ 3		\$ 5,926	26,520	*		VACANT	Social Worker II	CH.007
44,0:	11,590 \$	297 \$	3, <i>57</i> 2 S	174 \$	470 S			7,076 \$	12,446 S	\$ 3	CD-000-0000 COO -000-000000000000000000000	\$ 5,926	26,520	\$	economic and a company of the compan	VACANT	Social Worker II	and the same of
42,8	11,369 \$	297 \$	3,572 \$	174 \$	457 S	•	- \$	6,869 \$	11,496 \$	\$ 3	THE PERSON NAMED AND PASSED AND P	\$ 5,925	25,571	F9 \$	stillerans and all the stillerans and all the stillerans and and all the stillerans and all	VACANT	Psychiatric Technician I	page 6
23,5	7,727 S	297 \$	3,572 8	174 \$	230 S	S		3,455 \$	15,840 \$	\$ 1		TO MANAGE CONTRACTOR OF THE PARTY OF THE PAR	15,840	9	STATE TA ARRAM STATE AND ARRAM	VACANT		B.2001
59,2	14,457 \$	297 \$	3,572 \$	174 \$	649 \$	-	- 59	9,765 \$	4,771 \$	83	******	\$ 8,923	35,848	M5 \$		VACANT	Social Worker III	Ĺ
40,2	10,881 \$	297 S	3,572 \$	174 \$	426 S	-		6,412 S	29,398 \$	8 2		\$ 2,878	26,520	- S	VVV NA Standard Code Comment Standard Landard Comment Code Code Code Code Code Code Code Code	VACANT	Social Worker II	
51,7	13,051 \$	297 S	3,572 \$	174 \$	562 \$	- \$	- \$	8,447 \$	38,728 \$	8		S 2,880	35,848	45		VACANT	Psychiatric Social Worker I	
55,4	13,745	297 S	3,572 S	174 \$	605 S		- \$	9,097 \$	11,709 \$	S 4		S 2,879	38,830	45		VACANT	Psychiatric Social Worker II	2 B.1704
85,8	19,479	297 \$	3,572 \$	174 \$	962 S		•	14,474 \$	66,364 \$	\$			66,364	R10 \$		VACANT	Clinical Administrator	B.1001

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES

DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM: CLINICAL SERVICES DIVISION

FUND: HEALTHY FUTURES FUND

Fiscal Year 2007 Budget
Agency Staffing Pattern
CURRENT Government of Guam

			Input by I	Input by Department												Input by I	Input by Department		
	((R)	(C)	(D)	(E)	(F)	(G)	(H)	Ξ	Ĵ	(K)	(L)	(<u>M</u>)	(<u>x</u>	(0)	(P)	(<u>Q</u>)	(R)	(S)
	1								3333					Benefits	its				and the same of th
	Position	on Position	Name of	Grade/				Lnci	Increment	(E+F+G+I)	Retirement	Retire (DDI)	Social Security	Medicare	Life	Medical	Dental	Total Benefits	(J+R)
Z 0.		00000	Incumbent	Step	Salary	Overtime	· Special*	Date	Amt.	Subtotal	(J * 21.81%)	(\$9.16*26PP)	(6.2% * J)	(1.45% * J)	(1/)	(Premium)	(Premium)	(K thru Q)	TOTAL
-		3 MH Recreation Therapy Coord.	Cruz, Peter	K14	\$ 42,440	0 8 -	S 4,244	04/0	\$ 1,485	48,169	10,506	6	0	698	\$174	\$ 3,572	\$ 297	15,247	63,416
2	D.1010	-	Taitague, Marie	D2	\$ 16,830	0 S -	\$ 3,409	12/1	\$ 990	21,229	4,630	0 238	188	308	\$174	\$ 3,572	S 297	9,407	30,636
3	В.2002		McDaniel, Jesse	E20	\$ 35,242	2	\$ 3,524	NA/CAP	s -	38,766	8,455	5 238		562	\$174	\$ 3,572	S 297	13,298	52,064
4	B.1602	_	Osborne, Gayle	M13	\$ 47,695	5 S -	S	03/03/07	\$ 1,669	49,364	10,766	6	0	716	\$174	\$ 1,440	S 297	13,393	62,757
5	В.1604		Calamba, Richard	M14	\$ 49,364	4 8 -	s -	01/01/07	\$ 1,728	51,092	11,143	3	0		\$174	\$ 3,572	S 297	15,927	67,019
6	В.1510	_	Guerrero, Joaquin	M12	\$ 44,524	4 8 -	\$ 8,923	08/25/08	s -	53,447		7	0		T	\$ 1,440	S 297	14,343	67,790
7	C.1108	98 Psychiatric Technician II	Boland, Patrick	G13	\$ 30,085	5 8 -	S 3,013	09/26/08	s -	33,098					1	1,440		9,461	42,559
%	D.1004		Dante, Thersa	G12	\$ 30,085	5 \$ 1,872	2 \$ 5,185	07/1	\$ 1,053				188			\$ 3,572		13,353	51,548
9	C.1418	_	Simion, Kachiosy	F2	\$ 17,635	5 \$ 1,764	4 \$ 3,551	11/25/06	\$ 1,103	24,053						\$ 1,440		7,595	31,648
10	B.1809		Untalan, Veona	D3	\$ 16,830	0 8 -	\$ 4,688	04/0	S 990		4,909				Ī	\$ 3,572		9,516	32,024
=	C.1116		San Nicolas, Dolores	F3	\$ 18,737	7 8 -	\$ 5,219	03/22/07	S 1,102						T			7,828	32,886
12	B.1909	9 Psychiatric Technician II	Paulino, Katherine	G2	\$ 19,893	3 8 .	\$ 5,559	12/1	\$ 1,171	26,623					T	\$ 3,572		10,474	37,097
13	D.1105	95 Psychiatric Technician I	Sioco, Emma	F2	\$ 17,635	5 8 -	\$ 4,917	02/2	\$ 1,103	23,655					T	\$ 3,572		9,783	33,438
14	В.1804	_	Garcia, Violeta	G7	\$ 25,276	6 S -	\$ 7,000	02/27/07	\$ 936		7,244					\$ 3,572		12,006	45,218
15	B.1810	_	Camacho, Elizabeth	F3	\$ 18,737	7 8 -	\$ 5,224	03/0	S 1,102	25,063					T	\$ 3,572		10,111	35,174
16	D.1106	1	Garcia, Roswell	G7	\$ 25,276	6 S -	s 7,000	06/01/07	S 936	33,212	7,244		0			\$ 3,572	\$ 297	12,006	45,218
17	D.1111	_	Pico, Fortunato N. Jr.	G7	\$ 25,276	6 8 -	s 7,000	06/01/07	S 936	33,212	7,244		0			\$ 3,572	\$ 297	12,006	45,218
12	B.1705		Sanchez, Reina	N12	\$ 49,915	5 S -	\$ 8,388	03/	S 1,747	60,050	13,097			871		\$ 3,572	S 297	18,249	78,299
19	D.1007	1	Aguon, Stephanie	F2	\$ 18,737	7 \$ 1,764	4 8 5,925	12/02/06	\$ 1,103	27,529	6,004	238	0	399	\$174	\$ 3,572	S 297	10,684	38,213
20	D.1006		El Sayeh, Mahmoud	F2	\$ 18,737	7 \$ 1,764	4 8 5,927	12/02/06	\$ 1,103	27,531	5,489	9 238	0	399	\$174	\$ 3,572	S	10,169	37,700
		₩	Grand Total:		\$ 568,949	9 \$ 7,164	\$ 98,696	1	S 20,257	\$ 695,066	\$ 151,078	8 S 3,570	\$ 376	\$ 10,078	\$ 3,480	\$ 60,780	\$ 5,493	\$ 234,856	\$ 929,922
*	ht Diffs	* Night Differential / Hazardone / Worker's Compensation / etc	tion / etc																

^{*} Night Differential / Hazardous / Worker's Compensation / etc.

[BBMR SP-1]

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM: CLINICAL SERVICES DIVISION FUND: HEALTHY FUTURES FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern PROPOSED/VACANT

			Input by Department	epartment													Input by Department	epartment		occident to secre
7	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)) (I)	_	(J)	(¥)	(L)	(X	2	(o)	(P)	(<u>0</u>	(R)	(S)
	P	Position Position	•)					Increment						Benefits					in orma
Z		Tid.	Name of	Grade/						(E+F+	E+F+G+I) R	Retirement	Retire (DD1)	Social Security	Medicare	Life	Medical	Dental	Total Benefits	(J+R)
.]	radimper		Incumbent	Step	Salary	Overtime	e Special*	* Date	e Amt,	Subtotal	-	(J * 21.81%)	(\$9.16*26PP)	(6.2% * J)	(1.45% * J)	(1)	(Premium)	(Premium)	(K thru Q)	TOTAL
Ţ-	В.1203	L	Cruz, Peter	K14	\$ 42,440	5	\$ 4,244	44 04/01/07	÷9	1,485	48,169	10,506		0	698	\$174	3,572	\$ 297	15.247	63.416
2	D.1010	Community Program Aide I	Taitague, Marie	D2	\$ 16,830	· ·	\$ 3,409	2	s		21,229	4,630	238	188	308	S174 S			9.407	30.636
w	B.2002	Medical Records Clerk	McDaniel, Jesse	E20	\$ 35,242		\$ 3,524		S		38,766	8.455	238		562	-			13.298	52,064
4	B.1602	ProgramCoordinator III	Osborne, Gayle	M13	\$ 47,695	S	\$	03/03/07	S	1,669	49,364	10,766		0	716	\$174 \$			13,393	62 757
O.	B.1604	L.,	Calamba, Richard	M14	\$ 49,364	s.	S	01/01/07	S	1	51,092	11,143		0	741	-+		S 297	15.927	67,019
6	B.1510	L	Guerrero, Joaquin	M12	\$ 44,524	59	\$ 8,923	۶	÷9		53,447	11,657		0	775	→			14.343	67.790
	C.1108	L	Boland, Patrick	G13	\$ 30,085	S	\$ 3,013		8 80		33,098	7,219		0	480	\$174	1,440		9.461	42.559
	D.1004	L	Dante, Thersa	G12	\$ 30,085	S 1,872	2 8 5,185	03	\$	I,053	38,195	8,330	238	188	554	\$174 \$		S 297	13,353	51,548
٠	C.1418		Simion, Kachiosy	F2	\$ 17,635	\$ 1,764	4 \$ 3,551	_	S	1,103 2	24,053	5,246	238	0	349	\$174 \$			7.595	31,648
=	B.1809	1.	Untalan, Veona	D3	\$ 16,830	5	\$ 4,688	88 04/05/07	59	990 2	22,508	4,909	238	0	326	\$174 \$		\$ 297	9.516	32.024
: [=	0.1110	_L	San Nicolas, Dolores	3	\$ 18,737	\$	\$ 5,219	8	50	1,102 2	25,058	5,465	238	0	363	\$174	1,440	\$ 148	7,828	32,886
3 6	1105	_	Paulino, Katherine	GZ		59	\$ 5,559	12	99	1,171 2	26,623	5,806	238	0	386	\$174 \$	3,572	\$ 297	10,474	37,097
1 2	R 1804	_l.	Sloco, Emma	3		55		2	s 1		23,655	5,159	238	0	343	\$174 \$	3,572	\$ 297	9,783	33,438
5 3	B 1810	_L	Carreia, Violeta	9		9		1 2	s		33,212	7,244	238	0	482	\$174 \$		\$ 297	12,006	45,218
16	D 1106	_L.	Camacno, Enzabeth	3 3				8	S		25,063	5,466	238	0	363	\$174 \$	3,572	S 297	10,111	35,174
17	D 1111		Bian Ecution II	1		55		١	59		33,212	7,244	238	0	482	\$174 S	3,572	\$ 297	12,006	45,218
į :	B 1704		Pico, Fortunato N. Jr.	↓_		55		t	59		33,212	7,244	238	0	482	\$174 \$	3,572	\$ 297	12,006	45,218
1 5	0.1702	_L_	Sanchez, Keina	N12	\$ 49,915	S	\$ 8,388	8	07 \$ 1,747		60,050	13,097	238	0	871	\$174 \$	3,572	\$ 297	18,249	78,299
3 5	0.100/	┸	Aguon, Stephanie	73	\$ 18,737	\$ 1,764	4 \$ 5,925	25 12/02/06	06 \$ 1,103		27,529	6,004	238	0	399	\$174 \$		\$ 297	10,684	38,213
20	D.1006	Psychiatric Lechnician I	El Sayeh, Mahmoud	173	\$ 18,737	\$ 1,764	\$ 5,927	27 12/02/06	06 \$ 1,103		27,531	5,489	238	0	399	\$174 S		S 297	10,169	37,700
* Niet	t Differe	ntial / Hazardons / Worker's Compon	Strand Lotal:		\$ 568,949	\$ 7,164	\$ 98,696)6	\$ 20,257	s	695,066 \$	151,078 \$	3,570 \$	376	\$ 10,078	\$ 3,480 \$	60,780	S 5,493 S	\$ 234,856 \$	929,922
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AGENCY:
PROGRAM: FUND:

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PREVENTION AND TRAINING BRANCH, CLINICAL SERVICES DIVISION
STATE INFRASTRUCTURE GRANT

/: FY2005(current G	The second secon	Night Differential/Har	1	30 SI.2012	9 51.2010	8 51.2009	/ 51.2008	0 00.2007	6 61 2007	S000 IS	4 SI.2005	3 SI.2004	2 51.2002	1 151.2000	No. Mulliper			_		(A)	
7: ►YZU05(current GovGuam contribution for Life Insurance is \$153 per annum;Subject to change in FY2006	Compensation /etc.			\ide I		=	inator II		inator II	l			Special Projects Coordinator	Special Projects Coordinator	1	. 7				(B)	
\$153 per annum;Subject t		GIVAND LOTAL	DAND TOTAL	BORJA, Vanessa	LOZADA, MARIA	PEREZ, Ricardo	REYES, Logan	CAMACHO, Christine	SASAMOTO, Michelle	I OFASNA, Audrey	TOPAGOE, DEDOIAIT (OII)	AEI ACI IE Deberet (I I-	LAPID Mary G (Inclase)	REYES, EdwinN (Unclas	Name of Incumbent				(5)	(C)	Input by Denartment
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SUBSTANCE ABUSE TREATMENT AND PREVENTION SEVICES

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

CLINICAL SERVICES DIVISION.

CLINICAL SERVICES DIVISION
SUBSTANCE ABUSE AND PREVENTION BLOCK GRANT Input by Department

FY2005(cı	light Differe		13 54			- 11 S	8 S,	٥	, ,	6	: 5	4 S		2		№					
urrent GovG	ntial/Hazarc		SA.2232 S		ı	SA.2231 F	SA.2226 F	SA.2220			SA.2218	SA.2216	ı	١	SA 2213	Number	Position				2
FY2005(current GovGuam contribution for Life Insurance is \$153 per annum;Subject to change in FY2006	light Differential/Hazardous/Worker's Compensation /etc.		Substance Abuse Pgrm Supervisor Francesca				_	Chem Dep Trmt Spec I				Chem Dep Trmt Spec I	Chelli Deb 1 tmt Spec II		Chem Den Timit Sano III	Title	D) 1 = 1				(B)
s \$153 per annum;Subject i		GRAND TOTAL	Francesca	REMENGESAU	MALIG, Remedios	Carl, Colly	GAY Polly	QUITUGUA Tracy	DUENAS, Athena	TALAVERA, IETY	TALAMEDA -	SARANG William	CASINO, Efren	SABANG, Don	Name of Incumbent						(C)
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PROGRAM: FUNCTIONAL AREA: AGENCY:

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author for entries made in a clinical record as per regulatory arms. In addition to the forms itself, policies and procedures were created after piloting these forms and having employee training on both forms. Thus, the Integrated Progress Note Policy and Procedure has been approved.

B. Staffing

Medical Records Unit is currently staffed with two (2) FTEs - one (1) Medical Records Supervisor (local funding) and (1) CPA I. Recruitment of (2) Med. Records Clerk is pending and a Data Control clerk is needed to provide digital archiving and administrative support.

C. Priority Areas and Impact

The present staffing of the Medical Records Unit is critically understaffed given the custodial responsibility of over 16,000 paper-based medical records to date, that span a period from 1969 thru the present and the diligence for immediate adherence to the federal Health Information Portability and Accountability Act (HIPAA) and Confidentiality of Patient Records for Alcohol and Drug Treatment mandates. Critical needs include the immediate recruitment of: one (1) Data Control Clerk II and one (1) Computer Systems Analyst I. The additional personnel are critically needed in order to manage the current and increasing workload and demands of the Medical Records Branch.

The keypad security system currently in use to enter the Medical Records section requires immediate funding to restore tracking of all authorized persons entering this section. It is necessary to eliminate access codes previously issued to former DMHSA employees and to also regain the ability to re-issue new access codes which was damaged from Typhoon Pongsona.

Objective 1: To maintain efficient and secure collection, management and access of all DMHSA Consumer Health Information.

Improve information, data, processes and technology that serve the immediate needs of authorized persons such as healthcare providers, consumers, justice system, educators, researchers, families and caregivers. Developing an electronic clinical data warehouse or webnet, we would be able to support decision making and research that is accessible 24 hours a day, 7 days a week. This integrated process would allow access to all clinical information using the web, hand-held personal digital assistant (PDA) technologies with security and confidentiality capabilities that out perform federal and local mandates. Imagine our authorized target population being supported via the net and their clinical practice including drug alerts, laboratory results, practice guidelines, treatment plans and others at their fingertips which in turn would reduce paper work, save money while significantly reducing time to receive PHI whether addressing a crisis situation in the community or off-site for a home visit. This objective relates to quality time spent with the community of Guam with rapid access to PHI.

Objective 2: To establish effective use of technology for educating all DMHSA employees and other relevant health care personnel.

Improving the support for instructional technology by promoting and developing instructional trainings for employees of DMHSA and other health care partners for best practices in the delivery of a constant revolving healthcare is necessary. In accordance with Healthy People 2010, a national planning process for the Healthy People Initiative, Health Communication's Goal #11 is to use communication strategically to improve health. Vital trainings on how to deal with our population in a culturally competent environment is hampered because employees are currently tasked with maintaining the daily operations of a critical department without meeting the needs of mandatory trainings, testing and up-to-date information which is necessary to reduce liability. The development of a web site for consumer information is imperative for educating all on the Consumers Bill of Rights that may include topics such as the Notice of Privacy and Information Practices as required by HIPAA. Consumers and others will also have the ability to obtain a Consent to Release Confidential Information form that can be downloaded or printed via the web, which would significantly increase accessibility, efficiency and cost-savings.

Objective 3: To increase protection of all PHI from potential destruction due to natural disasters.

Information security, privacy and protection are difficult since monitoring of activities is in

manual form thus destruction from natural disasters hampers the protection of confidential health information. This was evident after Typhoon Pongsona left 1,200 consumers medical records illegible because they were water damaged. By creating the tools to measure and analyze grant related research activities, we could save the government of Guam a wealth of money.

Digital archiving of all medical records and other electronic filing of PHI will be implemented, thus protecting and preventing further loss and destruction of consumer records as a result of typhoons. Again, critical needs include: Recruitment of (1) Data Control Clerk II and (1) Computer Systems Analyst I to establish and maintain a Health Information Management System as mentioned previously.

Department:

Department of Mental Health and Substance Abuse

Division/Section:

Clinical Services Division Intake/Emergency Services and Crisis Hotline

Program Title: Intake/Emergency Services and Crisis Hotline

Activity Description:

Intake/Emergency Services

Intake/Emergency Services Branch, "the gateway to services," under the Clinical Services Division is a 24-hour/7-days-a-week program which provides services for individuals seeking mental health and substance abuse information, crisis intervention and treatment from the Department of Mental Health and Substance Abuse. The Intake Branch provides initial assessments and mental status examination on individuals requesting DMHSA services to determine eligibility and appropriateness of available DMHSA services as well as crisis intervention to individuals needing immediate psychiatric attention.

Crisis Hotline

Crisis Hotline (CHL) provides a 24-hour/7-days-a-week immediate telephone response service to callers needing assistance for personal crisis (i.e. family violence, suicide thoughts). CHL also serves as the liaison to activate the rape crisis response team and is a referral link to various governmental and community services.

Major Objective(s):

Intake/Emergency Services

- 1. Provide services for individuals seeking mental health and substance abuse information, crisis intervention and treatment.
- 2. Provide initial assessments on individuals requesting services to determine eligibility and appropriateness of available DMHSA services.
- 3. Ensure the continuation of services for the community by stabilizing the 24-hour/7-days-a-week operation to handle routine and emergent cases.
- 4. Ensure an efficient daily administrative operation to provide for quality services to consumers in terms of setting appointments, answering service inquiries, linkages to other governmental and community providers, etc.

Crisis Hotline

- 1. Provide immediate telephone response services to callers needing assistance for personal crisis.
- 2. Ensure the continuation of services for the community by stabilizing the 24-hour/7-days-a-week operation.

Short-Term Goals:

Intake/Emergency Services

- 1. Recruitment of three (3) FTEs one (1) Social Worker I, one (1) Social Worker II, one (1) Social Worker III to ensure the stabilization of a 24-hour/7-days-a-week operation for routine and emergent cases by the first quarter of the fiscal year.
- 2. Recruitment of one (1) FTE Clerk II to provide administrative support to the Intake Branch by the first quarter of the fiscal year.

Crisis Hotline

1. Recruitment of two (2) FTE Crisis Counselors to ensure the stabilization of a 24-hour/7-days-a-week crisis telephone response by the first quarter of the fiscal year.

Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
1. Intake and Assessments	85%	90%	95%
2. Crisis Intervention	85%	90%	95%
3. Crisis Calls	85%	90%	95%
4. Administrative Operations	30%	30%	90%

Department of Mental Health Department:

and Substance Abuse

Division/Section:

Clinical Services Division Community Support

Services Branch

Program Title: Community Support Services

Activity Description:

Community Support Services

The Community Support Services (CSS) Branch is under the Clinical Services Division of the Department of Mental Health & Substance Abuse. This program provides on-going supportive care and case management services to adults with serious mental illness and their families. The main goal of the CSS Branch is to prevent re-hospitalization.

Major Objective(s):

- 1. Provides on-going supportive care and case management services to adults with serious mental illness and their families and facilitates the delivery of a range of services in both home and community-based settings.
- 2. Maintains daily functional operations such as greeting consumers, answering telephone, data gathering, typing, procuring supplies, filing etc. as part of office management.
- 3. Provides educational services to consumers and other human service providers on mental health issues.

Short-Term Goals:

- 1. Recruit two (2) Social Worker I positions to provide case management services for the adult serious mentally ill consumers for the forensic population and for program expansion of activities by the first quarter the fiscal year.
- 2. Recruit a Clerk II to maintain daily functional operations of the CSS Branch program by the second quarter of the fiscal year.

Workload Output			
Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
Supportive care and case management services	70%	80%	90%
2. Administrative duties and operations	25%	25%	80%

Department:

Department of Mental Health and Substance Abuse

Clinical Services Division Division/Section: Day Treatment Branch

Program Title: Day Treatment Services

Activity Description:

To provide Day Treatment Services that promote and enhance the psychosocial, economic and physical well-being of each adult consumer with serious mental illnesses enrolled with the program and who require monitoring and supervision in a therapeutic setting through a variety of program events (i.e., Community Outing, Industrial Work Therapy Program, and Job Fairs and Presentations).

Major Objective(s):

- 1. Continue to promote and enhance the psychosocial, economic, and physical well being of each consumer enrolled wit the program.
- 2. Continue to provide structured, therapeutic activities for the adults with serious mental illnesses.
- 3. Continue to provide a structured and less restrictive environment for consumers preparing for community integration from the Adult Inpatient Unit.
- 4. Continue to promote and enhance staff development.

Short-Term Goals:

- 1. Actively recruit for professional staff support that provide support care and case management services to the consumers.
- 2. Procure for urgently needed equipment in the event of an emergency, and fuel and maintenance for existing vehicle fleet and other operational supplies.
- 3. Pursue training in the areas of Basic Life Support (CPR), First Aid Training, Non-Violent Crisis Intervention, and Computer Literacy Skills and also funding for the certification of these trainings.

Workload Output			
Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
1. Case Work Activities	70%	80%	90%
2. Therapeutic Group			,
Activities	50%	60%	80%
3. Support Employment			
Activities	50%	60%	80%

Decision Package FY 2007

Department:

Department of Mental Health and Substance Abuse

Division/Section:

Clinical Services Division 24 Hr Res. Trtmt Guma Ifil

Program Title: 24 Hour Residential Treatment Services

Activity Description:

Guma' IFIL is a 24 hour transitional residential program for adults with serious mental illnesses who are clinically stable and are not yet ready to live independently. The staff at this residential program setting provides structure, guidance, and skill building activities to the consumers so they attain independence and self-sufficiency. Consumers who are referred to Guma' IFIL from other services in DMHSA when a transitional living arrangement would be of benefit to the consumer and when placement at Guma' IFIL for respite care would provide temporary intervention or relief for the consumer and his/her family. Clinicians with specialized skills, who are trained in the non-violent crisis intervention mode, thus creating an environment of respect and safety for residents and staff, continuously supervise residents.

Major Objective(s):

- 1. Provide 24-hour transitional residential services to adults with serious mental illnesses.
- 2. Facilitate the development of activities of daily living skills.
- 3. Monitor and facilitate improvement of consumers of psychological social and economic well being, to enable the consumer to become self sufficient and independent.
- 4. Promote and enhance staff development.

Short-Term Goals:

4. Wait-List Activities

- 1. Actively recruit for professional staff support that will manage and provide a safer patient-staff ratio level that will also address the admission capacity and liability issue.
- 2. Procure for urgently needed equipment and supplies in the event of an emergency, fuel and maintenance for existing vehicle fleet and other operational supplies.
- 3. Pursue training in the areas of Basic Life Support (CPR), first Aid Training, Non-Violent Crisis Intervention, and computer Literacy Skills and also funding for the certification of these trainings.

Workload Output FY 2005 FY 2006 FY 2007 Workload Indicator: Level of Anticipated Level **Proposed Request** Accomplishment 1. Case Work Activities 70% 80% 90% 2. Train Consumers 50% 60% 80% 3. Community Based 50% 60% 80% Activities

60%

80%

50%

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE CLINICAL SERVICES DIVISION SUMMARY

							i,
Oracle			3		Geversor	Heguest	
Budget		FY2005	FY2006	FY2007	FY2007	FY2007	FY2007
Account		Expenditures and	Authorized	GENERAL	FEDERAL	OTHER	Total Req.
Code	Appropriation Classification	Encumbrances	Level	FUND	FUND	FUND	(A+B+C+D)
	BSE OF DESIGNATE						
111	Regular Salaries/Increments	\$1,243,236	\$1,131,733	\$696,254	\$694,585	\$695,066	\$2,085,905
112	Overtime/Special Pay	\$0	\$0	\$0	\$0	\$0	50
113	Benefits	\$322,287	\$347,669	\$226,839	\$213,108	\$234,856	\$674,803
	TOTAL PERSONNEL SERVICES	\$1,565,523	\$1,479,402	\$923,093	\$907,693	\$929,922	\$2,760,708
		·					
220	TRAVEL- Off-Island/Local Mileage Reimburs,	02	\$0	\$0	\$45,009	\$0	\$45,009
					445,005		
230	CONTRACTUAL SERVICES:	\$303,144	\$753,144	50	\$2,105,264	\$0	\$2,105,264
233	OFFICE SPACE RENTAL:	SO.	\$0	\$0	\$0	\$0	\$0
240	SUPPLIES & MATERIALS:	\$0	50	\$0	\$73,727	\$0	\$73,727
							50 C 800
250	EQUIPMENT:	\$0		\$0	\$26,778	\$0	\$26,778
290					040 500	02	\$43,500
.290	SUB-RECIPIENT/SUBGRANT:	\$0		\$0	\$43,500	20	343,300
450	MISCELLANEOUS:	50	\$250,000	50	\$0	50	\$0
450	PRISCESSIANEO GS.	30	3230,000	30			
	TOTAL OPERATIONS	\$303,144	\$1,003,144	SO	\$2,294,278	\$0	\$2,294,278
361	Power	\$0	\$0				
362	Water/ Sewer	\$0					
363	Telephone/ Toll	\$0					
	TOTAL UTILITIES	\$0		50	\$0	50	\$0
		98			1	ol so	So
800	10000000000000000000000000000000000000	\$0	S .	\$0	S) 30	30
450	access decreases and a second control of the	50	, s	el so	\$38,00	0 50	\$38,000
430	Commission of the Commission o	96	3	30	338,00	3(\$38,000
	TOTAL APPROPRIATIONS	\$1,868,667	\$2,482,54	6 \$923.093	\$3,239,97	1 \$929,922	\$5,092,986
	1/ Specify Fund Source	***************************************		4,20,000		, , , , , , , , , , , , , , , , , , , ,	
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	UNCLASSIFTED	0	00	00	0	0	0
	CLASSIFIED	49	46	18	19	20	57
	TOTAL FIE	⊠ . 49	46	18	19	20	57

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: CLINICAL SERVICES DIVISION
FUND: GENERAL FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern CURRENT

			Input by Department	artment												Input by Department	partment		and the state of t
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(н)	(I)	(J)	(K)	(L)	(M)	(N)	0)	(P)	(Q)	(R)	(S)
								Increase						Benefits					
	Positio	Position Position	Name of	Grade/				тистеппели	e III	(E+F+G+1)	Retirement	Retire (DDI)	Social Security	Medicare	Life	Medical	Dental T	otal Benefits	(J+R)
Zo.	Number	er Title	Incumbent	Step	Salary	Overtime	Special*	Date	Amt	Subtotal	(J * 21.81%)	(\$9.16*26PP)	(6.2% * J)	(1.45% * J)	(1/)	(Premium)	(Premium)	(K thru Q)	TOTAL
1	B.1104	4 Secretary (Typist)	Aguon, Rose	Н13	\$ 33,219 \$,	s -	08/21/08	\$ -	33,219	7,245	0	0	482	\$174	S 4,500 S	\$ 446	12,847	46,066
2	B.1201	1 Medical Health Rec. Supervisor	Tydingco, Karen	М9	\$ 41,584 S	,	·	05/04/07	\$ 1,434	43,018	9,382	238	0	624	\$174	\$ 3,572	\$ 297	14,287	57,305
3	B.1302	2 Social Worker I	Lizama, Sheena	K2	\$ 26,197		\$ 678	10/11/06	\$ 1,541	28,416	6,198	238	0	412	\$174	\$ 1,440	S 149	8,611	37,027
4	B.1304	4 Social Worker I	Hautea, Juanazon	K 2	\$ 26,197 S	,	\$ 1,973	05/12/07	S 1,541	29,711	6,480	238	0	431	\$174	S 1,440 S	S 149	8,912	38,623
5	В.1501	1 Social Service Supervisor I	Weakly, Mary	N12	\$ 49,915 S	,	\$ 1,248	02/26/07	S 1,747	52,910	11,540	0	0	767	\$174	\$ 3,572	\$ 297	16,350	69,260
6	B.1502	2 Social Worker II	Rosario, Barbara	L10	S 39,780 S	,	\$ 1,029	02/16/07	\$ 1,392	42,201	9,204	0	0	612	\$174	\$ 3,572	\$ 297	13,859	56,060
7	B.1503	3 Social Worker I	Okubo, Frances	2	\$ 26,197 \$,	\$ 663	05/11/07	\$ 1,541	28,401	6,194	238	0	412	\$174	\$ 3,572	S 297	10,887	39,288
∞	B.1504	4 Social Worker II	Vila, Sandra	L7	\$ 35,802 \$,	\$ 895	11/03/06	\$ 1,326	38,023	8,293	238	0	551	\$174	\$ 3,572	\$ 297	13,125	51,148
9	B.1505	5 Social Worker III	Quinata, Sylvia	М7	S 38,716 S	-	S 951	08/16/07	\$ 1,974	41,641	9,082	238	0	604	\$174	3,572 8	s 297	13,967	55,608
10	B.1507	7 Social Worker III	Miral, Marilyn	M14	s 49,364 S		S 1,234	06/15/07	\$ 1,728	52,326	11,412	0	0	759	-	S 3,572 S		16,214	68,540
11	B.1508	8 Social Worker I	Lampa, Vanessa	K 2	\$ 26,197 S		S 678	L	\$ 1,541	28,416	6,198	238	0	412	\$174	\$ 1,440 \$	§ 149	8,611	37,027
12	В.1509	9 Social Worker III	Manibusan, Evelya	M13	\$ 47,695 \$	-	\$ 1,234	10/08/07	\$ -	48,929	10,671	0	0	709	\$174	\$ 1,440	\$ 148	13,143	62,072
13	B.1601	1 Program Coordinator IV	Benavnete, Barbara SN	N15	S 55,341 S	,		06/23/07	\$ 1,937	57,278	12,492	0	0	831	\$174	3,572 8	\$ 446	17,515	74,793
14	B.1701	Psychiatric Technician II	Quinata, Maria E.	G13	\$ 31,138 \$	1	\$ 4,671	05/03/07	\$ 1,090	36,899	8,048	0	0	535	\$174	s 3,572 s	\$ 297	12,626	49,525
15	В.1702	2 Psychiatric Social Wkr. I	Fox, Namhee	M6	\$ 37,282 \$		\$ 935	02/28/08	s -	38,217	8,335	238	0	554	\$174	\$ 1,440	§ 149	10,890	49,107
16	В.1703	3 Psychiatric Technician II	Almandres, Mark	G11	\$ 29,068 \$		\$ 4,360	04/25/07	\$ 1,017	34,445	7,512	0	0	499	\$174	\$ 3,572 \$	8 446	12,204	46,649
17	C.1112	2 Psychiatric Technician II	Grarrido, George	G13	\$ 31,138 \$,	\$ 3,114	05/03/07	\$ 1,090	35,342	7,708	0	0	512	\$174	\$ 3,572 \$	297	12,264	47,606
18	CH.000	CH.0005 Social Worker I	Johnston, Maribeth	ĸ	S 24,656 S	,	\$ 665	02/28/07	\$ 1,541	26,862	5,859	238	0	389	\$174	\$ 3,572 \$	3 297	10,529	37,391
			Grand Total:		\$ 649,486 S		\$ 24,328		S 22,440	\$ 696,254	\$ 151,853	\$ 2,142	\$	S 10,096 S	3,132	S 54,564 S	5,052 \$	226,839 8	923,093

^{*} Night Differential / Hazardous / Worker's Compensation / etc.

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: CLINICAL SERVICES DIVISION

FUND: GENERAL FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern PROPOSED/VACANT

			Input by Department	partment												Input by Department	partment		QKJ540°E
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(X)	(N)	(0)	(P)	<u>@</u>	(R)	S
														Benefits					
	Position	Position Position	Name of	Grade/					тистенцент	(E+F+G+I)	Retirement	Retire (DDI)	Social Security	Medicare	Life	Medical	Dental	Total Benefits	(J+R)
No.	Number	Title	Incumbent	Step	Salary	Overtime	Special*	Date	Amt.	Subtotal	(J * 21.81%)	(\$9.16*26PP)	(6.2% * J)	(1.45% * J)	(I)	(Premium)	₽.	(K thru Q)	TOTAL
1	B.1104	Secretary (Typist)	Aguon, Rose	ніз	\$ 33,219	8 -	\$ -	08/21/08	\$ -	33,219	7,245	0	0	482	\$174	\$ 4,500 \$	\$ 446	12,847	46,066
2	B.1201	Medical Health Rec. Supervisor	Tydingco, Karen	M9	\$ 41,584	\$ -	\$ -	05/04/07	S 1,434	43,018	9,382	238	0	624		\rightarrow	\$ 297	14,287	57,305
υ.	B.1302	Social Worker I	Lizama, Sheena	82	\$ 26,197	_	\$ 678	10/11/06	\$ 1,541	28,416	6,198	238	0	412	\$174	\$ 1,440	\$ 149	8,611	37,027
4	B.1304	Social Worker I	Hautea, Juanazon	K 2	\$ 26,197	s -	\$ 1,973	05/12/07	\$ 1,541	29,711	6,480	238	0	431	\$174	\$ 1,440	S 149	8,912	38,623
5	B.1501	Social Service Supervisor I	Weakly, Mary	N12	\$ 49,915	S	\$ 1,248	02/26/07	\$ 1,747	52,910	11,540	0	0	767	\$174	\$ 3,572	\$ 297	16,350	69,260
6	B.1502	Social Worker II	Rosario, Barbara	L10	\$ 39,780	· s -	\$ 1,029	02/16/07	\$ 1,392	42,201	9,204	0	0	612	\$174	\$ 3,572	\$ 297	13,859	56,060
7	B.1503	Social Worker I	Okubo, Frances	ξ.	\$ 26,197	s -	S 663	05/11/07	\$ 1,541	28,401	6,194	238	0	412	\$174	\$ 3,572	S 297	10,887	39,288
∞	B.1504	Social Worker II	Vila, Sandra	1.7	\$ 35,802	s -	\$ 895	11/03/06	\$ 1,326	38,023	8,293	238	0	551	\$174	\$ 3,572	\$ 297	13,125	51,148
9	B.1505	Social Worker III	Quinata, Sylvia	М7	\$ 38,716	55	\$ 951	08/16/07	\$ 1,974	41,641	9,082	238	0	604	\$174	3,572	\$ 297	13,967	55,608
10	B.1507	Social Worker III	Miral, Marilyn	M14	\$ 49,364	s	\$ 1,234	06/15/07	\$ 1,728	52,326	11,412	0	0	759	\$174	\$ 3,572	\$ 297	16,214	68,540
Ξ	B.1508	Social Worker I	Lampa, Vanessa	7.7	\$ 26,197	s	\$ 678	10/04/06	\$ 1,541	28,416	6,198	238	0	412	\$174	\$ 1,440	\$ 149	8,611	37,027
12	B.1509	Social Worker III	Manibusan, Evelyn	M13	\$ 47,695	S	S 1,234		s -	48,929	10,671	0	0	709	\$174	S 1,440 S	\$ 148	13,143	62,072
13	B.1601	Program Coordinator IV	Benavnete, Barbara SN	N15	\$ 55,341	S	s ·	06/23/07	\$ 1,937	57,278	12,492	0	0	831	\$174	3,572 \$		17,515	74,793
14	B.1701	Psychiatric Technician II	Quinata, Maria E.	G13	\$ 31,138	59	\$ 4,671	05/03/07	\$ 1,090	36,899	8,048	0	0	535	\$174	\$ 3,572 \$	\$ 297	12,626	49,525
15	B.1702	Psychiatric Social Wkr. I	Fox, Namhee	M6	\$ 37,282	59	\$ 935	02/28/08	S	38,217	8,335	238	0	554	\$174	\$ 1,440 S	149	10,890	49,107
16	B.1703	Psychiatric Technician II	Almandres, Mark	G11	\$ 29,068	59	\$ 4,360	04/25/07	\$ 1,017	34,445	7,512	0	0	499	\$174	\$ 3,572 \$	\$ 446	12,204	46,649
17	C.1112	Psychiatric Technician II	Grarrido, George	G13	\$ 31,138	59	\$ 3,114	05/03/07	\$ 1,090	35,342	7,708	0	0	512	\$174 S	s 3,572 s	3 297	12,264	47,606
18	CH.0005	CH.0005 Social Worker I	Johnston, Maribeth	K1	\$ 24,656	59	\$ 665	02/28/07	\$ 1,541	26,862	5,859	238	0	389	\$174 \$	\$ 3,572 S	3 297	10,529	37,391
			Grand Total:		\$ 649,486	\$	\$ 24,328		S 22,440	\$ 696,254	\$ 151,853	\$ 2,142	56 1	\$ 10,096	3,132	\$. 54,564 S	5,052 \$	226,839 \$	923,093
* Nigh	t Differe	* Night Differential / Hazardous / Worker's Compensation / etc.	tion / etc.																
* Nigh	t Differe	ntial / Hazardous / Worker's Compens:	tion / etc.			6			١.	000,000	101,000		74.7	6	9 - 3 10,070	3 10,070 3 3,132	9 - 9 10,070 9 3,132 9 34,304	عددارد و استوبت و عدرو و محمومه	9 - 9 201,0 9 400,00 0 100,00 0 0 0 0 0 0 0 0 0 0 0 0 0

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etc.

961,406	247 021	5 040 ¢	71.440 \$	3.480 \$	10.358 \$	69	·	155.803 \$.	ن ج	\$ 714.36		\$ 79.365	635,000 \$ -		Grand Total:	, '	
148,258	31,257 \$	297 \$	3,572 \$	174 \$	1,697 S	•	· &s	25,518 \$.	59	\$ 117,00		s -	117,000	Uncl \$	VACANT	20 DA.2020 Staff Psychiatrist(Part-Time)	DA.2020
57,067	14,049 S	297 \$	3,572 \$	174 \$	624 \$	•	÷9	9,382 \$	59	\$ 43,01	******	\$ 7,170	35,848	M5 \$	VACANT	Chem. Dep Trmt Specialist III	19 DA.2019
43,590	11,506 \$	297 \$	3,572 \$	174 S	465 S	1 59	€9	6,997 \$	S	\$ 32,08	Consequence of the second of t	\$ 5,347	26,736	15 \$	VACANT	Licensed Practical Nurse II	DA.2018
32,109	9,339 \$	297 S	3,572 \$	174 \$	330 \$	- 8	S	4,966 S	S	\$ 22,74	The state of the s	\$ 3,795	18,974	±1 \$	VACANT	Licensed Practical Nurse I	DA.2017
32,109	9,339 \$	297 \$	3,572 S	174 \$	330 \$	· •	- \$	4,966 S	59	\$ 22,76	V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-	\$ 3,795	18,974	H1 \$	VACANT	Licensed Practical Nurse I	DA.2016
36,931	10,249 \$	297 \$	3,572 \$	174 \$	387 \$	· •	\$	5,819 \$	59	\$ 26,6	MANAGE LANGE CONTRACTOR CONTRACTO	\$ 4,447	22,234	G4 \$	VACANT	Psychiatric Technician II	ž.
36,93	10,249 \$	297 S	3,572 \$	174 \$	387 S	-	· •	5,819 \$	59	\$ 26,6	the fermion was present the second se	\$ 4,447	22,234	G4 \$	VACANT	Psychiatric Technician II	14 DA.2014
36,93	10,249 \$	297 \$	3,572 \$	174 \$	387 \$	- \$	\$	5,819 \$	\$	\$ 26,6	COLUMN TO THE PROPERTY OF THE	\$ 4,447	22,234	G4 \$	VACANT	Psychiatric Technician II	13 DA.2013
30,12	8,965 8	. 297 S	3,572 \$	174 S	307 \$	•	· •	4,615 S	\$	\$ 21,1	OCCUPANT CONTRACTOR CO	\$ 3,527	17,635	F1 \$	VACANT	Psychiatric Technician I	
30,12	8,965 \$	297 S	3,572 \$	174 \$	307 \$	1	- S	4,615 \$	59	\$ 21,1	VANCOUS CONTROL OF THE CONTROL OF TH	\$ 3,527	17,635	F1 \$	VACANT	Psychiatric Technician I	DA.1111
30,12	8,965 \$	297 \$	3,572 S	174 \$	307 S	- \$		4,615 \$	S	\$ 21,1	PRODUCTION OF THE PRODUCTION O	\$ 3,527	17,635	<u> </u>	VACANT	Psychiatric Technician I	DA.1110
44,03	11,590 \$	297 \$	3,572 \$	174 \$	470 \$	ı	- S	7,076 \$	÷9	S 32,4		\$ 5,926	26,520	\$ 	VACANT	Social Worker II	CH.007
44,03	11,590 S	297 \$	3,572 \$	174 \$	470 S	-	÷	7,076 \$	49	\$ 32,4	ALEANY WARRACT DEPONDED WITH THE CONTROL OF COMMENCES	\$ 5,926	26,520		VACANT	Social Worker II	in the second
42,86	11,369 \$	297 \$	3,572 \$	174 \$	457 \$	1 59	· •	6,869 \$	\$	\$ 31,496	Water the state of	\$ 5,925	25,571	F9 \$	VACANT	Psychiatric Technician I	
23,56	7,727 S	297 \$	3,572 S	174 \$	230 \$	- -	69	3,455 \$	9	\$ 15,8	ANADOROVANIA PARABONANA ANA ANA ANA ANA ANA ANA ANA ANA AN	VIII AND THE CONTRACTOR OF THE	15,840	D1 \$	VACANT	Clerk II	B.2001
59,22	14,457 \$	297 S	3,572 \$	174 \$	649 \$	- 5	· •	9,765 S	S	\$ 44,7		\$ 8,923	35,848	M5 \$	VACANT	Social Worker III	B.2000
40,28	10,881 8	297 \$	3,572 8	174 \$	426 \$	1	S	6,412 S	5 9	\$ 29,3		\$ 2,878	26,520	* 11	VACANT	Social Worker II	4 D.1002
51,78	13,051 \$	297 \$	3,572 \$	174 \$	562 S	-	۱ د	8,447 \$	S	\$ 38,7.		\$ 2,880	35,848	M5 \$	VACANT	Psychiatric Social Worker I	B.1707
55,45	13,745 S	297 \$	3,572 \$	174 S	605 \$		- S	9,097 \$	S	\$ 41,7		\$ 2,879	38,830	N5 \$	VACANT	Psychiatric Social Worker II	B.1704
85,84	19,479 \$	297 \$	3,572 \$	174 \$	962 \$	- 8	· •	14,474 \$	S	\$ 66,3	e Nobeleve		66,364	R10 \$	VACANT	Clinical Administrator	B.1001

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

PROGRAM: CLINICAL SERVICES DIVISION FUND: HEALTHY FUTURES FUND

> Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern CURRENT

			Input by Department	partment												Input by	Input by Department		
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(z)	(o)	(P)	(<u>Q</u>)	(R)	(S)
														Benefits	S				
	Position Pos	Position	Name of	Grade/				Lacre	increment	(E+F+G+I)	Retirement	Retire (DDI)	Social Security	Med	Life	Medical	Dental	Total Benefits	(J+R)
Zo.		le	Incumbent	Step	Salary	Overtime	Special*	Date	Amt.	Subtotal	(J * 21.81%)	(\$9.16*26PP)	(6.2% * J)	$\overline{}$	(1/)	(Premium)	(Premium)	(K thru Q)	TOTAL
1	В.1203 МН	MH Recreation Therapy Coord.	Cruz, Peter	K14	\$ 42,440	\$ -	\$ 4,244	04/01/07	\$ 1,485	48,169	10,506		0	698	\$174	\$ 3,572	\$ 297	15,247	63,416
2	D.1010 Cor	Community Program Aide I	Taitague, Marie	D2 :	\$ 16,830	\$ -	\$ 3,409	12/16/06	\$ 990	21,229	4,630	238	188	308	\$174	\$ 3,572	\$ 297	9,407	
w	В.2002 Ме	Medical Records Clerk	McDaniel, Jesse	E20 \$	35,242		\$ 3,524	NA/CAP	\$ -	38,766	8,455	238		562	\$174	\$ 3,572	\$ 297		
4	B.1602 Pro	ProgramCoordinator III	Osborne, Gayle	MI3	\$ 47,695	-	\$ -	03/03/07	\$ 1,669	49,364	10,766		0	716	\$174	\$ 1,440	\$ 297	13,393	62,757
5	B.1604 Pro	Program Coordinator III	Calamba, Richard	M14 \$	49,364	s -	\$ -	01/01/07	\$ 1,728	51,092	11,143		0	741	\$174	\$ 3,572	\$ 297	15,927	
6	B.1510 Soc	Social Worker III	Guerrero, Joaquin	M12 \$	44,524	s -	\$ 8,923	08/25/08	s -	53,447	11,657		0	775	\$174	\$ 1,440	\$ 297	14,343	
7	C.1108 Psy	Psychiatric Technician II	Boland, Patrick	G13 8	30,085	s -	\$ 3,013	09/26/08	\$ -	33,098	7,219		0	480	\$174	1,440	\$ 148	9,461	42,559
8	D.1004 Psy.	Psychiatric Technician II	Dante, Thersa	G12 \$	30,085	\$ 1,872	\$ 5,185	07/10/07	\$ 1,053	38,195	8,330	238	188	554	\$174	\$ 3,572	S 297	13,353	
9	C.1418 Psy-	Psychiatric Technician I	Simion, Kachiosy	F2 \$	17,635	\$ 1,764	\$ 3,551	11/25/06	\$ 1,103	24,053	5,246	238	0	349	\$174	\$ 1,440	S 148	7,595	
10	B.1809 Con	Community Program Aide I	Untalan, Veona	D3 \$	16,830	\$ -	\$ 4,688	04/05/07	\$ 990	22,508	4,909	238	. 0	326	\$174	\$ 3,572	\$ 297	9,516	
11	C.1116 Psy-	Psychiatric Technician I	San Nicolas, Dolores	F3 \$	18,737	\$ -	\$ 5,219	03/22/07	\$ 1,102	25,058	5,465	238	0	363	\$174	1,440	\$ 148	7,828	
12	B.1909 Psy	Psychiatric Technician II	Paulino, Katherine	G2 S	19,893	\$	\$ 5,559	12/13/06	\$ 1,171	26,623	5,806	238	0	386	\$174	\$ 3,572	\$ 297	10,474	
13	D.1105 Psy	Psychiatric Technician I	Sioco, Emma	F2 S	17,635	-	\$ 4,917	02/27/07	S 1,103	23,655	5,159	238	0	343	\$174	\$ 3,572	\$ 297	9,783	
14	B.1804 Psy	Psychiatric Technician II	Garcia, Violeta	G7 \$	25,276	\$ -	\$ 7,000	02/27/07	\$ 936	33,212	7,244	238	0	482	\$174	\$ 3,572	\$ 297	12,006	
15	B.1810 Psy	Psychiatric Technician I	Camacho, Elizabeth	F3 \$	18,737	\$ -	\$ 5,224	03/01/07	\$ 1,102	25,063	5,466	238	0	363	\$174	\$ 3,572	\$ 297	10,111	
16	D.1106 Psy	Psychiatric Technician II	Garcia, Roswell	G7 S	25,276	s -	\$ 7,000	06/01/07	\$ 936	33,212	7,244	238	0	482	\$174	\$ 3,572	\$ 297	12,006	
17	D.1111 Psy	Psychiatric Technician II	Pico, Fortunato N. Jr.	G7 \$	25,276	s -	\$ 7,000	06/01/07	\$ 936	33,212	7,244	238	0	482	\$174	\$ 3,572	\$ 297	12,006	
18	B.1705 Soci	Social Service Supervisor	Sanchez, Reina	N12 \$	49,915	\$ -	\$ 8,388	03/23/07	\$ 1,747	60,050	13,097	238	0	871	\$174	\$ 3,572	\$ 297	18,249	78,299
19	D.1007 Psyc	Psychiatric Technician I	Aguon, Stephanie	F2 \$	18,737	\$ 1,764	\$ 5,925	12/02/06	\$ 1,103	27,529	6,004	238	0	399	\$174	\$ 3,572	S 297	10,684	38,213
20	D.1006 Psyc	Psychiatric Technician I	El Sayeh, Mahmoud	F2 S	18,737	\$ 1,764	\$ 5,927	12/02/06	\$ 1,103	27,531	5,489	238	0	399	\$174	\$ 3,572	\$ 297	10,169	37,700
			Grand Total:	S	568,949	\$ 7,164	\$ 98,696		S 20,257	\$ 695,066	\$ 151,078	\$ 3,570	\$ 376	S 10,078	\$ 3,480	S 60,780	\$ 5,493	\$ 234,856	\$ 929,922
* 2.	.+ Differential /	* Night Differential / Hazardone / Worker's Companyation / ato	tion / ato																

^{*} Night Differential / Hazardous / Worker's Compensation / etc.

PROGRAM: CLINICAL SERVICES DIVISION DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES

Fiscal Year 2007 Budget **Agency Staffing Pattern** PROPOSED/VACANT Government of Guam

Retirement (j * 21.81%)

Retire (DDI) (\$9.16*26PP)

Social Security (6.2% * J)

(1.45% * J) Medicare $\hat{\mathbf{z}}$

(15)

Premium) Medical **P**

> Dental 0

Total Benefits (K thru Q)

(R

 (\mathbf{s})

3,572

Benefits

9

Input by Department

10,506

8,455 4,630

238 238

188

562 308 698

3,572

297 297 297 297

13,393 15,927 13,298 15,247 9,407

52,064 62,757 67,019 67,790 42,559 51,548

1,440

,440

11,657 10,766 11,143

7,219 8,330 5,246

<u>×</u>

(L)

<u>x</u>

FUND: HEALTHY FUTURES FUND B.1804 | Psychiatric Technician II D.1105C.1116 B.1809 | Community Program Aide I Number В.1909 B.1510 B.1602 ProgramCoordinator III B.2002 | Medical Records Clerk D.1106 B.1810 C.1418 D.1004 C.1108 | Psychiatric Technician II B.1604 D.1010 B.1203 <u>*</u> Psychiatric Technician I Social Service Supervisor Psychiatric Technician I Psychiatric Technician II Psychiatric Technician I Psychiatric Technician II Psychiatric Technician I Psychiatric Technician II MH Recreation Title Social Worker III Program Coordinator III Psychiatric Technician I Psychiatric Technician II Community Program Aide I Therapy Coord. (B) Sanchez, Reina Boland, Patrick Aguon, Stephanie El Sayeh, Mahmoud Paulino, Katherine San Nicolas, Dolores Dante, Thersa Simion, Kachiosy Calamba, Richard Osborne, Gayle Pico, Fortunato N. Jr. Garcia, Roswell Garcia, Violeta Untalan, Veona McDaniel, Jesse <u>c</u> Camacho, Elizabeth Sieco, Emma Guerrero, Joaquin l aitague, Marie Incumbent Name of nput by Department M12 M13 Step ଦୀ ଦ G13M14 E20 D_3 G12 9 3 F2 G2 F3 D2 ੩ E) 568,949 49,915 18,737 18,737 47,695 18,737 25,276 25,276 25,276 18,737 19,893 30,085 17,635 30,085 44,524 49,364 17,635 16,830 16,830 35,242 (F) 7,164 1,764 1,764 1,872 Special* <u>ଚ</u> 8,388 5,925 5,927 7,000 5,224 7,000 5,219 5,559 5,185 3,551 7,000 4,917 4,688 8,923 3,524 3,409 3,013 06/01/07 03/01/07 02/27/07 06/01/07 02/27/07 03/22/07 04/05/07 07/10/07 NA/CAP 09/26/08 08/25/08 01/01/07 03/03/07 12/13/06 11/25/06 12/16/06 Date Ξ Increment Amt. $\widehat{\Xi}$ 1,103 1,747 1,103 1,102 1,728 1,669 936 936 1,102 1,053 990 990 1,485 E+F+G+I) Subtotal (£ 25,063 33,212 33,212 27,531 25,058 26,623 23,655 49,364 51,092 33,212 22,508 24,053 33,098 53,447 21,229

151,078 13,097 6,004 5,489

3,570 238 238 238 238

10,078

3,480 \$

60,780 3,572 3,572 3,572 3,572

5,493

234,856

12,006 18,249 10,684 12,006 9,783 12,006 10,111

\$174 S

\$174 \$ \$174

4,909 5,465 5,806 5,159 7,244 5,466 7,244 7,244

238 238 238 238

\$174 \$174

3,572 3,572 3,572 3,572 1,440 3,572 3,572 3,572

297 148 297 297 297 297 297 297 297 297

31,648 32,024 32,886 37,097 33,438 45,218 45,218 45,218 45,218 45,218 35,174 45,218 35,177 33,438

\$174 S \$174 \$

\$174 S

238

238 238

326

\$174 \$174 \$174 \$174 \$174 \$174 \$174 \$174 \$174 \$174 \$174

1,440

148 297 148 297

14,343 9,461 13,353 7,595

9,516 7,828 10,474

480 554 775

VACANT POSITIONS

TO,001	The state of the s		60 40 4	2 120 🛊	7 755 \$.	\$		476	116.651 \$	534.849 \$	•s	38,671	ea	496,178 \$	\$ 4.		Grand Total:		
40.001	10,828 S	297 \$	3,572 \$	174 \$	423 \$	•	. 8	-	6,362 \$	29,172 \$	S	2,652	8	26,520	\$		VACANT	Social Worker II	18 D.1002
40,001	10,828 S	297 \$	3,572 \$	174 \$	423 \$	66	÷		6,362 S	29,172 \$	\$	2,652	•	26,520	*		VACANT	Social Worker II	17 B.1506
28,664	8,689 \$	297 \$	3,572 \$	174 \$	290 \$	·	5 9	-	4,356 S	19,974 \$	\$	VOID 18 AND PROPERTY OF THE PR	CONTRACTOR OF THE PROPERTY OF	19,974	8	H	YACANT	g Secretary II	
36,733	10,212 \$	297 \$	3,572 \$	174 \$	385 \$	•	٠.	-	5,784 S	26,520 \$	\$	The second secon	POLICE CONTROL MANAGEMENT AND	26,520	49	7	VACANT	Program Coordinator II V	5 B.3006
52,649	13,215 \$	297 \$	3,572 \$	174 \$	572 \$	•	÷9		8,600 \$	39,433 \$	\$	3,585	\$	35,848	*	M5	VACANT	Social Worker III	14 B.3005
52,649	13,215 \$	297 \$	3,572 \$	174 \$	572 \$	••	69	-	8,600 \$	39,433 \$	\$	3,585	5	35,848	4	M5	VACANT	Social Worker III	13 B.3004
52,649	13,215 \$	297 \$	3,572 \$	174 \$	572 S		÷		8,600 S	39,433 \$	\$	3,585	S	35,848	•	M5	VACANT	THE RESERVE OF THE PROPERTY OF	12 B.3003
52,649	13,215 \$	297 \$	3,572 \$	174 \$	572 \$	5	· .		8,600 \$	39,433 \$	\$	3,585	8	35,848	65	M5	VACANT	Social Worker III	1 B.3002
22,697	7,563 \$	297 \$	3,572 \$	174 \$	219 \$	59	÷	*	3,301 \$	15,133 \$	\$	TELEVISION COMPANY OF THE PROPERTY OF THE PROP	A CONTRACTOR OF THE PARTY OF TH	15,133	\$	2	VACANT	······································	10 B.3001.
24,574	7,917 \$	297 \$	3,572 \$	174 \$	242 \$	· ••	\$		3,633 \$	16,656 \$	9	ALC NOTIONS OF THE PARTY OF THE	The state of the s	16,656	49		VACANT	Data Control Clerk	9 B.3000
22,697	7,563 \$	297 \$	3,572 \$	174 \$	219 \$	89	·		3,301 \$	15,133 \$	s		TOTAL STATE OF THE	15,133	\$	C1	VACANT	VALUE OF THE PROPERTY OF THE P	8 B.2001
52,649	13,215 \$	297 \$	3,572 \$	174 \$	572 \$	₩	· .	,	8,600 \$	39,433 \$	S .	3,585	8	35,848	*	M5	VACANT	Social Worker III	7 B.2000
27,955	8,555 \$	297 \$	3,572 \$	174 S	281 \$	· 69	÷	-	4,231 \$	19,399 S	S	1,764	\$	17,635	\$	7	VACANT	Psychiatric Technician I	6 B.1906
40,001	10,828 S	297 \$	3,572	174 \$	423 \$	₩	59	-	6,362 \$	29,172 \$	S	2,652	8	26,520	49	7	VACANT	Chemical Treatment Specialist II V	5 B.1903
52,649	13,215 \$	297 \$	3,572 \$	174 \$	572 \$	5	\$	The state of the s	8,600 \$	39,433 \$	€9	3,585	\$	35,848	\$	M5	VACANT	Chemical Treatment Specialist III	4 B.1902
40,429	9,373	297	1,440 \$	\$174 \$	450	0	- Company of the Comp	238	6,773	31,056		2,878	- 8	28,178 \$	5	1.2	VACANT	Social Worker II	3 B.1506
66,170	15,960	297	3,572 \$	S174 \$	728	0		238	10,951	50,210		4,565		45,645 \$	•	97	VACANT	Psychiatric Social Worker Supv \	2 B.1303
24,574	7,917 \$	297 \$	3,572 \$	174 \$	242 \$	· •	59	A TATALON A MANAGEMENT A	3,633 S	16,656 \$	8	Total Boson was a sense and sense an		16,656	49	ū	VACANT	Medical Records Clerk	1 B.1202

Night Differential / Hazardous / Worker's Compensation / etc.

FUND: PROGRAM: AGENCY:

PEACE

FY2006 FEDERALLY FUNDED

PREVENTION AND TRAINING BRANCH, CLINICAL SERVICES DIVISION

STATE INFRASTRUCTURE GRANT

Input by Department

4/21/2006 2:40 PM

: FY2005	Aight Dirk	100		10	9	0		7	5	7	4	اس	2		No.					
(current Gov	remai/haza			SI.2012	SI.2010	51.2009	31.2000	2000	2000 13	3006	SI 2005	2004	SI 2002	SI.2000	Position Number					Ξ
FY2005(current GovGuam contribution for Life Insurance is \$153 per annum; Subject to change in FY2006	vigit Direcental/Hazardous/Worker's Compensation /etc.			Community Program Aide	Administrative Officer	Program Coordinator II	Special Program Coordinator II	riogram Coordinator II	opecial r Togram Coordinator II	Special Program Condition III	Program Coordinator	Special Projects Coolullator	Special Projects Coordinator	Special Projects Coordinator	Position Title	-				- (R)
is \$153 per annum;Subject t		GRAND TOTAL	٥	BOR IA Vanessa	LOZADA MARIA	PEREZ, Ricardo	REYES, Logan	CAMACHO, Christine	SASAMOTO, Michelle	TOPASNA, Audrey	Ar-LAGUE, Deborah (Un	LAPID, Mary G (Unclass)	ADID Lawing (Olicias	REYES Edwink (Linclas	Name of Incumbent					(2)
to change Ir		49	202	1	1	7	Μ	1.2	M1	M8	31	MS	VIV	7	Grade/St ep				(0)	ز
FY2006		317,252 \$	\$ 15,830	ľ		\$ 35 800 ¢	\$ 28.678 \$	\$ 28,178 \$	\$ 28,678 \$	\$ 38,716 \$	\$ 28,678 \$	\$ 35,848 \$	38,716		Salary				([ì
		٠		,					-	-	•	-			Over Time				F	00-10-10-10-10-10-10-10-10-10-10-10-10-1
			69	6	,	9	1	\$	69	\$	\$	\$	49		Special*				<u>(G</u>	CONTROL OF COMPANY OF
			02/14/07 \$	02/16/08	70/91/80	200	1	7	N/A	01/24/08	N.	NA	NA	באות	3		INCKEMEN.		Ī	2000
	ı		066 \$		\$ 1,326	F	1,007	\$ 1.657						Amount			2			CENTRAL PROPERTY.
	\$ 527,120 \$ 021,223 \$	204 205	\$ 17.820	\$ 37,128	\$ 37,128 \$	\$ 20,678 \$			20,700	\$ 38 716	\$ 28.678	878 52	\$ 38.716	000000	(E+F+G+I)	,		10)	(1)	
	\$ 09,661		9	8	\$ 8,098	\$ 6,255		,	36	٩	A	n	Ą	(0,10170)	Retirement			1	ŝ	
	*	,	8	8	8	55	1	100			Ž o		AA		Reti			1-1	-	
	65			1	_	_		-	-			-		(6.2%	DDI) Social 26P Security	-		(IMI)		
	49	6			59	49	69	S	65	6	5		1	(1.45%*J) (1.45%*J)		1		F		
	4,657 \$	\$ 807	9	9 6	538	416 \$	433 \$	416 \$	561 \$	416 \$	520 \$	561 \$	+	_	Medicare	-	D .	(N		
	1,740 \$	174	1/4		177	174 \$	174	174	174	174	174	174		Life (1/)	·	1	Benefite	0		
	27,554	3,102	3,102	3,102			\$ 3.102	\$ 3,102	\$ 3,102 \$	\$ 1,369	\$ 1,369	\$ 3,102	1	(Premium)	Medical			(P)	input by L	innut his I
	\$ 2.682	\$ 298	\$ 298 \$	8	200	200	\$ 298	8	2 \$ 298	9 \$ 149	9 \$ 149	2 \$ 298	, , , , , , , , , , , , , , , , , , , ,	(Premium)	Dental			<u>Q</u>	mbar by pebal titletit	
-	-	\$ 7,540	\$ 12,210	\$ 12,210		40.045	\$ 10.514	S	8	\$	\$ 10,030	\$ 12,579	le mining	(Kthrii O)	Total Benefits			(R)		
	\$ 427 730	\$ 25.360	\$ 49,338	\$ 49,338	\$ 38,923	ı	20,020	38 023	\$ 51 205	\$ 37.041	\$ 45.878	\$ 51.295	106	Total	(J+R)		(=)	(S)		

EV2007 FEDERALLY ELINDED

FY2007 FEDERALLY ELINDED

SUBSTANCE ABUSE TREATMENT AND PREVENTION SEVICES
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
CLINICAL SERVICES DIVISION

SUBSTANCE ABUSE AND PREVENTION BLOCK GRANT Input by Department

FY2005(current GovGuam contribution for Life Insurance is \$153 per annum;Subject to change in FY2006 light Differential/Hazardous/Worker's Compensation /etc. ٥ و SA.2232 SA.2216 SA.2218 SA.2225 SA.2215 SA.2213 Position Number Chem Dep Trmt Spec II
Chem Dep Trmt Spec II
Chem Dep Trmt Spec I
Psychiatric Technician II Substance Abuse Pgrm Supervisor Chem Dep Trmt Spec II
Chem Dep Trmt Spec II Program Coordinator III Chem Dep Trmt Spec I Position Title GAY, Polly MALIG, Remedios Francesca GRAND TOTAL REMENGESAU, SABANG, William TALAVERA, Terry SABANG, Don CASINO, Efren QUITUGUA, Tracy DUENAS, Athena Name of Incumbent Grade/St N12 <u>%1</u>1 ep **⊼** စ္ပ Salary 49,915 330,697 31,493 30,972 27,149 44,524 35,802 Over Time Ð Special* 4,452 (e) 07/01/08 05/03/08 INCREMENT DATE E \$ 1,434 Amount 1,657 936 \$ 35,335 (E+F+G+I) Subtotal 30,894 48,976 35,331 40,841 36,465 Retirement (J*21.81%) 10,682 8,907 7,707 9,632 7,953 7,706 6,738 10,130 (\$9.16*26P Retire(DDI J Security (6.2%*J) Social 3 Medicare (1.45%*J) Z 448 710 512 512 592 Benefits Life (1/) 0 Input by Department
(P) (Q) (Premium) Medical 3,102 1,369 3,947 3,102 1,369 1,369 1,369 1,369 (Premium) Dental 446 149 Total Benefits (Kthru Q) 106,594 æ 12,945 11,753 9,910 12,056 11,042 9,762 12,346 (J+R) Total (S)

AGENCY:
PROGRAM:
FUND:

B

FUNCTIONAL AREA:

4/21/2006 2:32 PM

<u>-</u> ∃

Schedule A - Off-Island Travel

Department/Agency: Department of Mental Health and Substance Abuse

Division: Clinical Services Division

Program: All General Fund

	Purpose / Justificat	ion for Travel		
	NOT APPL	ICABLE		
Travel Date: To Be Announced		No	of Travelers:	*
Travel Date. To be Amounted		110.	or travelers.	
Position Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cost
	-	-	-	\$ -
	Purpose / Justificat	ion for Travel		
	•			
Travel Date:		No.	of Travelers:	*
	Air Fare	No.		* Total Cost
	Air Fare		Registration	
		Per diem	Registration	Total Cost
	\$ -	Per diem	Registration	Total Cost
Position Title of Traveler(s)	\$ - \$ -	Per diem \$ - \$ -	Registration	Total Cost
Position Title of Traveler(s)	\$ -	Per diem \$ - \$ -	Registration	Total Cost
Position Title of Traveler(s)	\$ - \$ -	Per diem \$ - \$ -	Registration	Total Cost
Position Title of Traveler(s)	\$ - \$ -	Per diem \$ - \$ -	Registration	Total Cost
Position Title of Traveler(s)	\$ - \$ -	Per diem \$ - \$ -	Registration	Total Cost
Position Title of Traveler(s)	\$ - \$ -	Per diem \$ - \$ -	Registration	Total Cost \$ - \$ -
Position Title of Traveler(s) Travel Date:	\$ - \$ - Purpose / Justificat	Per diem \$ - \$ - ion for Travel	Registration \$ - \$ -	Total Cost \$ - \$ -
Position Title of Traveler(s) Travel Date:	\$ - \$ - Purpose / Justificat	Per diem \$ - \$ - ion for Travel No. Per diem	Registration \$ - \$ - Of Travelers: Registration	Total Cost \$ - \$ - Total Cost
	\$ - \$ - Purpose / Justificat	Per diem \$ - \$ - ion for Travel	Registration \$ - \$ -	Total Cost \$ - \$ -

Schedule A - Off-Island Travel

Department/Agency: Department of Mental Health and Substance Abuse Division: Clinical Services Division

Program: All

Healthy Future Funds

	Purpose / Justificat			
Travel Date: To Be Announced		No.	of Travelers:	*
osition Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cos
	(D)	•	C	6
	- \$	\$ -	\$ -	-
	Purpose / Justificat	ion for Travel		
ravel Date:		No.	of Travelers:	*
osition Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cost
	\$ -	\$ -	\$ -	\$ -
	-	\$ -	\$ -	\$ -
	Purpose / Justificat	ion for Travel		
	Purpose / Justificat	ion for Travel		
	Purpose / Justificat	ion for Travel		
	Purpose / Justificat	ion for Travel		
	Purpose / Justificat		of Travelers:	*
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Schedule A - Off-Island Travel

Department/Agency: Department of Mental Health and Substance Abuse

Division: Clinical Services Division

Program: All Federal Grants

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Schedule B- Contractual

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Schedule B- Contractual

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Schedule C - Supplies & Materials

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Schedule D - Equipment

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Schedule E - Miscellaneous

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Schedule F - Capital Outlay

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Schedule D - Equipment

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Schedule DD- Contractual

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Schedule E - Miscellaneous

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Schedule F - Capital Outlay

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Vehicles for transportation for consumers			38,000.00	X	
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Schedule B- Contractual

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Schedule C - Supplies & Materials

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Schedule D - Equipment

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Schedule DD- Contractual

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Schedule E - Miscellaneous

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Schedule F - Capital Outlay

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Vehicles for transportation for consumers			\$ 38,000.00	X		
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CHILD/ ADOLESCENT SERVICES DIVISION

FISCAL YEAR 2007 BUDGET

FUNCTION: Mental Health Services

PROGRAM: Child-Adolescent Services Division (CASD)

MISSION/MANDATES: 10GCA 822011,a,d

10GCA 86109.1

10GCA/86105 A. (1), a, b, c, d, e 10GCA/86105 A. (2), b, d, e PL. 102-321 (Criterion 1, 2, 4, 50)

Mission Statement for Child-Adolescent Services Division (CASD):

To provide integrated, community-based outpatient services for children-adolescents who are high risk and those with serious emotional disturbances (SED up to age 21) and their families, services to include individual, group and family counseling, 24-hour crisis intervention, outreach, prevention and education, transitional placement services, provide support, linkage and referral for other mental health related services in the community. Provide outreach for early identification, intervention and prevention of out of home placement.

Goals:

CASD is committed to uphold the System of Care Core Values to be child-centered, family focused, strengths based, community based, and culturally competent and abide by the System of Care Guiding Principles to provide 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, and in collaboration with public, private and faith based child-serving agencies along with stakeholders shall provide a comprehensive array of mental health and related services organized into a coordinated network of a continuum of care for the treatment of children-adolescents who are high risk and those with severe emotional disturbances and their families.

TOP PRIORITIES:

A. SYSTEMS OF CARE:

Goal: To develop, implement and sustain a system of Care for Guam through community—agency partnership and family involvement at all levels for the prevention of out of home and off-island placement, providing array of mental health and related services following the needs of the child and family through out treatment, transitioning from youth to adult services and providing supportive services to strengthen family life.

Objective: Develop collaborative partnership with families, agencies and community stakeholders to sustain a system of care for children, adolescents and their families.

1. Project I Famagu'on-ta is Guam's award from the Child Mental Health Initiative (CMHI), a Federal Government Cooperative Agreement administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Mental Health Services (CMHS) Child-Adolescent and Family Branch, with the Government of Guam administered by the Department of Mental Health and Substance Abuse (DMHSA) and the Child-Adolescent Services Division (CASD) for the creation of a System of Care for Children-Adolescents with Severe Emotional Disturbances and their families.

The CMHI Cooperative Agreement is a six year funding source from the period of October 2002 through September 2008. This fund is seed money to assist Guam in developing its System of Care for children-adolescents with severe emotional disturbances and their families. This funding requires a match both in-kind and cash match from Guam. For year one, the match was all in-kind contributions. The second year and thereafter, the Guam Legislature has appropriated

a Local Cash Match of \$250,000.00 to be used for flexible funds to support the wraparound and to be used for family support in the area of respite care vouchers. The annual continuation of this \$250,000. Funding is critical for the continuation of the Cooperative Agreement. We request that at the end of the fiscal year, that any remaining funds be carried over to the next fiscal year.

The Child Mental Health Initiative, is for a radical system change in how social systems (such as the Department of Education, Department of Youth Affairs, Department of Mental Health and Substance Abuse, Department of Public Health and Social Services, Superior Court of Guam Juvenile Probation and Department of Integrated Services for Individuals with mental illness), work together to provide the mental health needs of children and families. It is our commitment as we collaborate with our community partners, families and all child-serving agencies, that we will work together to provide an array of services both traditional and non-traditional mental health services that are community based, child and family centered and culturally appropriate. A memorandum of understanding have been developed and signed by all six child serving agency's directors.

There are 11 array of mental health services mandated in the Cooperative Agreement that are either to be enhanced, if the services are existing, and to be developed, if they are not available. These array of services range from least restrictive where the child remains in the home and supportive mental health services are provided to prevent out of home placement, to a most restrictive which would be an out of home placement. following array in the order of least to most restrictive are as follows: Diagnostic and Evaluation (psychiatric, psychological and medication evaluation/consultation and management), Outpatient Services (counseling and consultation), Therapeutic Day Treatment, Therapeutic Respite Care, Intensive Home-based Services, Emergency/Crisis Services, Therapeutic Foster Home, Case Management, Individualized Service Plan (Wraparound), Therapeutic Group Home and Transition to Adult Services. In addition to these mental health services, other related services are to be enhanced and made accessible to the child and family. Many of these services which are being developed will be contracted out or outsourced into the community for capacity building and sustainability. The Department has develop a Therapeutic Day Treatment in September 2004 and a Therapeutic Group Home in February 2005 both these services have been outsourced to Latte Treatment Center, Inc. Request for proposal on remaining services are being solicitated

Currently, Project I Famagu'on-ta has approximately 150 children and adolescents enrolled out of the 125-projected enrollment for the first quarter 2006. Each child or adolescent is assigned a WRAP coordinator (social worker). The project has 10 WRAP Coordinators and a core project staff of 7, consisting of a Principal Investigator, Project Director, Acting Clinical Director, Key Family Contact, Youth Coordinator, Social Marketing and Communications Manager, and Technical Assistance and Cultural Competence Coordinator. All the positions in Project I Famagu'on-ta, are 100 percent federally funded and unclassified except for the local funded positions which are committed as In-Kind contribution.

The project staff participates regularly on technical assistance conference calls with the National Technical Assistance to stay abreast of mental health issues and concerns. The Clinical and Evaluation Components of the project provide the research on evidenced-based outcomes.

B. COMMUNITY BASED, CONTINIUM OF CARE SERVICES:

Goal: To provide supportive mental health services to child/adolescent and family that are community based, child and family centered, culturally competent and provide a safety net continuum of care that is seamless.

Objective: Enrolled children and adolescents in the Project I Famagu'on-ta shall access these services through their WRAP plan. These services are to prevent out of home placement and if out of home placement is necessary, that it be on island, be temporary and have discharge planning initiated from the start. This service is to bring home children/youth who are in offisland placements.

1. Rays of Hope, is a community-based service and is CASD's in-house efforts to address some of the mandated array of services as required by Project I Famagu'on-ta Cooperative Agreement. Rays of Hope offers three distinct but complementary services: These are Therapeutic Day Treatment, and Therapeutic Respite Care Residential, This service has been outsourced to Latte Treatment Center, Inc., as of July 2005.

As of May 2004, Rays of Hope has started providing partial Day Treatment services to children-adolescents who have been enrolled in Project I Famagu'on-ta. Rays of Home emphasis is on therapeutic behavioral management consisting of social skills building activities for the youth to improve their social interactions, develop leadership and behavioral management skills, and improve their self-esteem and functioning. In the fall of 2004, the Day Treatment expanded to include full day activities with an education instruction component. The education instruction component is a product of the collaborative partnership with the Department of Education – Special Education Division who provides a certified special education instructor.

Therapeutic Respite is provided on site to no more than three female and three male child-adolescents at any given time in accordance to the need and the occupancy requirement. Respite eare is anywhere from a couple of hours to no more than three days of the week to give the child and family a break so that they can "replenish" their energy to continue caring for each other. Respite care also can be used as a "time-out" from a stressful or an emotionally charged situation to allow people to calm down and at the same time work out an amenable resolution of the situation.

2. Therapeutic Group Home is a temporary home for no more than 10 children and adolescents who are not able to live at home with their parents. This home is managed by house parents and provides for the therapeutic and mental health needs of the child/adolescents. Residents of this home include children and adolescents who have returned to Guam from off island treatment facilities which are paid by Residential Treatment Funds and for other enrolled youth in Project I Famagu'on-ta. This service opened in 2005 outsourced to Latte Treatment Center Inc.

C. OUTPATIENT SERVICES:

Goal: To provide Outpatient Mental Health Services to children, adolescents and their families in the area of Intake and Emergency and Crisis Assessment and Intervention, Early Mental Health Screening and Identification, Public Education and Awareness, Counseling and Referral Services. Additionally, there are special projects to supplement the services and to strengthen family life such as the Annual Christmas Cheer for Families and the Art of Healing for Children and Adolescents.

Objective: To support, empower and strengthen child and family ties by making these mental health services accessible to not only children/adolescents with SED and their families but to all children and adolescents that may be at risk and in need of mental health services.

CASD will continue providing Outpatient Services as listed above and to include providing case management/care coordination and counseling to children-adolescents who are admitted in the Child Inpatient Unit (CIU) for acute care. Approximately 25% of the Social Worker's and PSW/Counselor's time is spent in CIU whenever there is an admission. The Counselor and Social Worker provide assessment, attends family and treatment meetings with the Psychiatrist and other service providers, provide linkages with services in the community and provide after care services as needed. In situations where the child-adolescent receives only medication, the Social Worker continues to provide Case Management services and sits in during the medication follow up appointments. Individual and family counseling are provided as needed and upon request.

CASD staff engages the community in mental health awareness and stigma reduction campaign through education and awareness displays at the Malls, public speaking presentations, debriefings on traumatic events, Outreach Crisis Counseling at time of disaster through Project PRO, a FEMA and CMHS funded project, and through its annual Christmas Cheer for families, and the Art of Healing a displays of children and adolescents art work. CASD staff in coordination with Clinical Division staff provides crisis and emergency services such as debriefings to individuals, families and groups who have experienced or have been affected by traumatic events.

In Outpatient Services, CASD conducts Intake interviews and assessments. Many of the referrals are from the Department of Youth Affairs, Department of Education and Sanctuary for suicide assessments and for conduct behavior problems. Additionally, CASD gets a growing number of referrals for counseling from Healing Hearts due to sexual assault and abuse of minors.

In addressing the need for more outreach services to the underserved children and adolescents, CASD wants to conduct a pilot project school based mental health service at Southern High School to students who can benefit from some mental health intervention. Implementation of this service is pending the availability of a counseling level staff, currently (CASD has only one counselor).

CASD Outpatient Services serve the general public, but mainly those from low income and indigent homes. Those with private medical insurance are encouraged to seek mental health services through their private providers, but a significant number of these families are requesting services from the department because they are unable to pay the co-payment or meet their deductible. These families therefore, are provided the mental health services through the department. For several years now, with the increasing shortage of Social Workers and PSW Counselors, CASD is experiencing tremendous challenges in being able to provide quality services to increasing number of children/adolescents and their families with severe and complex needs.

Currently, CASD Outpatient staffing consists of an Administrator who oversees and manages the overall operation of the Division and a Secretary. The Supervisor position has been vacant for years due to lack of applicants, and must be filled. There is currently only one PSW Counselor. CASD has two vacant PSW Counselor positions that must be filled and requesting an additional one more PSW position to adequately service the Community. CASD Outpatient has only two Social Worker III positions and requesting an additional two more Bachelor level social work positions to adequately service the Community. The staff of CASD provides the administrative management and clinical support for all of the services in the Division including Project I Famagu'on-ta. With the rapid growth of the Division in the past 2 years, partly due to the CMHI Cooperative Agreement; the Division requires the filling of all the vacant positions plus the additional staff that were mentioned throughout this report. Additionally, we request that the 10% annual increment for all employees be continued on an annual basis to support staff moral. The increment pay help boost staff morale and is an important incentive for employees. The increase in personnel and services are extremely crucial in the maintenance of effort for the grants that the Division and the Department receive. Being the sole public provider for mental health services on island, CASD must have the resources its needs to provide the adequate health services for the children of Guam.

To carry forth the work of outreach and case management/care coordination, it is imperative that the Division has dependable vehicles. We request funding for two new vehicles plus automaintenance plan coverage. Additional funding request to cover building insurance and utilities (Telephone, water, electricity, and propane) are requested.

PSW Counselors and Social Workers attend court hearings; IEP's with the schools, wrap meetings, and make home visits as well as attend other functions relating to mental health issues with the child and family.

A percentage of all CASD staff, as service providers for children-adolescents with serious emotional disturbances and their families, are committed as In-kind Contributions to the CMHI Cooperative Agreement, Project I Famagu'on-ta.

IMPACT STATEMENT:

The System of Care services, which CASD provides shall in time reduce if not eliminate offisland placement for children-adolescents with severe emotional disturbances. It shall also reduce inpatient admission in the Child Inpatient Unit, an acute care facility at DMHSA. It shall reduce the number of admissions into the Department of Youth Affairs (DYA), with Child Protective Services as well as the number of Juvenile Court Cases. It shall increase the number of youth staying and completing high school and going on to higher education, both academic and vocational, and increase the number of independent and employed youth. Overall, it shall increase the self-esteem of children-adolescents, produce happy and productive youth and keep families intact. Over time all these changes shall translate into savings of tax payer's funds and promote a mentally healthy community.

Decision Package FY 2007

Department of Mental Health
Department: and Substance Abuse

Division/Section:

Child Adolescent Division Division/Administration

Program Title: CASD ADMINISTRATION

Activity Description:

Provide integrated, community-based array of mental health services for children-adolescents who are high risk and those with serious emotional disturbances (SED) and their families, services to include individual, group and family counseling, psychiatric assessment, 24-hour crisis/emergency assessment and intervention, outreach, prevention and education, transitional placement services, provide support, linkage and referral for other mental health related services in the community. Provide outreach for ealy identification, intervention and prevention of out of home placement. The CASD Administration oversees and supports the entire operation of the Child-Adolescent Services Division. Administration staff are approximate .5 in Kind match Contribution to the Project I Famagu'on-ta system of Care, Child Mental Health Initiative (CMHI).

Major Objective(s):

- 1. Develop collaborative partnership with families, agencies and community partners to develop, implement, and sustain a System of Care for children, adolescents and their families.
- 2. Support, empower and strengthen child and family by making an array of mental health and related services accessible not only to children/adolescents with SED and their families, but to all children, adolescents and their families that may be at risk and in need of mental health services.

Short-Term Goals:

- 1. Strengthen and support the Child serving agency Ombudsmen in their role as agency liaison for the development of system of care.
- 2. Review and enhance policies and seek additional funds for the continued reformation of Children's Education, Health, and Mental Health Services in the area of care, services and the maintenance of these services.
- 3. Continue to recruit critically needed support staff.
- 4. Enhance the development and maintenance and continuum of care services, CASD Outpatient Services, System of Care, Project I Famagu'on-ta, Continuum of Care, and Rays of Hope.

Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
1. System of Care			
(DMHSA)	55%	60%	80%
2. Continuum of			
Care/Community Based			
Services	50%	60%	80%
3. Outpatient Mental Health		,	
Services to Children	80%	90%	90%

Function: Agency: Program:

HEALTH
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
CHILD ADOLESCENT SERVICES DIVISION SUMMARY

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Budget	· ·	FY2005	FY2006	FY2007	FY2007	FY2007	FY2007
Account		Expenditures and	Authorized	GENERAL	FEDERAL	OTHER	Total Req.
Code	Appropriation Classification	Encumbrances	Level	FUND	FUND	FUND	(A+B+C+D)
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111	Regular Salaries/Increments	\$481,578	\$200,461	\$217,451	\$561,334	\$148,845	\$927,630
112	Overtime/Special Pay	\$401,570	\$200,401	\$217,431	\$01,334	\$0	\$0
113	Benefits	\$139,133	\$42,851	\$62,989	\$175,034	\$60,635	\$298,658
	TOTAL PERSONNEL SERVICES	\$620,711	\$243,312	\$280,440	\$736,368	\$209,480	\$1,226,288
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230	CONTRACTUAL SERVICES:	\$0	so	S0	\$442,902	\$0	\$442,902
233	OFFICE SPACE RENTAL;	\$0	\$0	\$0	\$30,000	\$0	\$30,000
240	SUPPLIES & MATERIALS:	\$0	\$0	\$0	\$35,010		\$35,010
250	EQUIPMENT:	\$0	S0	\$0	\$13,000	\$0	\$13,000
290	SUB-RECIPIENT/SUBGRANT:	\$0	. \$0	\$0	\$36,000		\$36,000
450	MISCELLANEOUS:	\$0	. \$0	\$0		\$0	
L	TOTAL OPERATIONS		\$0	\$0	\$676,162	50	\$676,162
	TOTAL OPERATIONS	50	30	L 30	3070,102	30	3070,102
361	Power	\$0	\$0	\$0			\$8,000
362	Water/ Sewer	\$0					\$8,00
363	Telephone/ Toll	\$(\$0	\$9,20
	TOTAL UTILITIES	s	\$0	\$0	\$25,200	\$0	\$25,200
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	PARTICIPATE PARTIC	90					
450		S() <u> </u>	\$0	\$62,270	\$0	\$62,27
	TOTAL APPROPRIATIONS	\$620,71	\$243,312	\$280,440	\$1,500,000	\$209,480	\$1,989,92
	1/ Specify Fund Source						
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	UNCLASSIFIED	00	0	0	0	0	0
	CLASSIFIED	14	13	5	19	6	30
	TOTAL FTES	14	13	5	19	6	30

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: CHILD ADOLESCENT SERVICES DIVISION/COMMUNITY BASED SERVICES SECTION
FUND: GENERAL FUND

Government of Guam
Fiscal Year 2007 Budget
Agency Staffing Pattern
CURRENT

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" Night Differential / Hazardous / Worker's Compensation / etc.		D.130	D.130	D.1203	D.100	ט.100	10.00		•	(A)	
ential /		D.1303 Social Worker III	D.1302 Social Worker III			D.1001 Psych. Soc. Svcs. Administrator	Title	Position Position		(B)	
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sation /	Grand Total:	Cepeda	Dugan, Susan	Baleto, Jesse	Afileje,	Unpingco, Annie				Ĉ	
etc.	lotal:	Cepeda, Nadine	Susan	Jesse	Afileje, Barbara	co, Ann	Lne	2			
						e	Incumbent	Name of			ú
											put by L
		3	M15	M	HII	P14	Step	Grade		(D)	Input by Department
	2000	MI S		╌	╌			de/		٦	ent
	\$ 214,860 \$	\$ 28,678 \$	\$ 49,364 \$	\$ 44,524	31,011	\$ 61,283 \$	alary			(E)	
	\$	65	S	69	S	89	Salary Overtime Special*			<u>_</u>	
		-	,	'			time			(F)	
	\$ 3,092	5 7	\$ 1,2	\$ 1,1	S	S	Special			(G)	
	92	717 0	1,262	1,113							
		08/01/07	12/18/07	02/13/07	12/27/06	08/28/08	Date		Inc	Œ	
	S	s	S	50	S	S			crement		
	4,902	1,793		1,558	1,551	,	Aunt.			Ξ	
	S 4,902 S 217,451 S	2	4	4	3	9	Subtotal	(E+F+G+I)		(J)	
	7,451	28,678	49,364	45,564	32,562	61,283	otal	9±3			
							(J * 21.81%)	Retirement		(K)	
	47,426 \$	6,255	10,766	9,938	7,102	13,366		nent			
	69						(\$9.16*26PP)	Retire		<u>-</u>	
	476	238	0	238	0	0	'26PP)	Retire (DDI)		(L)	
	s						(6.2	Social		_	
	,	0	0	0	0	0	(6.2% * J)	Social Security Medicare		(M)	
	€9					_		Med			
	3,153 \$	416	716	661	472	889	(1.45% * J)	licare	Benefits	(N)	
							(1)	Life	S	(0)	
	870 \$	\$174	\$174	\$174	\$174	\$174		e.)	
		\$			۰,	45	(Premium)	Medical		(P	Inp
	10,024 \$	\$1,440	\$3,572	\$0	\$1,440	\$3,572	um)	(es)	ut by D
	\$				\$		(Premium	Dental		(Input by Department
	1,040	\$297	\$297	\$149		\$297	aium)	ıtal		(Q)	DI .
	69						(Kt	Total l		<u>.</u>	
	62,989 \$	8,820	15,525	11,159	9,188	18,297	thru Q)	Benefits		R)	
	S										
	280,44	37,49	64,889	56,72	41,750	79,580	TOTAL	(J+R)		\odot	
-	0	∞	9	3	0	0		_			

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: CHILD ADOLESCENT SERVICES DIVISION/COMMUNITY BASED SERVICES SECTION
FUND: GENERAL FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern PROPOSED/VACANT

ngn	* Nigh	888	ъ.	4	۱ س	,	110.		0000			
right Differential / Hazardous / Worker's Compensation / etc.	CDIM COLUMN S (W)			D.1307 Social Worker III		ninistrator	Number Line	A OSLIDOR	Position Boottes		(A) (B)	
sation / etc.	Grand Lotal:	Cepeua, Ivadine	Dugan, Susan	Baleto, Jesse	Alleje, Barbara	Unpingco, Annie	Incumbent	Name of		(=)	(C)	
	S 214,860 S	M1 S 28,678 \$		M11 \$ 44,524	H11 S 31,011	P14 \$ 61,283	Step Salary	Grade/		(E)		
		ļ.	ļ.	S	s -	s -	Salary Overtime Special*			(F)	ì	
	\$ 3,092	S 717	\$ 1,262	\$ 1,113	\$	S -	Special*			(G))	
		08/01/07	12/18/07 S	02/13/07 S	12/27/06 S	08/28/08	Date	Increment	•	(H)		
	4.902 S	1,793		1,558	1,551	_	Aunt			(I)		Section 1998 To the section of the s
4	4.902 S 217.451 S	28,678	49,364	45,564	32,562	۵,		a total		(J)		
3,7420	3 9CF LP	6,255	10,766	9.938	7.102	_	(J * 21.81%)	4		(K)		
4/0		238	0	238	0	0	(\$9 16*76PP)	Def man		(L)		
3	1	0				(0.2.0)	Social Security Medicare		();	(M)		
\$ 3,153 \$	014	416	716	4/2	889	0/ Ch.1)	Medicare	Benefits		(N)		
\$ 870 \$			T		T	-	Life	ıs	(0)			
\$ 10,024 \$	\$1,440	\$3,572	\$0	\$1,440 \$	\$3,572	(Premium)	Medical		(F)		formalin.	Imput hu
\$ 1,040	\$297			S	\$297	(Premium)	Dental		(Q)		mpus of Department	Denomina
0 8 62,989	7 8,820	7 15,525		9,188	18,297	(KthruQ)	Total Benefits		(R)			
	ŏ	is	8	88	97	_	ŝ					

1 D.1202 2 D.1204 3 D.1304 4 D.1305

Psychiatric Social Worker II
Psychiatric Social Worker I

VACANT POSITIONS

Social Worker II

Social Worker II

VACANT VACANT VACANT VACANT

N10 M5

\$ 46,596 \$ 35,848 \$ 26,520 \$ 26,520 \$ 135,484 \$

\$ 46,596 \$ \$ 35,848 \$ \$ 26,520 \$ \$ 26,520 \$ \$ \$ 135,484 \$

10,163 S 7,818 S 5,784 S 5,784 S

676 \$
520 \$
385 \$
385 \$
1,965 \$

174 S 174 S 174 S 174 S 174 S

1,440 \$
1,440 \$
1,440 \$
1,440 \$
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5,760 \$

148 S 148 S 148 S 148 S 148 S

12,600 S 10,100 S 7,931 S 7,931 S 38,562 \$

59,197 45,949 34,452 34,452 174,050

Grand Total:

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: CHILD ADOLESCENT SERVICES DIVISION/COMMUNITY BASED SERVICES SECTION
FUND: HEALTHY FUTURES FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern CURRENT

4 B.1808 Psychiatric Technician I 5 C.1106 Psychiatric Technician I 6 C.1422 Community Program Aide I	5 C.1106 Psychiatric T	4 B.1808 Psychiatric I	1 1000	3 D.1013 Community Program Aide I	2 D.1011 Community Program Aide	1 C.1413 Psychiatric Technician II	No. Number Title	Position Position		(A) (B)	
										(0	
Crand Total.	Mesngon, Julie	Martin, Baby Julia	Ducos, Amelita	Benavente, Robert	Jaime, OdiliaMarie	Bucaneg, Mary Jane	Incumbent	Name of		(C)	Input by Department
	D2	ES	FS	D2	D2	જ	Step	Grade/		(D)	partment
\$117,928	D2 \$ 16,830 \$ 1,584 \$ 2,480	\$ 22,044 \$	\$ 22,044 \$	\$ 15,840 \$	\$ 16,830 \$ 1,584 \$ 2,516	\$ 24,340 \$	Salary Overtime Special*			(E)	
\$4,752	1,584 \$	-		1,584 \$	1,584	-	yertime			(F)	
\$21,155	2,480	\$ 4,429	\$ 4,438	\$ 2,414	\$ 2,516	\$ 4,878	Special*			(G)	
	08/30/07	05/13/07	04/30/07	01/12/07	01/12/07	02/23/07	Date		Incremen	(H)	
\$5,010	990	882	882	660	660	936	Aunt.		∄	(I)	
\$148,845	21,884	27,355	27,364	20,498	21,590	30,154	Snbtotal	(E+F+G+I)	Т	(J)	
\$32,481	4,832	5,819	5,841	4,676	4,919	6,394	(J * 21.81%)	Retirement		(K)	
\$1.428	238	238	238	238	238	238	(\$9.16*26PP)	Retire (DDI)		(L)	
\$564	0	188	188	0	0	188	(6.2% * J)	Social Security		(M)	
\$1,904	269	355	356	259	275	390	(1.45% * J)	Medicare	Benefits	(N)	
\$1,044	\$174	\$174	\$174	\$174	\$174	\$174	(1/)	Life		(0)	
\$21.432	\$3,572	\$3,572	\$3,572	\$3,572	\$3,572	\$3,572	(Premium)	Medical		(P)	Input by Department
\$1.782	\$297	\$297	\$297	\$297	\$297	\$297	(Premium)	Dental		(Q)	ерагттепт
\$60.635	9,382	10,643	10,666	9,216	9,475	11,253	(K thru Q)	Total Benefits		(R)	
\$209,480	31,266	37,998		29,714	31,065	- 1		(J+R)		(S)	

FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: CHILD ADOLESCENT SERVICES DIVISION/COMMUNITY BASED SERVICES SECTION
FUND: HEALTHY FUTURES FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern PROPOSED/VACANT

(* Zig			0	·	'n	4	r.		2	ŀ	-	No.	_	_								
	* Night Differential / Hazardous / Worker's Compensation / etc			C.1422	C.TIOO	2110	B.1808	D.1013		D.1011	C.1413	C 1412	Number	, , ,	Pacifica			(A)	()				525.5 S.
	ntial / Ha			C.1422 Community Program Aide	C.1100 Psychiatric Technician I	,	Psychia	D.1013 Community Program Aide I		Comm	rsycan	7	Title	00.00	Position			(8)	(8)		ı	100	\$250 PERSON PROPERTY AND ADDRESS OF THE PERSON PROPERTY ADDRESS OF THE PERSON PROPERTY AND ADDRESS OF THE PERSON PROPERTY ADDRESS OF THE PERSON PROPERTY AND ADDRESS OF THE PERSON PROPERTY AND ADDRESS OF THE PERSON PROPERTY ADDRESS OF THE PERSON PROPERTY AND ADD
	zardons			unity Pro	itric Lec		Psychiatric Technician	unity Pro	ALL CALLE	Community Program Aide I	r sychiatric 1 echnician II	1											
	/ Works			ogram A	hnician		hnician	ogram A	ogram o	A merapa	nnician										I		CONTRACTOR CONTRACTOR
, 0	r's Com			ide I				ide l	T any	I ob	Ξ												120 LV00 MAN TO THE TOTAL CONTROL OF THE
решанию	nenegtio	Gra	2	Mes	Mar	7	ם חוונ	Ben	Jam	T.	Buc							<u> </u>)				State State State State
M / CIL.	n / oto	Grand lotal:		Mesngon, Julie	Martin, Baby Julia	100 CALL	Ducos Amelita	Benavente, Robert	Jame, Odhamarie	Call	Bucaneg, Mary Jane							_					CONTRACTOR OF THE PERSON
				lie	y Julia	114	1	Cobert	alviarie		ary Jane	SOLID CONTRACTOR	Incumben	ryame of									SAME CONTRACTOR
													=								2 40000	Input by	September 200
				-		_	+	ı	_		_		n	<u> </u>			,	_			A	Input by Denartment	
		*	,	D2 \$	F5	50		D2 S	5		3	H		Grade/			,	9				nenf	
		\$117,928	20,000	\$ 16.830 \$	\$ 22,044	3 22,044 3		S 15.840 S	5 16,830	1	\$ 24340 8	Salat,	Color				(1)	Ē					
			,	^	\$	4	ı	ı	₩	1	•	O Y C) }				1						decomposition of the state of t
	1	\$4,752	9000	1 584 \$ 3 480	- 8	•	,	1.584	1,584 \$	6	9	Over mile Special					,	2					
		\$21.155	4,40	3 48	4,429	4,438	1	-	2,516	ı	4 878	Special	9				3						
		<i>y</i> .			\neg		T	7		Г			T							i			SOME DESCRIPTION OF STREET
			10/06/00	20/02	05/13/07	04/30/07	10/0/	01/13/07	01/12/07	10107170	72/07	Date								I			2007/00/2007/2009/2009/2009
	, C. C.	25										Amt.		Tement			Ξ	`					0.0000000000000000000000000000000000000
	3,0	\$5,010	UKK		882	882	000		660	930	2			\ \			_	_	-				
	C+0,0+10	21.0 21.13	21,884	,,,,,,	27.755	27,364	20,498		21 590	30,154		Subtotal	TAPACAT.				3						
		1	-		+	*			٦	4	†	_ 	_	Ť		1							
	332,401	23 401	4,832	2,010	5 810	5.841	4,676	1,75	4 010	6,394		(J * 21.81%)	Keurement			ĺ	\hat{S}						
		1	_								+	(\$9.1	Keti	,			_						
	31,428		238	230	330	228	238	220	220	238		(\$9.16*26PP)	Ketire (DDI)			1	E						
	_	T	_		1					_	†	(6.2	Social										
	3564		-	100	100	188	0			188		(6.2% * J)	Social Security			17.	3						
	_	T								_		(1.45											
	\$1,904	100	260	355	330	226	259	2/5		390	3	(1.45% * J)	Medicare		Renefits	3	2						
	\$1.044	5	9	5	9	9	S	S			(2)	(1)	Life			(3)	6						
	144	\$/ Y.	7	\$174	31/4	1	\$174	\$174		\$174	No.			0000		_	_	_	1				
1	\$21,432	33,372	93	\$3,572	33,572	3	\$3.572	\$3,572	ودق	. \$3 573	(a a Community	D	Medical			(F)				indur			
	132	2/2	3	572	5/2		572	572	1	573										Tubut by Department	7		
67.0	\$1 787	5		÷,	59		S	5 9	6	ę.	(Transmin		Dental			ê				Tuent			
702	787	\$297		\$297	\$297	1	\$297	\$297	157	707	,				30000	_	-	_					
000,000	2002	9,3		10.6	10,666	,,	۱۹	9,4	11,.		(Numary)	7	Total Benefits			(F.)							
33	35	82		43	995	2,0	716	175	200	1					-								
3207,400	6000	31,266		37.998	38,030	23,71	30	31,065	41,40		IAIOI	(3.3)	(J+R			$\hat{\mathbf{s}}$							
00	100	266		998	030	Ì	12	065	40/			,	_										

	5 D.2003 Social Worker III	770AB7077	WW.W.W	www.envi	1 D.1003 Psych. Social Worker Supervisor
Grand Total:	VACANT	VACANT	VACANT	VACANT	
\$ 148,523 \$ -	M1 \$ 28,678	M1 \$ 28,678	M1 \$ 28,678	M1 \$ 28,678	01 \$ 33,811
\$ 18,484 \$ - \$	2,874	2,872	3,108	2,868	6,762
- \$ 167,007 \$ 36	•	•	•••••••••••••••••••••••••••••••••••••	•	S
36,424 \$ 952 \$	A	A	A	A	Parameter and the description of the second
- \$ 2,422 \$ 870	•	•	9	•	
\$ 3,572 \$ 297 \$ 17,860 \$ 1,485	\$ 3,572 \$	3,572 \$	3,572 \$	3,572 \$	•
37 \$ 11,620 \$ 43,173 35 \$ 60,013 \$ 227,024	\$ 11,619 \$	\$ 11,675 \$	S 11,619 S	\$ 13,480 S	When a read promotion (a) which is a limit to the control of the c

VACANT POSITIONS

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE FY2006 FEDERALLY FUNDED

CHILD MENTAL HEALTH INITIATIVE

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
CHILD ADOLESCENT SERVICES DIVISION
CHILD MENTAL HEALTH INITIATIVE GRANT

Input by Department

FUND: PROGRAM: AGENCY:

FUNCTIONAL AREA:

39,280 736,368	10,029 \$ 175,034 \$	3,102 \$ 298 \$ 37,224 \$ 4,321 \$	2,960 \$	8,102 \$	€0 €	69	122,427 \$	561,334 \$	9			- 1					
39,280	16		_		A		6,087	29,251 \$		4,875 NA	\$ 63.37	507,957 \$	\$ 5	F	GRA		
	- 1	3,102 \$ 298 \$	153 \$	389 \$	49	+	6,087	\$ 1,22,67	-	7	- 1	3 375 70	6 9	URUO, JOHN UNCL		CM4429 COORE	19 CM
41,713	10,741 \$	3,102 \$ 298 \$	174 \$	412 \$	e	+	-		9	4,875 NA	· •	24,376 \$	UNCL \$	YANGER, MARY UI	ONTACT	-	\downarrow
42,457	10,912 \$	3,102 \$ 298 \$	1	-+	9		6,755	30,972 \$	\$	5,162 NA	- \$ 5,	25,810 \$	ONCL &	ā	4	CM4478 COOR	18 CN
42,457	10,312 \$			457 s	()		6,880	31,546 \$	\$	2,868 NA	\$ 2		,		dinator	CM4427 Key F	17 CN
12,407	_	\$ 298	174 \$	457 \$	છ	-	6,880	31,546 \$	\$	+	- 1		er .		CARE COORDINATOR CRI	CM4422 CARE	16 CA
40 457		3,102 \$ 298 \$	174 \$	457 \$	69	-	6,880	31,546 \$	65	7	,	_	UNCL \$	GABA, Rhoda	CARE COORDINATOR GA	CM4421 CARE	15 CI
42.457	10,912 \$	3,102 \$ 298 \$	174 \$	457 \$	55	+	6,880	- 1	4	2.868 NA	- 1	28,678 \$	UNCL \$	PALOMO, Chad	CARE COORDINATOR PA	CM4420 CAR	14 C
42.457	10,912 \$	3,102 \$ 298 \$	174 \$	457 \$	69		6,880	- 1		2 868 NA	69		UNCL \$	HEMLANI, Bharti	CARE COORDINATOR HE	CM4419 CAR	13 C
42 457	10,912 \$	3,102 \$ 298 \$	174 \$	457 \$	69		6,880	- 1	65	_	- 1		UNCL \$	inna	CARE COORDINATOR SA	CM4417 CAR	12 C
44 888	11,370		174 \$	486 \$	69	<u> </u> .	7,310			\dashv	y (UNCL \$	_	CARE COORDINATOR JO	CM4416 CAF	=======================================
52 180	12.747	3,102 \$ 298 \$	175 \$	572 \$	\$	_	8,600	\$ 39,433 \$		\dashv			UNCL \$	vina	CARE COORDINATOR C	CM4414 CAI	10
45 457	10.912	_	174 \$	457 \$	69	-	6,880	\$ 31,546 \$	+	\neg	n (UNCL \$	MOORE, Jane	CARE COORDINATOR N	CM4413 CA	9
38 560	10.178	3,102 \$ 298 \$	174 \$	412 \$	69	-	\$ 6,192	\$ 28,391 \$		1	,		UNCL \$	DUENAS, Elisa	CARE COORDINATOR	CM4412 CA	
35,307	_	3,102 \$ 298 \$	174 \$	373 \$	69		\$ 5,615	25,744			·		UNCL \$	CRUZ, Janet	ADMINISTRATIVE OFFICER	CM4411 AD	7
36,885	\$ 7,223 \$	- \$ 149	175 \$	\$ 430 \$	69			29,662			, С	23,404 \$	UNCL \$	Vanese	DATA/ADMINISTRATIVE CLERK V	CM4410 D/	6
	\$ 4,909 \$	\$ 149	174 \$	\$ 286 \$	S		\$ 4,300	19,716			69	26,965 \$	UNCL \$	TAIJERON, Sonya	Youth Coordinator	CM4409 Yo	55
	_	\$ 149	\$ 174 \$	\$ 572 \$	\$		\$ 8,600	39,433		1.792 NA	\dashv		UNCL \$	GRAJEK, Bemadita	\perp	CM4408 CC	4
	\$ 9,128 \$	- \$ 149	\$ 174 \$	\$ 549 \$			\$ 8,256	37,855			5A	35,848 \$	UNCL \$	GUEVARA, Doines		CM4407 M	ω
\$ 69,088	\$ 13,299 \$	\$ 149	174	\$ 809 \$				35,789		3,441	- &	34,414 \$	UNCL \$	EDGERLE, Mary-There	COORDINATOR SOCIAL MARKETING/COM	CM4406 C	2
Total	(Kthru Q)	1 =	Life (1/)	(1.45%*J)	(C.%.70)			_		5,072		50,717 \$	UNCL \$	KANDO, William	PROJECT DIRECTOR KEY FAMILY CONTACT	CM4405 F	
	Total Boards	Medical Dental		Medicare	Social Security	Retire(DDI) (\$9.16*26P	Retirement	(E+F+G+I) Subtotal	DATE Amount	Special* DA	Over Time	Salary	Grade/St ep	Name of Incumbent	Title	Number	No.
(S)	R	(F) (Q)	Benefits	1 [CVEMEN						Position	Position	
		y Departm	0	(X)	(M)	(L)	B	(J)	(I) (H)	(G) ((F)	[5]	0				
											ì)E)	(D)	(C)	(B)	A	7

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HEALTHY FUTURES FUNDS

Schedule B- Contractual

		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No.
· · · · · · · · · · · · · · · · · · ·					
					<u> </u>
	 				
5416	<u> </u>	<u> </u>		·	
Total Contractual			\$ -		5:

Schedule C - Supplies & Materials

		Unit	Total	Funded in	FY 2006?
Item	Quantity	·Price	Price	Yes	No
				· .	X
· · · · · · · · · · · · · · · · · · ·					
Total Supplies & Materials			\$ -		-

Schedule D - Equipment

		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
			\$ -		
Total Equipment			\$ •		

Schedule E - Miscellaneous

;		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
			\$ -		
Total Miscellaneous			\$ -		

Schedule F - Capital Outlay

- 1							
			Unit	To	tal	Funded in	FY 2006?
	Item	Quantity	Price	Pr	ice	Yes	No
				\$	-		
L				\$	-		
L				\$	-		
L				\$.	-		
L				\$	-		
L				\$	-		
7	Total Capital Outlay			\$	-		

NOTHING TO REPORT ON ALL THE ABOVE SCHEDULES

CHILD MENTAL HEALTH INITIATIVE

Schedule B- Contractual

		Unit	·I	Cotal Cotal	Funde	in FY 20	06?
Item	Quantity	Price	P	Price	Yes		No
Array of Services for SED Children	12 Months	\$ 36,908.50	\$	442,902.00	X		
·							
Total Contractual			\$	442,902.00			

Schedule BB- Office Space Rental

		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
Commercial Bldg in Hagatna	12 Months	\$ 2,500.00	\$ 30,000.00	X	
Total Contractual			\$ 30,000.00		

Schedule C - Supplies & Materials

		. Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
SED Children Suppliies and Office Supplies	12 Months	\$ 2,917.50	\$ 35,010.00	X	
Total Supplies & Materials			\$ 35,010.00		

Schedule D - Equipment

		Unit	Total	Funde	ed in FY 2006?
Item	Quantity	Price	Price	Yes	No
Computer Updates			\$ 13,000.00	X	
			\$ -		
			\$ -		
			\$ 		
			\$ -		
			\$ -		
Total Equipment			\$ 13,000.00		

Schedule E - Miscellaneous

		Unit	T T	Total	Funded in	FY 2006?
Item	Quantity	Price		Price	Yes	No
Stipends for Families and Consumers			\$	36,000.00	X	
			\$	-		
			\$	-		
Total Miscellaneous			\$	36,000.00		

Schedule F - Capital Outlay

1		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
Vehicles for transportation for consumers			\$ 62,270.00	Х	,
			\$		
			\$ -		
Total Capital Outlay			\$ 62,270.00		'

NURSING SERVICES DIVISION

Fiscal Year 2007 Budget

FUNCTION: Mental Health Services

PROGRAM: NURSING SERVICES DIVISION

POLICY: GCA§86101. It is hereby declared to be the public policy of the Territory of Guam, to provide 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 who experience the life-disrupting effects of mental illness, alcoholism and drug abuse or are at risk to suffer those effects and who need such assistance and; to provide such assistance in an efficient and effective manner in order to minimize community disruption and strengthen the quality of personal, family, and community life.

It shall be the public policy of the Government of Guam to encourage the development of privately funded community based programs for mental health, drug and alcohol abuse; in particular those programs that employ qualified local residents. As those services become developed and/or available in the Territory, the Government of Guam may gradually phase out such operations.

MANDATES:

10GCA§86105. Powers and Duties. A. (1) The Department, adhering to Federal regulations, local physical needs, feasibility and appropriateness, shall provide mental health, alcohol and drug abuse treatment services. The Department shall establish and adopt regulations concerning fees it may change for such services, which may be based on ability-to-pay standards as established by the Guam Memorial Hospital Authority's 'Limit of Liability' Program.

Such services shall include:

- (a) 24-hour crisis intervention services to include, as needed a mobile crisis team and a hot line;
- (c) Outpatient services to include as needed team services for children, the elderly and adults;
- (d) Individual, group, and family counseling services;
- (e) Inpatient services to include, but not limited to, acute psychiatric and alcohol and drug detoxification services. The department may contract in writing for the provision of inpatient services with any qualified providers. The Department shall be responsible for insuring that the medical care standards and quality controls for inpatient services provided above are met.

10GCA§82201. Authority to Evaluate a Person for Involuntary Hospitalization.

- (a) A qualified mental health professional shall perform an examination of any person alleged to have a mental illness and who as a result thereof is a danger to self, a danger to others, or gravely disabled.
- (b) A qualified mental health professional shall form an opinion as to whether the person does have a mental illness, and as a result thereof, is a danger to self, a danger to others, or gravely disabled. The findings of the examination shall be reduced to writing and recorded on the '72-Hour Hold Application'. The application shall specify the circumstances under which the person's condition was brought to the attention of the qualified health professional, his conclusion that there is probable cause that the person is a danger to self, a danger to others, or gravely disabled as a result of a mental disorder.
- (c) If a person is admitted to a treatment facility pursuant to a qualified health professional's opinion that he or she is a danger to self, a danger to others, or gravely

disabled as a result of a mental disorder, he or she may be detained for evaluation and treatment for a period not to exceed 72-hours, Saturdays, Sundays, and holidays excluded.

- (d) If in the judgment of the qualified health professional providing the evaluation or treatment, the person can be properly treated without being detained; the person shall be provided an evaluation, crisis intervention, and referral for other services on a voluntary basis.
- (e) Each person admitted for a 72-hour evaluation and treatment, shall be released prior to the lapse of that period, if in the opinion of the qualified mental health professional that person no longer requires evaluation or treatment on a involuntary status. A person may stay longer than 72 hours for treatment on a voluntary basis if that is clinically indicated.
- (f) At the end of the 72-hour period, a person who has been detained for evaluation shall:
 - (1) be referred for further care and treatment on a voluntary basis; or
 - (2) be certified for intensive treatment on the 28-day certification as provided in this title; or
 - (3) released from inpatient care.

(g) Neither a qualified mental health professional who has ordered the detention of a person under this chapter; nor a person on the staff at the facility shall be held liable under a criminal or civil action for the detention of the person in accordance with this chapter for up to 72-hours, Saturdays, Sundays, and holidays excepted.

10GCA§82202. Authority for Bringing an Individual to a Qualified Mental Health Professional for Consideration of Involuntary Hospitalization.

- (a) Any person may bring another to the Department or an emergency room of a hospital for examination by a qualified mental health professional. The person bringing the other for examination must stay with the person until such examination is completed.
- (c) If the qualified health professional conducting the examination does not find the person to be a danger to self, a danger to others, or gravely disabled because of a mental illness, he must notify the peace officer if he is still present, or the police department, if the peace officer has certified in writing that the person may be charged with a crime as specified in the written report of the peace officer.

10GCA§82301. Authority to Detain for Additional 28-days.

- (a) If at the end of the 72-hour evaluation period, the individual is still a danger to self, a danger to others, or it gravely disabled because of a mental illness, he shall remain in treatment and evaluation at the facility upon the written certification of two qualified mental health professionals that he is still in need of treatment. This certification shall be known as the '28-day Certificate for Intensive Treatment'.
- (b) The Court shall be notified of the Certificate on the first working day following its issuance. The Court shall appoint legal counsel to represent the person being detained.
- (c) A hearing shall be held within 72 hours. One of the qualified mental health professionals who performed the evaluation shall be required to be present for the hearing.
- (d) Involuntary intensive treatment shall continue under the following conditions:
 - (1) The patient has been advised that he needs voluntary treatment, but has not accepted it, and
 - (2) A facility providing intensive treatment is equipped and staffed to provide appropriate treatment and agrees to admit the person, and

An individual who is gravely disabled as a result of a mental illness may be certified or intensive treatment only after a finding by the Court that alternative, non-institutional care, capable of providing appropriate care and support, it not available on an out-patient basis and after a finding by the Court that the facility has the capability to provide intensive treatment for the individual.

10GCA§82306. Immunity From Liability of Qualified Mental Health Professional Staff for Action by Person Released Within the Designated Period.

- (a) Neither the qualified mental health professional staff of the facility providing intensive treatment, nor the peace officer responsible for the detainment of the person, shall be held civilly or criminally liable for any action by a person released at or before the end of 28 days pursuant to this chapter.
- (b) If during treatment and evaluation the patient has threatened the life or safety of any other person, it shall be the duty of the qualified mental health professional staff to make a good faith effort to communicate the substance of such threats to the person so threatened prior to release of the patient.
- 10GCA§82501. Post-Certification Procedures for Dangerous Persons; Maximum Additional Period. At the expiration of the 28-day period of intensive treatment, a person may be confined for further treatment pursuant to the provisions of this article for an additional period, not to exceed 90 days, if he:
- (a) Has threatened, attempted, or inflicted physical harm upon himself or the person of another after having been taken into custody for evaluation and treatment, and who, as a result of a mental illness, presents and imminent threat of substantial physical harm to himself or others; or
- (b) Had attempted or inflicted physical harm upon the person of another, that act having resulted in his being taken into custody and who presents, as a result of a mental illness, an imminent threat of substantial harm to others. For purposes of this chapter, 'custody' shall be construed to mean involuntary detainment under the provisions of this chapter uninterrupted by any period of unconditioned release from a facility providing involuntary care and treatment.

10GCA§82502. Petition by Person in Charge of Facility.

(a) At anytime during the 28-day intensive treatment period, the qualified medical professional in charge of the facility may petition the Superior Court for an order requiring the patient to undergo an additional period of treatment on the grounds set forth in Section 82501 of this chapter. The petition shall summarize the facts, which support the contention that the person falls within the standards set forth in Section 82501 of this chapter.

10GCA§82601. Enumeration of Rights; Posting of List in English, Chamorro, and Tagalog. Each person involuntarily detained for evaluation or treatment under the provisions of this chapter shall have the following rights, a list of which shall be prominently posted in English, Chamorro, and Tagalog in all facilities providing such services and otherwise brought to his attention by such additional means as the Attorney General may require:

- (a) Every patient shall be entitled to humane care and treatment, and to the extent that facilities, equipment, and personnel are available, to medical care and treatment in accordance with the highest standards accepted in medical practice.
- (b) To the fullest extent possible, all treatment proposed to be administered shall be planned in consultation with the patient and he shall be kept informed as to the nature, purpose, and possible consequences of this treatment.
- (d) Within twenty-four (24) hours of the signing of any order for commitment for 28-day treatment and continuously thereafter, the detained person's record at the treatment

facility shall contain detailed, written information stating the mental health treatment being provided and the specific objectives of such treatment.

(e) Within five (5) days after the entry of an order committing a person to ninety (90) days treatment, the qualified mental health professional staff in charge of the patient's treatment shall prepare an individual treatment plan.

10GCA§82609. Mechanical Restraints. Mechanical restraints shall not be applied to a patient unless it is determined by the treating qualified mental health professional person to be required by the medical needs of the patient, and the use thereof is approved by the court, or, in the case of an emergency, within 72 hours after restraints are first used. Every use of mechanical restraints and the reasons therefore, shall be made part of the clinical record of the patient.

10GCA§82801. Authority to Receive Voluntary Patients. Any member of the qualified mental health professional staff of a designated facility may admit for observation, diagnosis, care and treatment, any person who is mentally ill or has symptoms of a mental illness and who, being eighteen (18) years of age or over, applies therefore; or any individual under eighteen (18) years of age who is mentally ill or has symptoms of mental illness, if his parents or legal guardians apply therefore in his behalf.

10GCA§82802. Discharge of Voluntary Patients. Any qualified mental health professional member staff of a designated facility may authorize the release of a voluntarily admitted person whose hospitalization he determines to be no longer advisable.

MOU:GMHA Meals. To provide nourishment to individuals who are restricted to the department's facility.

10GCA§86105. Powers and Duties. The Department, adhering to Federal regulations, local physical needs, feasibility and appropriateness, shall provide mental health, alcohol and drug abuse treatment services. The Department shall establish and adopt regulations concerning fees it may charge for such services, which may be based on ability-to-pay standards as established by the Guam Memorial Hospital Authority's 'Limit of Liability' Program.

(b) training significant individuals, such as parents, teachers, commissioners, and parish priests with prevention skills.

MOA:APRI. To provide training site/meeting place on Guam for APRI to conduct training on child abuse topics. Via Memorandum of Agreement with the American Prosecutor's Research Institute.

MOU:EBG.

GOALS AND OBJECTIVES

Inpatient/Medication Clinic:

- To provide comprehensive acute psychiatric care to patient's hospitalized in an inpatient unit.
- To stabilize patient's on medications and enhance coping skills to permit an early return to the community.
- To treat and monitor the impact of medication therapy in reducing the debilitative effects of psychiatric symptoms, thereby maximizing long-term stability.

Healing Hearts:

- To conduct medico legal examination (forensic evidence) from victims of sexual abuse/assault.
- To perform Rape Crisis Interview.
- To ensure Prevention and Awareness Outreach to the community.

IMPACT STATEMENT

Division Overview:

The Nursing Services Division consists of four programs: Adult Inpatient Unit (AIU), Children Inpatient Unit (CIU), Medication Clinic (MC), and Healing Hearts Crisis Center (HHCC). These programs provide acute nursing services to individuals with mental illness, emotional stress, behavioral problems, addictive behaviors, and collection of forensic evidence for victims of sexual assault. It provides continuous and comprehensive services necessary for the promotion of optimal mental health, prevention of relapse, health maintenance, management of and/or referral of individuals with physical problems.

Adult Inpatient Unit (AIU)

Adult Inpatient Unit provides individuals with intensive evaluation and focused brief treatment for voluntary and involuntary patients who are a danger to themselves or others. The clinical emphasis is on the reduction of symptoms and enhancement of coping skills to permit an early return to the community.

Children's Inpatient Unit (CIU):

Children Inpatient Unit provides individuals with intensive evaluation between the ages of five to seventeen and focused brief treatment for voluntary and involuntary patients who are a danger to themselves or others. The clinical emphasis is on the reduction of symptoms and enhancement of coping skills to permit an early return to the community.

Medication Clinic (MC):

Medication Clinic provides individuals with medication monitoring, prescription services and referrals. They monitor the impact of medication therapy in reducing the debilitative effects of psychiatric symptoms and make corrections to maximize the consumer's recovery and maintain their long-term stability.

Healing Hearts Crisis Center (HHCC):

Healing Hearts Crisis Center provides holistic approach for survivor of sexual assault and abuse regardless of age, race, or sex of the survivor. It offers a supportive healing atmosphere with caring people to assist the survivors in regaining feelings of safety, control, trust, autonomy, and self-esteem.

ISSUES/CONCERNS

Personnel:

For the majority of 2005, the Adult In-Patient Unit was adequately staffed. This is reflected by the decrease in incidents occurring on the unit as well as subjective reports of increased feelings of safety by staff and clients. However, if a child were admitted to the Children Inpatient Units, then a minimum of (2) two staff had to be transferred from the AIU to the CIU. At times, this necessitated the use of overtime pay for staff. Occasionally also, during peak vacation times overtime was paid if scheduled staff called in sick. Fiscally, it made more sense to use overtime than to hire more staff for the AIU/CIU. However, now there is a need for additional staff as nursing has added two more programs.

The first is the Community Outreach Team consisting of a licensed nurse, a social worker and an MD. This team currently goes out into the community two days per week. Eventually, this team would like to set up weekly clinics at the mayor's office in conjunction with public health staff. One full time RN is needed for this project.

The second are the male and female Forensic Units. The male unit contains fourteen beds and is temporarily housed in the former Post 4 at the department of Corrections.

Because of the acuity and level of dangerousness of the clients, this unit requires only male staff at a ratio of one staff member to 4 clients. This unit should be staffed on a full time basis. Thus 12 male psychiatric technicians are required.

The female forensic unit is currently housed in the Children's in-patient Unit and houses one person with a capacity to house two more clients. However, if a child requires admission, then the females must either be placed on the AIU or placed in a hotel. This should be a full time unit staffed by a male security guard and a minimum of one female staff around the clock. This unit is currently staffed by persons detailed from other sections of mental health. Nursing will need to hire (5) five additional personnel to staff this unit on a full time basis. Because of the level of dangerousness of these clients, a full time male security guard is also required. Payment for his services must be funded as his presence is integral to the success of this program.

In our continuing efforts to decrease hospitalization (the most expensive for of care), we have established a community outreach team comprised of one (1) RN, a Social Worker, and an MD. Currently, this team visits consumers in their homes and attempts to meet their needs through provision of medications, education and linking to social services. This year, plans are underway to have this team go into the community five days per week, set up mental health clinics in conjunction with the mayor's offices and do community education to the citizens, police, fire department and first responders. Within twelve months, it is expected that this team will be responsive to calls from the community and will respond to psychiatric emergencies. A full time RN and a part time MD are needed to complete this mission.

The nursing staff is aging and two senior and highly skilled nurses will retire this year. The younger nurses are making plans to relocate to the mainland for higher salaries, more in house educational opportunities, and higher advancement. We are therefore facing an RN shortage, while recruitment efforts have proven fruitless. The nursing shortage is a national issue. However Guam can be competitive through aggressive advertising in the US Nursing magazine.

Supplies:

Obtaining medications for our patients remains problematic. The newer psychiatric medications are very expensive and can cost between \$800 to \$1000 for one medication to last only 30 days. Consumers often require more than one of this third generation medications. The current budgeted amount for medications is enough for only five to six months. Because of the Permanent Injunction, prescribing less costly but older medications, which carry a greater risk of side effects, is not an option.

GSA's procedures often negatively impact on our ability to procure the necessary supplies and medications. For example, GSA awarded a contract to pharmacy for a controlled substance. Unfortunately, this pharmacy lost its controlled substance license and thus was unable to meet our needs. Until their license was activated, open purchase orders had to be arranged. A pharmacy that has been awarded a contract to supply us with a particular medication may also not be able to supply us with the medication as their supplies are delayed due to various other factors. If we order 100 vials, we might receive only 10. Because the purchase order is for 100 vials the money is then allocated to this pharmacy. However, we are still short of the needed prescription. Another frustration is that certain medications off the GSA bid are only available at a certain pharmacies. These pharmacies only accept cash and we do not have a process to purchase with cash on an immediate basis.

GSA has also been slow to process requests. Even though a requisition is marked "Urgent", it may sit for some time especially if key staff are on vacation.

Maintenance of the Building:

There must be funds allocated to maintain the cleanliness of the units, routine maintenance of equipment and supplies are necessary to up keep and maintain the health and safety of our consumers.

Transportation:

With emphasis shifting from DHMSA to the community, at least (2) two vehicles must be allocated for the exclusive use of the department of nursing. Currently, there are only (2) two vehicles at our disposal. However, they are old and it is anticipated that they will need repairs in the immediate future. Therefore, funds should be budgeted to maintain and repair these vehicles as well as for other related administrative costs.

Medical Coverage:

Currently, there is only (1) one full time psychiatrist, (1) one locums MD who works full time and a medical director who works approximately 60 - 70% of the time. This certainly is not sufficient to meet the current demand for medical coverage.

BUDGET PLAN

Nursing - Locally Funded AIU/CIU

Staff Psychiatrist - 1 FTE
Psychiatric Nurse Administrator - 1 FTE
Psychiatric Nurse Supervisor - 1 FTE
Psychiatric Nurse (RN) - 6 FTEs
Psychiatric Nurse (RN) (Part-time) - 1
Licensed Practical Nurse - 3 FTEs
Psych Techs - 18 FTEs
Secretary II - 1 FTE

Medication Clinic - Locally Funded

Medical Director – ½ FTE Staff Psychiatrist – 2 FTEs Psychiatric Nurse (LPN) – 1 FTE Psychiatric Technician – 2 FTEs

Locally Funded Forensic Units

Staff Psychiatrist – ½ time
Psychiatric Nurse – 1 FTE
Psychiatric Technician – 12 FTEs
Lawyer – 1 FTE
Secretary (Typist) – 1 FTE
Detention Guards – 5 FTE

Community Outreach Team

Staff Psychiatrist – ½ time Psychiatric Nurse (LPN) 1 FTE Psychiatric Nurse (RN) – 1 FTE Social Worker – 3 FTEs

Healing Hearts - Federally Funded

Medical Consultant – 1 FTE
Social Worker II – 1 FTE
Nurse – 1 FTE – (locally funded)
Program Director – 1 FTE
Social Worker I – (Locally Funded)

Decision Package FY 2007

Department of Mental Health

Department: and Substance Abuse

Division/Section:

Nursing Services Division Division/Administration

Program Title: Nursing Administration

Activity Description:

Oversees Adult Inpatient Unit (AIU), Children Inpatient Unit (CIU), Medication Clinic (MC), and Healing Hearts Crisis Center (HHCC), ensures quality health care, provides acute nursing services to individuals with mental illness, emotional stress, behavioral problems, addictive behaviors, and collection of forensic evidence for victims of sexual assault. It provides continuous and comprehensive services necessary for the promotion of optimal mental health, prevention of relapse, health maintenance, management of and/or referral of individuals with physical problems.

Major Objective(s):

- 1. Promote and protect the safety and quality of patient care, and provide a safe and satisfying work environment that allows for appropriate professional practice.
- 2. Review and enhance operations to meet increasing demands and complexities of case in a timely and safe manner.

Short-Term Goals:

- 1. Recruit and maintain the needed professional staff particularly male psychiatric technicians.
- 2. Maintain a safe and clean working environment for both staff and consumers at all times.

Workload Output

Workload Indicator:	FY 2005 Level of Accomplishment	FY 2006 Anticipated Level	FY 2007 Proposed Request
1. AIU Activities	50%	60%	80%
2. CIU Activities	50%	60%	80%
3. MC Activites	80%	90%	90%
4. HHCC Activities	60%	70%	90%

Function:

HEALTH

Agency: Program: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
NURSING SERVICES ADMINISTRATION SUMMARY

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Oracle					Governor	s Request	
Budget		FY2005	FY2006	FY2007	FY2007	FY2007	FY2007
Account	1	Expenditures and	Authorized	GENERAL	FEDERAL	OTHER	Total Req.
Code	Appropriation Classification	Encumbrances	Level	FUND	FUND	FUND	(A+B+C+D)
•	NEBSONNEL SERVICES	Challe Carlot State Chall Depress Control		Elitori de sun des sus de sus que en que			
111	Regular Salaries/Increments	\$1,422,343	\$1,558,932	\$1,580,855	\$0	\$20,524	\$1,601,379
112	Overtime/Special Pay	\$0	\$0	\$0	\$0	\$0	\$0
113	Benefits	\$359,574	\$468,491	\$514,555	\$0	\$9,057	\$523,612
	TOTAL PERSONNEL SERVICES	\$1,781,917	\$2,027,423	\$2,095,410	\$0	\$29,581	\$2,124,991
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220	TRAVEL- Off-Island/Local Mileage Reimburs.	SO	50	\$0	\$0	\$0	\$0
230	CONTRACTUAL SERVICES:	\$39,714	\$62,071	\$88,571	So	\$0	\$88,571
233	OFFICE SPACE RENTAL:				\$0	\$0	\$0
233	OFFICE SPACE RENTAL:	\$0	\$0	\$0	30	30	30
240	SUPPLIES & MATERIALS:	\$264,224	\$100,000	\$156,762	\$0	\$152,409	\$309,171
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250	EQUIPMENT:	\$0	\$0	\$0	SO	\$0	\$0
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290	SUB-RECIPIENT/SUBGRANT:	50	\$0	SO	\$0	\$0	50
450	MISCELLANEOUS:	\$0		\$0	\$0	\$0	\$0
<u> </u>	TOTAL OPERATIONS	\$303,938	\$162,071	\$245,333	S0	\$152,409	\$397,742
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361	Power	50	\$0	\$0	S	S0	
362	Water/ Sewer	\$0	Se	\$0	SO	\$0	\$0
363	Telephone/ Tolt	\$0	so				
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	TOTAL APPROPRIATIONS	\$2,085,855	\$2,189,494	\$2,340,743	\$0	\$181,990	\$2,522,733
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	TOTAL FEE	50	48	38	0	1	39
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FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: NURSING SERVICES DIVISION
FUND: GENERAL FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern CURRENT

	38	37	36	35	34	33	32	+-	+-	+	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	&	7	6	5	4	ယ	2	_	No.]	
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FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: NURSING SERVICES DIVISION

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern CURRENT

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FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROGRAM: NURSING SERVICES DIVISION
FUND: GENERAL FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern PROPOSED/VACANT

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	_	59	59	\$174	343		238	191,0	-	1,102		1	0	17.6	4	Borja, William	Psychiatric Technician I	P.1018	37
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FUNCTIONAL AREA: HEALTH AND HUMAN SERVICES
DEPARTMENT/AGENCY: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

PROGRAM: NURSING SERVICES DIVISION

FUND: GENERAL FUND

Government of Guam Fiscal Year 2007 Budget Agency Staffing Pattern PROPOSED/VACANT

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Department/Agency: Department of Mental Health and Substance Abuse Division: Nursing Services Division

Program: All General Fund

	Purpose / Justifica	tion for Travel		
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Travel Date: To Be Announced		No.	of Travelers:	*
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Department/Agency: Department of		Health and	Substan	ce Abuse		
Division: Nursing Services Division Program: All Healthy Future Funds		•				
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*	Provide justification for more than one traveler to the same conference	e / training / workshon / etc.

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Registration

Total Cost

Position Title of Traveler(s)

Department/Agency: Department of Mental Health and Substance Abuse

Division: Nursing Services Division

Program: All Federal Grants

	Purpose / Justificat	ion for Travel		
	NOT APPL	ICABLE		
Travel Date: To Be Announced		No	. of Travelers:	*
Position Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cost
	\$ -	\$ -	\$ -	\$ -
	Purpose / Justificat	ion for Travel		
	— Air Fare	No.	of Travelers:	* Total Cost
	\$ -	Per diem	Registration \$ -	Total Cost
		Per diem	Registration	Total Cost
	\$ -	Per diem	Registration \$ -	Total Cost
Position Title of Traveler(s)	\$ -	Per diem \$ - \$ -	Registration \$ -	Total Cost
Position Title of Traveler(s)	\$ - \$ -	Per diem \$ - \$ -	Registration \$ -	Total Cost
Travel Date: Position Title of Traveler(s) Iravel Date:	\$ - \$ -	Per diem \$ - \$ -	Registration \$ -	Total Cost
Position Title of Traveler(s)	\$ - \$ -	Per diem \$ - \$ -	Registration \$ - \$ -	Total Cost \$ - \$ -
Position Title of Traveler(s)	\$ - \$ - Purpose / Justificat	Per diem \$ - \$ - ion for Travel	Registration \$ - \$ -	Total Cost \$ - \$ -

Schedule B- Contractual

		فماد				
			Unit	Total	Funded in	FY 2006?
Item	Quantity		Price	Price	Yes	No
Pharmacist	12 Months	\$	2,208.33	\$ 26,500.00	X	
Ancilliary Services	12 Months	\$	3,135.83	\$ 37,630.00	X	
Meals	12 Months	\$	1,745.08	\$ 20,941.00	X	
Laundry	12 Months	\$	291.67	\$ 3,500.00	X	
						,
						`.
					b	
Total Contractual				\$ 88,571.00		

Schedule C - Supplies & Materials

		Unit	Total	Funded i	n FY 2006?
Item	Quantity	Price	Price	Yes	No
Medications	12 Months	\$ 13,063.50	\$ 156,762.00	X	
·····					
·				5 5	
	l				
Total Supplies & Materials			\$ 156,762.00		

Schedule D - Equipment

		Unit		Total	Funded in	FY 2006?
Item	Quantity	Price	L	Price	Yes	No
			\$	-		
			\$	-		
			\$	-		
			\$	-		
·			\$	-		
			\$	-		
Total Equipment			\$	-		

Schedule E - Miscellaneous

		Unit		Total	Funded in I	Y 2006?
Item	Quantity	Price	<u> </u>	Price	Yes	No
			\$			
			\$			
			\$	-		
			\$	-		
			\$	-		
			\$	-		
otal Miscellaneous			\$			

Schedule F - Capital Outlay

Trans		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
The state of the s			-		
Total Capital Outlay			\$ -		

Schedule B- Contractual

		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
			·		
Total Contractual		,•	\$ -		

Schedule C - Supplies & Materials

		Unit	Total	Funded in	FY 2006?
Item	Quantity	Price	Price	Yes	No
Medications	12 Months	\$ 12,700.75	\$ 152,409.00	X	
					1.
			,		
Total Supplies & Materials			\$ 152,409.00		

Schedule D - Equipment

		Unit		otal	Funded in	FY 2006?
Item	Quantity	Price	Pi	rice	Yes	No
			\$	-		
			\$	-		
			\$	-		
			\$	-		
			\$	-		
			\$	-		
Total Equipment			\$	-		

Schedule E - Miscellaneous

		Unit	Γ	otal	Funded	in FY 2006?
Item	Quantity	Price	P	rice	Yes	No
			\$	-		
			\$	-		
			\$	-		
			\$	-		
			\$	-		
			\$	-		
Total Miscellaneous	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	-		

Schedule F - Capital Outlay

		Unit	To	tal	Funded in	FY 2006?
Item	Quantity	Price	Pr	ice	Yes	No
			\$	-		·
			\$	-		
			\$			
	·		\$	-		
			\$	-		
			\$			
Total Capital Outlay			\$	-		

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

EQUIPMENT/CAPITAL SPACE REQUIREMENT

FISCAL YEAR 2007

Fiscal Year 2007 Budget
Equipment / Capital and Space Requirement

Function: Health and Human Services

Department/Agency: Mental Health and Substance Abuse

Program: Administrative Support

EQU	IPMEN	T/CAPI	TALL	ISTING:
		Percent	age	
Description	Qty	of Us	-	Comments
Binding Machine	1	100%	6	
Conference Tables	4	100%	6	
CPU (Compaq)	1	100%	6	
CPU (DTK)	2	100%	6	
Desk (Medium)	1	1009	6	
Dictaphone (Memoscriber)	1	1009	6	
Executive Desk	2	1009	/6	
Floor Fan	4	1000		
Folding Conference Table	-	1009		
Heavy Duty Shelf	·	1 100		
Computer (Monitor/CPU)	20	100	%	
Ice Maker		1 100	%	
Large Coffee Table		1 100	%	
Large Coffee Table with Shelf		1 100	%	
Long Stand With Cabinets and Drawers		1 100	%	
Microwave		2 100)%	
Microwave (Amana)		1 100)%	
Monitor (IBM)		2 100)%	
Monitor (Micro Scan 4V/ADI)		2 100	0%	
NEC Computer (Monitor/CPU)		1 100	0%	
Personal Wheelwriter 2		2 10	0%	
Printer			0%	
Printer Laser		20 10	0%	
Refrigerator			0%	
Scanner (Micro Teck Scan Maker E3)		1 10	0%	
Sofa (3 Seat)		3 10	0%	
Stereo Sound System (Pioneer)		2 10	00%	
Storage cabinet/locker		7 10	00%	
Telecopier (Xerox 7033)			00%	
Wheelwriter 15 Series II			00%	
Work Station "B"			00%	
Work Station "C"			00%	
Servers			00%	
Routers			00%	*.
Firewalls			00%	
Switches		6 1	00%	

Fiscal Year 2007 Budget Equipment / Capital and Space Requirement

Function: Health and Human Services

Department/Agency: Mental Health and Substance Abuse

Program: Administrative Support

Si	PACE REQU	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(for Personnel and Equipment/Capital)
		,	Total Program
Total Program Sp	pace	1	Space Occupied
Sq. Ft.):		55,000	(Sq. Ft.): 16,580/30.15% of 55,000
		Percent of	
	İ	Total	
	Square	Program	•
Description	Feet	Space	Comments
Director's Office	4,000	24.13%	
Regulatory Affairs	1,000	6.03%	
Financial Mgmt	4,000	24.13%	
RDP/MIS	3,000	- 18.09%	
Personnel Office	500		
Facility Optn	4,080	24.61%	

Total:	16,580	100.009	76

Government of Guam Fiscal Year 2007 Budget

Equipment / Capital and Space Requirement

Function: Health and Human Services

Department/Agency: Mental Health and Substance Abuse

Program: CASD

EQU	DESCRIPTION OF THE PROPERTY.	CAPITAL	LISTING:
	1	Percentage	
Description	Qty	of Use	Comments
Couch (2 Seat)	1	100%	
Couch (3 Seat)	. 1	100%	
Dryer	1	100%	
Entertainment System Cart/Cabinet	1	100%	
Entertainment/Sound System (Pioneer)	1	100%	
Computer (Monitor/CPU)	40	100%	
Large Coffee Table	5	100%	
Microwave .	1	100%	
Printers	30		
Refrigerator	1	100%	
Refrigerator (Small)	1	100%	
Sofa (3 Seat)	4	100,0	
Stove/oven	1	100%	
Suvalance TV	1	100%	
TV (Sharp)	4	100%	
VCR (Sharp)		100%	
Washer		1 100%	
Water dispenser		1 100%	
Wheelwriter 1500		1 100%	
Workstation "A"		1 100%	
Workstation "B"		3 100%	
Workstation "C"		1 100%	-
Servers		1 100%	
Routers		1 100%	
Firewalls		1 100%	
Switches		1 100%	

Fiscal Year 2007 Budget Equipment / Capital and Space Requirement

Function : Health and Human Services

Department/Agency: Mental	Health and	Substance A	buse
Program: CASD	· · · · · · · · · · · · · · · · · · ·		
SPACE R	EQUIREM	ENT (for Pers	sonnel and Equipment/Capital)
Total Program Space (Sq. F	t.): 75,400		Total Program Space Occupied (Sq. Ft.): 17,390/ 23:06% of 75,400
		Percent of Total	
	Square	Program	
Description	Feet	Space	Comments
C&A Case Management	1,406	8.09%	
C&A Outpatient	1,406	8.09%	
C&A Services Admin	538	3.09%	
l Famaguonta	4,240	24.38%	
Rays of Hope	4,800	27.60%	Off-site Residential and Outpatient
Therapuetic Group Home	5,000	28.75%	Off-site Residential and Outpatient
TOTAL:	17,390	100.00%	

Fiscal Year 2007 Budget

Equipment / Capital and Space Requirement

Function: Health and Human Services

Department/Agency: Mental Health and Substance Abuse

Program: Clinical Division

EQU	IPMENT	ICI	APITAL L	ISTING:
	1	Per	centage of	
Description	QTY		Use	Comments
erobic Stepper	1		100%	The state of the s
arbell Set	1		100%	
ed W/Restraints & Mattress (Twin)	14		100%	
ench/Couch (4 Seat)	1		100%	
inding Machine	1		100%	
onference Tables	1		100%	
PU (DTK)	1		100%	
ining Table	1		100%	
Oryer	1		100%	
ntertainment/Sound System (Pioneer)	1		100%	·
Exercize Bicycle	1		100%	
Floor Fan	10		100%	
lalogen Lamp	1	4	100%	
Home Gym		1	100%	
Hospital Bed/Mattress		1	100%	
Hospital Bed/Mattress		В	100%	
Hospital Bed/Mattress		2	100%	
Hotdog Heating Machine		1	100%	
Computer (Monitor/CPU)	6	0	100%	
Labtop (Fujitsu)		1	100%	
Large Coffee Table	1	1	100%	
Large Conference Table		1	100%	
large Desk (Regular)		1	100%	
Leather Chair (w/Arms)		1	. 100%	
Living Room Set		4	100%	
Medium Desk (Regular)		4	100%	
Microwave		3	100%	
Monitor (Compaq)		1	100%	
Monitor (Micro Scan 4V/ADI)	_	-11	100%	
Multiple Living Room Shelves			100%	
Oven/Stove			100%	
Over head Projector			100%	
Paper Shredder		3	100%	
Personal Wheelwriter 2		4	100%	
Popcorn Machine		1		
Printers		40	100%	
Printers (Laser)		10	100%	
Punching Bag		1	100%	
Reception Workstation		1	100%	
Refrigerator		5		
Refrigerator (Small)		1	100%	
Relaxing Chair		1	100%	
Ritan Couch (2 Seat)		1	100%	
Small Refrigerator		2		
Sofa (3 Seat)		13		
Stepper Machine (Tunturi)		1	100%	
Storage Cabinet/Locker		1	100%	
Stove/oven			100%	
Telecopier 7033		1	100%	
Treadmill		•	1 100%	0

Government of Guam Fiscal Year 2007 Budget

Equipment / Capital and Space Requirement

Function: Health and Human Services

Department/Agency: Mental Health and Substance Abuse

Program: Clinical Division

EQU	прмент	/CAPITAL L	ISTING:
		Percentage of	
Description	QTY	Use	Comments
TV (Hitachi)	1	100%	
TV (Sharp)	3	100%	
TV (Toshiba)	1	100%	
VCR (Hitichi)	1	100%	
VCR (Panasonic)	2	100%	
VCR (Sharp)	1	100%	
VCR (Shintom)	1	100%	
Washer	1	100%	
Water dispenser	1	100%	
Wheelwriter 15 Series II	4	100%	
Wheelwriter 15000		100%	
Workstation "A"		100%	
Workstation "B"	1	100%	
Workstation "C"	1	1 100%	
Xerox 6010 Memory writer		1 100%	
Xerox Machine (1012)		1 100%	
Xerox Machine (5320)		1 100%	
Xerox Machine (SF-7750)		1 100%	
Xerox Machine (SF-7750)		1 100%	
Switches		1 100%	

Government of Guam Fiscal Year 2007 Budget

Fiscal Year 2007 Budget

Equipment / Capital and Space Requirement

Function: Health and Human Services

Department/Agency: Mental Health and Substance Abuse

Program: Clinical Division

otal Program Space			nd Equipment/Capital) Total Program Space Occupied (Sq. Ft.): 24,978/ 33.13% of 75,400
		Percent of Total	
Description	Square Feet	Program Space	Comments
dult Inpatient	2,953	11.82%	
dult Residential	130	0.52%	·
Clinical Services Adm	260	1.04%	
Comm. Spt. Services	1,583	6.34%	
Crisis Hotline	350	1.40%	
D&A IOP	3,168	12.68%	
D&A Outpatient	1,035	4.14%	
Day Treatment	2,785	1.1.15%	
Emergency Intake	730	2.92%	
Prevention & Trng	2,624	10.51%	
Medical Records	3,000	12.01%	
PEACE	2,120	8.49%	6 Off-site Rentals
D&A	4,240	16.97%	6 Off-site Rentals
TOTAL:	24,9	78 100.0	09/

Fiscal Year 2007 Budget

Equipment / Capital and Space Requirement

Function: Health and Human Services

Department/Agency: Mental Health and Substance Abuse

Program: Nursing Division

Program: Nursing Division				
EOFIPA	MENT/CA	PITAL I	ISTING	₂ ,
1	1	Percent		9.
Description	At.	of Us	<u> </u>	Comments
and the second s	Qty			Comments
Amplifier (MGA)	1	100%		
Bed W/Restraints & Mattress	1	100%		
Beta (Royal)	1	100%		
Blood Pressure Apparatus	1	1009		
Camer/Eye examing apparatus	1	1009		
CD Player (MGA)	1	1009		
Centrifuge	1	1009		
Cooler/Refrigerator	1	1009		
Dual Casette Deck (MGA)	1	100		
Examination Table	3			
Exercise Bicycle	1	100		
Floor Fan	2			
Flower Shaped Play Table	1	100		
Heavy Duty Shelf		100		
Home entertainment		1 100		
Home Gym		1 100		
Hospital Bed/Mattress	10			
IBM Computer (Monitor/CPU)	<u> </u>	4 100		
Karoake Machine w/Chart		1 100	_	
Lamp		1 100		
Large Coffee Table			0%	
Large Storage Cabinet			0%	
Laser Disc Player (Sony)			0%	
Leather Chair (w/Arms)			0%	
Leather Couch (3 Seat)			0%	
Leather Sofa (3 Seat)			0%	
Little Apple Computer			00%	
Living Room Set		1 10)0%	
Long Outdoor Table w/Benches		1 10	00%	·
Microscope (Large)		1 10	00%	
Microscope (Small)		1 10	00%	
Microwave	,	4 10	00%	
Otoscope/Opthalmoscope		2 1	00%	
Oven/Stove		1 1	00%	
Piano (Baldwin)		1 1	00%	
Ping Pong Table		2 1	00%	
Play Table		1 1	00%	
Printer (Epson LQ-570+)		3 1	00%	
Proton Computer (Monitor/CPU)		1 1	00%	
Refrigerator		2 1	.00%	
Scale (Pediatric)			00%	
Sofa (3 Seat)			100%	
Speakers (MGA)			100%	:
Square Outdoor Table w/Benches			100%	
Stackable Washer and Dryer			100%	
Storage Cabinet0			100%	
Survalence TV			100%	
Telecopier (Xerox 7020)			100%	
Turn Table (MGA)		1	100%	

Fiscal Year 2007 Budget

Equipment / Capital and Space Requirement

Function: Health and Human Services

Department/Agency: Mental Health and Substance Abuse

Program: Nursing Division

EQ	DUIPMENT/CA		ENG:
Description	Qty	Percentage of Use	Comments
Turn Table (sansui)	1	100%	
Turner (MGA)	1	100%	
Turner (Sony)	1	100%	
TV (Mitsubishi)	1	100%	
VCR (Toshiba)	1	100%	
Water dispenser	1	100%	
Workstation "B"	8	100%	
Workstation "C"	. 2	100%	
Xerox Machine (5034)	1	100%	

Fiscal Year 2007 Budget

Equipment / Capital and Space Requirement

Function : Health and Human Services

Department/Agency: Mental Health and Substance Abuse

Program: Nursing Division

SPACE REQUIREMENT (for Personnel and Equipment/Capital)

Fotal Program Space (Sq. Ft.):		Total Program /21.53% of 75,	Space Occupied (Sq. Ft.): 16,236
		Percent of Total	
	Square	Program	
Description	Feet	Space	Comments
Adult Inpatient	7,410	45.64%	
Child Inpatient	6,462	39.80%	
Healing Hearts	888	5.47%	
Med. Clinic	1,176		
Nursing Services Admin.	300	1.85%	
		0.00%	
		0.00%	
		0.00%	
		0.00%	
		0.00%	
		0.00%	
		0.00%	o ·
·		0.00%	
		0.00%	6
		0.00%	
		0.00%	
		0.00%	
		0.009	
		0.009	
		0.00	
		0.009	
1		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
TOTAL:	16,2	36 100	%

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

FEDERAL PROGRAMS INVENTORY

FISCAL YEAR 2007

FUNCTION:

Federal Program Inventory
FY 2006 (Current) / FY 2007 (Estimated) Funding

FUNCTION:
DEPARTMENT/AGENCY:

PROGRAM:

Federal Grantor Agency / Federal Project Title State Mental Health Data Infrastructure Grants for Quality Improvements SPF - PEACE Strategic Prevention Framework Prevention and Early Intervention Advisory	C.F.D.A. No. / Enabling Authority 520A PHS Act	Grant Award Number 5HR1SM56612-02 5U79SP11183-02	Match Ratio Federal / Local: 100:0	FY 2006 Received / Projected \$ 71,100.00 \$ 996,000.00	Estimated Funding \$ 71,100.00 \$ 996,000.00	Local Matching Funds	Fy 2007 Federal Matching Funds	1009	H Federal ants
SPF - PEACE Strategic Prevention Framework Prevention and Early Intervention Advisory Community Mental Health Services Block Grant	516 PHS Act 93.958	5U79SP11183-02 (Pending Receipt of Award)	100:0				€9		- \$ 996,000.00
Cooperative Agreements for The Comprehensive Community	93.104/Part E of Title V, Sec. 561 of PHS Act	5U79SM54487-04	100-0	s	.		ļ	50	\$ 217,000.00
Edward Byrne (Medical and Legal Rape Examination Project) Grant	P.L. 100- 690/42USC371320 04-DB-BX-0054	(Pending Receipt of Award)	100:0	\$ 206,000.00	3 1,500,000.00		€9		- \$ 1,500,000.00
Edward Byrne (Medical and Legal Rape Examination Project) Grant	P.L. 100- 690/42USC371320 04-DB-BX-0233	(Pending Receipt of Award)	100:00						
Substance Abuse Prevention and Treatment (SAPT) Grant	93.959	Received CSAT Approval (Email)	100:0		\$ 895,168.00		1		
Permanent Supportive Housing					\$ 1,131,520.00				
Department of Interior Compact Impact				\$ 916,000,00 # \$	_		- 1		

Department/Agency: Department of Mental Health and Substance Abuse

Division: Child Adolescent Services Division

Program: All General Fund

	NOT APPL	ICABLE				
ravel Date: To Be Announced		No.	of Travelers:	*		
osition Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cos		
	\$ -	S -	\$ -	\$ -		
	Purpose / Justificat	ion for Travel				
ravel Date:		No.	of Travelers:	*		
osition Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cost		
	\$ -	\$ -	\$ -	\$ -		
	-	-	-	\$ -		
	Purpose / Justificat	ion for Travel				
ravel Date:		No.	of Travelers:	*		
	Air Fare	Per diem	Registration	Total Cost		
osition Title of Traveler(s)	2 241 2 441 0					
osition Title of Traveler(s)	\$ -	\$ -	\$ -	-		

ental Health vision urpose / Just	tificati					
urpose / Jus		on for Trave	e l			
		on for Trave	.1			
		on for Trave	el			
		on for Trave	el			
OT AP	nt i					
	rli	CABLI	E			
			No. of Tr	avelers:	*	
Air F	are	Per dier	n R	egistration	Tota	l Cost
\$	-	\$	- \$	-	\$	_
urpose / Just	ificatio	on for Trave	1			
			No. of Tr	avelers:	*	
Air F	are	Per dier	n R	egistration	Tota	Cost
\$	-	\$	- \$	-	\$	_
\$	-	\$	- \$	-	\$	-
urnose / Just	ificati	on for Trave	ı			
a pose / ous						
	surpose / Just	Air Fare \$ - \$ -	Air Fare Per dier \$ - \$ urpose / Justification for Trave Air Fare Per dier \$ - \$ \$ - \$	Air Fare Per diem Rough State	S - S - S - S - S - S - S - S - S - S	Air Fare Per diem Registration Total \$ - \$ - \$ - \$ urpose / Justification for Travel No. of Travelers:* Air Fare Per diem Registration Total \$ - \$ - \$ - \$ \$ - \$ - \$

Travel Date:				No. o	f Trav	elers:	*	
Position Title of Traveler(s)	A	ir Fare	P	er diem	Regi	stration	Tot	al Cost
	\$	-	\$	-	\$	-	\$	-
	\$	-	\$	-	\$	-	\$	-

^{*} Provide justification for more than one traveler to the same conference / training / workshop / etc.

Department/Agency: Department of Mental Health and Substance Abuse

Division: Child Adolescent Services Division

Program: All Federal Grants

1 41	pose / Justificat	ion for Travel		
NO	OT APPL	ICABLE		
I.D. (To Do Assurance)		No	of Travelers:	*
Travel Date: To Be Announced		140.	of fravelers.	
Position Title of Traveler(s)	Air Fare	Per diem	Registration	Total Cost
GO GI TI M. A. I H Idl. Injecting Comp.	<u> </u>		<u> </u>	
10 Child Mental Health Iniative Core Team	\$ 30,000.00	\$ 84,750.00	\$ 4,500.00	\$ 119,250.00
	\$ 30,000.00	\$ 31,75333		* 123,22000
Pur	pose / Justificat	ion for Travel		
Fravel Date:		No.	of Travelers:	*
	Air Fare	No.	of Travelers:	* Total Cost
	Air Fare	Per diem		
		Per diem	Registration	Total Cost
	\$ -	Per diem	Registration	Total Cost
Position Title of Traveler(s)	\$ -	Per diem \$ - \$ -	Registration	Total Cost
Position Title of Traveler(s)	\$ - \$ -	Per diem \$ - \$ -	Registration	Total Cost
Position Title of Traveler(s)	\$ - \$ -	Per diem \$ - \$ -	Registration	Total Cost
Position Title of Traveler(s)	\$ - \$ -	Per diem \$ - \$ -	Registration	Total Cost
Position Title of Traveler(s) Pur	\$ - \$ -	Per diem \$ - \$ -	Registration	Total Cost
Position Title of Traveler(s) Pur Pravel Date:	\$ - \$ -	Per diem \$ - \$ -	Registration \$ - \$ -	Total Cost \$ - \$ -
Travel Date: Position Title of Traveler(s) Pur Pravel Date: Position Title of Traveler(s)	\$ - \$ - Pose / Justificat	Per diem \$ - \$ - ion for Travel	Registration \$ - \$ -	Total Cost \$ - \$ -

^{*} Provide justification for more than one traveler to the same conference / training / workshop / etc.

Schedule B- Contractual



		Unit	Total	Funded in FY 2006?	
Item	Quantity	Price	Price	Yes	No
					
·					
Total Contractual			\$		

Schedule C - Supplies & Materials

		Unit	Total	Funded in FY 2006?	
Item	Quantity	Price	Price	Yes	No
					X
	·				
Total Supplies & Materials			\$ -		

Schedule D - Equipment

		Unit	Total	Funded in FY 2006?	
Item	Quantity	Price	Price	Yes	No
			\$ -		
			\$ -	`	
			\$ -		
			\$ -		
		Ì	\$ -		
			\$ -		<u></u>
Total Equipment		\$ -			

Schedule E - Miscellaneous

		Unit		Total	Funded in FY 2006?	
Item	Quantity	Price	Price		Yes	No
			\$ -			
	`		\$	-		
			\$	-		
			\$	-		
			\$	-		
			\$	-		
Total Miscellaneous		\$	-			

Schedule F - Capital Outlay

		Unit	Total		Funded in FY 2006?	
Item	Quantity	Price	Price		Yes	No
			\$ -			
			\$	-		
			\$.	-		
			\$	-		
			\$	-		
		·	\$	-		
Total Capital Outlay			\$	-		

NOTHING TO REPORT ON ALL THE ABOVE SCHEDULES