

**10 GCA HEALTH AND SAFETY  
CH. 93 GUAM SYSTEM OF CARE COUNCIL FOR CHILDREN  
WITH SERIOUS EMOTIONAL DISTURBANCE**

**CHAPTER 93  
GUAM SYSTEM OF CARE COUNCIL FOR CHILDREN  
WITH SERIOUS EMOTIONAL DISTURBANCE**

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**§ 93100. Purpose and Legislative Findings.**

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

The GSOCC, upon completing the System of Care Plan, assisted the Guam Behavioral Health and Wellness Center, as the lead agency, in the writing of the Child Mental Health Initiative (CMHI) Grant application to the U.S. Department of Health and Human Services. Through its resources, the Council was instrumental in ensuring that the application was submitted. Guam was awarded this highly competitive, Nine Million Dollars (\$9,000,000), six (6) year grant in September of 2002. Funds from this grant will be used to develop the infrastructure and capacity to serve children with SED and their families.

A fundamental requirement of the grant is that a community governance body be established to carry out a System of Care for children and

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adolescents and their families. The re-establishment of the GSOCC will not only fulfill the requirement for the cooperative agreement but will also ensure that Guam's initiative is sustained and continues well beyond the six (6) year grant period. The establishment of the GSOCC is a reflection of Guam's commitment to its children and their families, and towards true system reform. The GSOCC is to be Guam's community collaborative body addressing the broader encompassing issues of children's mental health needs and services.

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

**SOURCE:** Added by P.L. 25-141:1 (May 26, 2000). Repealed and reenacted by P.L. 27-047:1 (Dec. 17, 2003).

**2013 NOTE:** Pursuant to P.L. 32-024:2 (May 6, 2013) which renamed the Department of Mental Health and Substance Abuse (DMHSA) to the Guam Behavioral Health and Wellness Center, all references to DMHSA were altered to the Guam Behavioral Health and Wellness Center.

**§ 93101. Policy.**

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

**SOURCE:** Added by P.L. 25-141:1 (May 26, 2000). Repealed and reenacted by P.L. 27-047:1 (Dec. 17, 2003).

**§ 93102. Definitions.**

As used in reference to the planning, implementation, and evaluation of the Guam System of Care Council for Children with Serious Emotional Disturbance, the following terms are defined:

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(a) ‘Access to services’: the right to, and ease in securing desired and needed services.

(b) ‘Capacity building’: refers to a component of the system of care that provides information, training, education or other resources to enable people (family and personnel) to carry out the needed and desired activities.

(c) ‘Case Management/Care Coordination’: the task of coordinating various service components and ensuring that service needs are assessed and reassessed over time. In systems of care, case management also denotes the actual provision of services, as opposed to the limited ‘brokering’ of services in traditional mental health systems. In some settings, the term ‘care coordination’ is used instead of case management to connote broader job requirements and to describe the actual case management model being used.

(d) ‘Care coordination’: the task of coordinating various service components and ensuring that service needs are assessed and reassessed over time. In systems of care, care coordination also denotes the actual provision of services, as opposed to the limited ‘brokering’ of services in traditional mental health systems.

(e) ‘Care Coordinator’: an individual assigned with the responsibilities of coordinating the care of the child and family. The care coordinator is key to ensuring that the system is truly responsive to the needs of the individuals it is designed to serve.

(f) ‘Child and Family Team’: members identified by the parents of a child with a serious emotional disturbance to work together as a team to help the child and family meet their needs.

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

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

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

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

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

(C) behaviors that have been judged sufficiently disruptive to lead to exclusion from school, home, therapeutic or recreational settings; or (iv) behaviors that require interdisciplinary services and intensive, well-coordinated care to be successfully managed.

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

(i) 'Child Mental Health Initiative, (CMHI)': a Congressionally-funded program initiative under the U.S. Department of Health and Human Services, managed by its Substance Abuse and Mental Health

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Services Administration (SAMHSA), and designed to provide funding for the infrastructure development needed to create a system of care.

(j) ‘Child at risk for serious emotional disturbance’: a child or adolescent is considered to be at risk for a serious emotional disturbance, as defined by this Act, if the child would be subject to a serious emotional disturbance for any length of time.

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

(l) ‘Collaboration’: the process of bringing together those who have a stake in children’s mental health for the purpose of interdependent problem-solving that focuses on improving services to children and families.

(m) ‘Community-based (Based in the Community)’: a core value of the system of care which emphasizes the need for services provided to children in less restrictive, more normative environments which are within or close to the child’s home environment.

(n) ‘Culturally competent’: a set of behaviors, attitudes and policies of a system, agency, or among service providers that enables them to work effectively in cross-cultural situations.

(o) ‘Early identification and intervention’: a process for recognizing warning signs that children are at risk for emotional disabilities and taking early action against factors that put them at risk. Early intervention can have a significant effect on the course of emotional disturbance in children and can help prevent problems from reaching serious proportions.

(p) ‘Family’: is defined by its members and each family defines itself. Families can include biological and adoptive parents and their partners, siblings, extended family members and friends who provide a significant level of support to the child or primary caregiver.

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

(r) ‘FILAK’: a grant awarded to Guam to build consensus for using the ‘wraparound’ approach as a best practice service delivery process and to pilot its implementation.

(s) ‘Guam System of Care Council’ (‘GSOCC’): the Council established by this Act is responsible for policy development and implementation of plans and strategies to foster collaboration among stakeholders so that the system of care policy is substantially embraced in every program ministering to children with serious emotional disturbances, and as otherwise provided by this Act.

(t) ‘Individualized services’: services that are designed specifically to address the unique needs and strengths of each child and family.

(u) ‘Integrated services’: services that are provided in a community through multiple agencies with decreased overlap and decreased gaps in services.

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

(w) ‘Ombudsmen’: government of Guam agency representatives chosen to act as systems of care liaisons for their agencies. They are given decision-making powers for their agencies and act as a resource and trouble-shooter for those involved with the system of care in their agencies.

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

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

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

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

**SOURCE:** Added by P.L. 25-141:1 (May 26, 2000). Repealed and reenacted by P.L. 27-047:1 (Dec. 17, 2003).

**2013 NOTE:** Pursuant the authority granted by 1 GCA § 1606, numbers and/or letters were altered to adhere to the Compiler's alpha-numeric scheme.

**§ 93103. Creation of the Guam System of Care Council.**

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

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

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(b) one (1) representative from each of the following entities, designated by their respective appointing authorities:

- (1) Department of Education;
- (2) Department of Public Health and Social Services;
- (3) Guam Behavioral Health and Wellness Center;
- (4) Department of Integrated Services for Individuals with Disabilities (DISID);
- (5) Department of Youth Affairs;
- (6) Superior Court of Guam;
- (7) Mayors Council; and
- (8) The Chairperson of the Committee on Health or his/her designee from *I Liheslaturan Guåhan*.

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

**SOURCE:** Added by P.L. 25-141:1 (May 26, 2000). Repealed and reenacted by P.L. 27-047:1 (Dec. 17, 2003).

**NOTE:** P.L. 28-045:10 (June 6, 2005) changed the name of the Department of Education to the Guam Public School System. The passage of P.L. 30-050:2 (July 14, 2009) reverted the name to the Department of Education.

Pursuant to P.L. 32-024:2 (May 6, 2013) which renamed the Department of Mental Health and Substance Abuse (DMHSA) to the Guam Behavioral Health and Wellness Center, all references to DMHSA were altered to the Guam Behavioral Health and Wellness Center pursuant to P.L. 32-024:4.

**§ 93104. GSOCC Powers, Responsibilities and Duties.**

The Council shall:

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

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



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- (1) make policy decisions for the CMHI cooperative agreement;
  - (2) create liaisons with the legislative and executive branches of the government of Guam to ensure that needed laws and orders can be obtained in a timely manner;
  - (3) develop and uphold formal agreements and memoranda of understanding between the collaborating child service agencies;
  - (4) hold the system of care accountable for meeting high standards of care, including standards for cultural competence and family involvement, as well as standards of practice that have been shown to be effective through research and evaluation studies (such as the ‘Wraparound’ approach to create individual child/family specific service plans);
  - (5) ensure that cooperative agreement funds are expended appropriately within the community;
  - (6) regularly monitor the clinical and functional outcomes of the children to insure that services are making a positive contribution;
  - (7) be aware of relevant reform efforts on Guam and incorporate them into the system of care; and
  - (8) all departments and agencies of the government shall fully respond to requests for information from the Council within ten (10) days, and if unable to fully respond therein, shall provide a reason for inability to timely respond and expected full response date.
- (c) Act as a coordinating body for all system of care resources for children with serious emotional disturbance on Guam, and act as the repository for the collection and distribution of research, findings, and best practice models of treatment for children with SED.
- (d) Ensure collaboration and coordination between all stakeholders serving children with a serious emotional disturbance and their families, and establish positive working relationships with elected officials, courts, directors, and community organizations.

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

(f) Serve as the primary advocate for the system of care on Guam, serve as the primary family/consumer interface for feedback and conflict resolution, and coordinate outreach to and the education of the entire Guam community regarding the system of care and serious emotional disturbance.

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

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

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

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

(k) The Council shall submit a report biannually to *I Maga'lahen Guåhan* [the Governor] and the Speaker of *I Liheslaturan Guåhan* [the Legislature] outlining its accomplishments, specific findings and recommendations to improve Guam compliance with this policy.

**SOURCE:** Added by P.L. 25-141:1 (May 26, 2000). Repealed and reenacted by P.L. 27-047:1 (Dec. 17, 2003).

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