

**FILED**  
**DISTRICT COURT OF GUAM**

DEC 07 2010

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**CLERK OF COURT**

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16 IN THE UNITED STATES DISTRICT COURT  
17 DISTRICT COURT OF GUAM  
18

19 J.C., a person with disability and )  
20 J.M., a person with a disability )  
21 )  
22 Plaintiffs, )  
23 )

24 v. )  
25 )

26 FELIX P. CAMACHO, in his official )  
27 capacity as Governor of Guam, )  
28 )  
29 ROSANNE ADA, in her official capacity )  
30 as Director of the Department of )  
31 Integrated Services for Individuals with )  
32 Disabilities, )  
33 )

34 ANDREA LEITHEISER, Ph.D., in her )  
35 official capacity as Acting Director of the )  
36 Department of Mental Health and )  
37 Substance Abuse, )  
38 )

39 )  
40 )  
41 )  
42 )  
43 R.A., a person with a disability, )  
44 )  
45 Plaintiff, )

CIVIL CASE NO. CIV01-00041

**FEDERAL MANAGEMENT TEAM**  
**QUARTERLY STATUS REPORT**  
**DECEMBER 2010**

*as previously consolidated with*

CIVIL CASE NO. CIV04-00005

46 )  
 47 v. )  
 48 )  
 49 FELIX P. CAMACHO, in his official )  
 50 capacity as Governor of Guam, )  
 51 )  
 52 ROSEANNE ADA, in her official )  
 53 capacity as Director of the Department of )  
 54 Integrated Services for Individuals with )  
 55 Disabilities, )  
 56 )  
 57 DR. ANDREA LEITHEISER, in her )  
 58 official capacity as Acting Director of the )  
 59 Department of Mental Health and )  
 60 Substance Abuse, )  
 61 )  
 62 Defendants. )  
 63 )

64  
 65 **INTRODUCTION**

66  
 67 The Federal Management Team’s (FMT) Plan of Action (POA) was approved by the  
 68 Court on September 9, 2010. The following day, the Honorable Judge Consuelo Marshall, along  
 69 with her law clerk, met with the FMT to broach the need for an additional Order to address the  
 70 concomitant funding necessary for implementation of the POA. The aggregate dollar figure  
 71 needed to underwrite the POA was approximately sixteen (16) million. It is noteworthy that this  
 72 sum does not include the POA’s proposed Center.

73 On November 9, 2010, Judge Marshall, once again, met with the FMT and utilizing a  
 74 spreadsheet, which tracked the anticipated cost for miscellaneous endeavors along a timeline, an  
 75 Order was issued on this same date (Doc. No. 813), which set forth a funding schedule for  
 76 implementation of the POA. The subject Order recognized “that the Plan of Action is a necessary  
 77 prerequisite to achieving full and complete compliance with the Amended Permanent Injunction...  
 78 [and] absent immediate funding, the objectives in the Amended Permanent Injunction will be further

79 delayed and members of the target population will continue to be deprived of a constitutionally and  
80 statutorily compliant community-based mental health system.” (Id at page 3 and 4) As a result, Gov.  
81 Guam was ordered to make twelve (12) incremental payments and work in cooperation with the  
82 FMT, in order to implement the objectives set forth in the POA.

83 On November 30, 2010, the first installment of two (2) million dollars was dutifully  
84 deposited and the FMT have been working collaboratively with both the Department of  
85 Administration and the Bureau of Budget Management and Research, to implement a process  
86 whereby the monies can be accessed in an expeditious fashion and work can commence on the action  
87 items laid out in the POA, until such time as a trustee is named. A Request for Proposal soliciting  
88 interest from financial institutions to provide trustee services for the above-mentioned deposits will  
89 be issued on December 10, 2010.

90 **RESPONSE TO THE PROFFERED OBJECTIONS AND/OR COMMENTS RE: THE**  
91 **POA**

92 The filed objections and/or comments reflect the mindset of, at most, twenty-four consumers  
93 (who are not members of the target population); two (2) stakeholders and one (1) service  
94 provider/vendor (with the exception of a lone stakeholder, the remainder have a vested financial  
95 interest); the Director of DISID (who hopes to avert the imminent absorption of DISID into  
96 DMHSA) and Plaintiffs’ Counsel. It is noteworthy, that these objections and/or comments were  
97 addressed in chambers and duly noted on September 8, 2010, nevertheless, the POA was approved  
98 by the Court on September 9, 2010.

99 For some inexplicable reason, many still labor under the misconception that the underlying  
100 case and accompanying Amended Permanent Injunction (API) represents a panacea for all members  
101 of the community that have a disability, however the target population (i.e. “those individuals

102 similarly situated in Defendants' facilities" See the API at page 2), as noted by Plaintiffs' Counsel  
103 (See Doc. No. 802 at page 3) was most recently, clearly defined, yet again, within the Order issued  
104 by the Court on March 2, 2010 (See Doc No. 756 at page 5). For quick reference, the target  
105 population is comprised of "(1) consumers at Residential Group Homes; (2) inpatients at AIU-1 or  
106 AIU-2 for whom community-based care is indicated and (3) individuals on the Wait List" (Id).  
107 Notwithstanding, a pervasive theme in the suggestions that were posited (especially the critique of  
108 the Center) is that the ills or difficulties experienced by all those with a disability per se, are not  
109 adequately addressed within the POA. It should provide solace to those that feel disenfranchised, that  
110 with the imminent infusion of additional professionals and support personnel, along with attendant  
111 services, there will invariably be a spillover effect that will redound to individuals outside the  
112 breadth of the case at hand (for example: an outpatient who is outside the scope of this case, can  
113 expect an increase in the availability of individualized counseling, therapeutic services, skills  
114 training, vocational assistance, etc.).

115 The bulk of the submitted protestations took issue with the proposed Center, maintaining it  
116 would constitute an institutional setting that contravenes the mandate of Olmstead. As noted above,  
117 the Order which spoke to a funding schedule re: implementation of the POA, did not include the  
118 projected cost associated with the Center. The Health and Human Services Administration was  
119 keenly interested in underwriting the cost of this "shovel ready" project, in an effort to ameliorate the  
120 socio-economic impact to the island, given the impending relocation of marines from Okinawa. It is  
121 lamentable indeed, that the dissent articulated by those that filed objections and/or comments appears  
122 to have sounded the death knell, in terms of federal monies to bankroll this project. The opportunity  
123 cost that Guam will therefore forego, is an eight (8) million dollar facility, that could have improved  
124 the efficiency, in terms of the provision of care, treatment and services, to individuals within the

125 target population, as well as a multitude of persons outside the scope of this case (including those  
126 with physical disabilities).

127 The comments which oppose the erection of new Residential Group Homes (which will be  
128 limited to four residents, consistent with the recommendation of Bazelon), fail to take into account  
129 that members of the target population currently need placement, as they continue to languish within  
130 the AIUs or on the wait list, coupled with the reality, that a certain percentage (12%) of those  
131 entrusted to our care and custody, are simply incapable of living semi-independently, much less  
132 independently. Although the FMT fully intends to resurrect the adult therapeutic foster care program  
133 and promote the concept of assisted living (via personal care attendants), the abolishment of  
134 residential settings, in their entirety, is impractical.

135 The remaining objections and/or comments focus primarily upon divergent approaches to  
136 buttress the support services necessary to allow members of the target population realize true  
137 communal integration. Rest assured, the FMT has fastidiously pored over each and every suggestion  
138 and will strive to take them into account, as the burgeoning service array evolves.

### 139 **PROGRESS**

140 Although the submitted objections and/or comments took issue with the POA's proposed  
141 Center and additional residential settings here on island, there was not a scintilla of protest lodged  
142 against a projected infusion of additional services for members of the target population. It can safely  
143 be said, that if Guam bears witness to a geometric progression, in terms of the services which these  
144 consumers can avail themselves, *a fortiori*, the integration mandate set forth in the Americans with  
145 Disabilities Act of 1990 is more apt to be realized.

### 146 **A. SERVICES**

147 Upon the FMT's appointment to serve in their present capacity, the institutional Defendants

148 were found to have been remiss, in terms of providing the Court-mandated requirements set forth in  
149 the API and the following services were found wanting: Multi-Disciplinary Treatment Team  
150 (MDTT) evaluations; Multi-Disciplinary Mater Treatment Plans (MMTP); psychological testing;  
151 medication review updates; laboratory testing; dental services; occupational therapy; physical  
152 therapy; speech and language pathology; activities of daily living training; social skills training;  
153 independent living skills training; individual therapy; group therapy; cognitive behavioral therapy  
154 and employment services.

155 Having shored up the ranks of professionals by bringing on board a contingent of three (3)  
156 additional clinical psychologists; one (1) master-level psychologist; one (1) psychiatrist, along with  
157 having successfully procured purchase orders to contract with three (3) physical therapists; one (1)  
158 occupational therapist; one (1) speech and language pathologist; and two (2) dentists, the FMT is  
159 pleased to announce that forward movement has been realized, as far as the provision of the  
160 heretofore deficient services.

161 1) MDTTs

162 Eighty-six (86) consumers were found to be in need of an MDTT evaluation. Over the course  
163 of the last ninety (90) days, the coveted MDTTs were convened for the aforementioned  
164 outstanding number of members of the target population in need of same and corresponding  
165 MMTPs put into place for all inpatients, as well as those residing in RGHs. New patients  
166 receive an MDTT within seventy-two (72) hours of admission and where indicated,  
167 consumers in need of more intense services are on the receiving end of an MDTT evaluation,  
168 at least quarterly.

169 2) MMTPs

170 A clinical psychologist conducts a functional behavioral assessment to obtain critically

171 needed data, including *inter alia*, the respective consumer's goals and preferences. A concrete  
172 plan is then formulated with measurable goals and objectives, in terms of managing  
173 problematic behavior. A behavioral treatment plan might focus on identifying triggers,  
174 providing positive reinforcement to promote proper actions or responses to various stimuli,  
175 having staff intentionally ignore aberrant conduct, to avoid reinforcing same and/or providing  
176 any needed emotional support to counter an urge to act out due to frustration. As noted above,  
177 treatment plans are crafted for all those in the Defendants' facilities. It bears noting, that  
178 treatment regimens are adjusted with some frequency to address problem behaviors that  
179 persist or come to the fore.

### 180 3) Psychological Testing

181 A clinical psychologist utilizes psychometrically valid and reliable testing instruments to  
182 assist with both diagnosis and treatment. Psychological tests are tailored to specific purposes  
183 and populations. A need for psychological testing with respect to nineteen (19) members of  
184 the target population was identified. Within the last ninety (90) days, this obligation has been  
185 satisfied, as one of the new clinical psychologists was assigned the task of devoting herself  
186 exclusively to conducting the requisite psychological testing, along with court-ordered  
187 evaluations.

### 188 4) Medication Review Updates

189 Updates and/or reassessments are generally called for if indicated or recommended. A  
190 practice that was not in place ninety (90) days ago, is to have the Department's three (3)  
191 medical doctors (in January this number will increase to four, with the addition of a  
192 psychiatrist who is currently in private practice) now regularly monitor each patient's  
193 medication regimen to, not only determine the efficacy of same, but detect any adverse side

194 effects.

195 5) Laboratory Testing

196 The psychiatrists at DMHSA exercise little compunction in ordering diagnostic tests be  
197 performed on the fluid or cells of peripheral blood, in the event a physical concern is  
198 indicated.

199 6) Occupational Therapy

200 The American Occupational Therapist Association has defined the role of an occupational  
201 therapist as a licensed paraprofessional that works with a consumer to help them achieve a  
202 fulfilled and satisfied state in life through the use of "purposeful activity or interventions  
203 designed to achieve functional outcomes which promote health, prevent injury or disability  
204 and which develop, improve or restore the highest possible level of independence." Within  
205 the last ninety (90) days, an occupational therapist with whom the Department contracted  
206 via a purchase order, has chosen activities that help members of the target population  
207 (within the AIUs and RGHS) learn to engage in and cope with daily life. This has been  
208 painstakingly achieved by enhancing the individual's ability to participate, modifying the  
209 environment and/or adapting activities to better support participation.

210 Twenty-seven (27) members of the target population were determined to need this service.  
211 The retained occupational therapist is currently attending to the needs of these individuals for  
212 whom it has been indicated. This occupational therapist also spends a day each week with  
213 additional inpatients and residents with various limitations, who are cared for during the day  
214 at the Department's day treatment or partial hospitalization programs. A concerted effort  
215 will be made to secure the services of an additional occupational therapist, as the FMT  
216 believes that each and every consumer within the RGHS would benefit from the provision of



217 this service.

218 7) Physical Therapy

219 Physical therapy is designed to develop, maintain and restore maximum movement and  
220 functional ability throughout the lifespan. By maintaining baseline dexterity and improving  
221 mobility, these members of the target population attain maximum function and thereby a  
222 sense of well being, along with a personally satisfying level of independence. Physical  
223 therapy had been indicated for fifty-three (53) members of the target population.

224 Within the last ninety (90) days, a purchase order was reissued (given the advent of the new  
225 fiscal year), in order to continue contracting with Health Services of the Pacific, which  
226 provides three (3) licensed physical therapists that attend to the identified need.

227 8) Speech and Language Pathology

228 Speech and language pathology is concerned with issues surrounding human speech and  
229 language communication disorders, including expressive, as well as receptive language. After  
230 a diagnosis is made, the treatment consists of specific exercises designed to improve, *inter*  
231 *alia*, oral motor skills.

232 Twelve (12) members of the target population were identified, as needing this service.

233 Utilizing a purchase order, a speech pathologist has been retained and treatment for this entire  
234 group is ongoing.

235 9) Activities of Daily Living

236 This encompasses the tasks undertaken on a daily basis that enable individuals to manage  
237 their personal care (i.e. feeding ourselves, bathing, dressing and grooming). An ability to  
238 master this skill set is an important goal for members of the target population, as it brings  
239 independence and helps maintain dignity, as well as self respect.

240 All members of the target population within the AIUs or RGHS (where indicated) receive  
241 assistance, along with training, by an assigned clinical psychologist, in tandem with the  
242 respective staff at these venues.

243 10) Social Skills

244 Social skills training consists of a skill set people utilize in order to interact and  
245 communicate with one another (i.e. proper salutations when greeting someone, taking turns  
246 when conversing, how to maintain a conversation, including the use of eye contact).

247 Once again, all members of the target population in the care and custody of facilities  
248 overseen by DMHSA are coached by the assigned clinical psychologist, who works in  
249 concert with the respective staff.

250 11) Independent Living Skills

251 These are tasks that enable an individual to be self sufficient within the community. These  
252 skills include, among other things, learning how to: cook in one's kitchen; keep the house  
253 clean; use public transportation; shop at community stores and deposit, as well as withdraw  
254 money from a bank).

255 Thirty-eight (38) members of the target population were found to be in need of this service  
256 and all those identified are receiving the appropriate training from clinical staff. In fact, over  
257 the course of the last ninety (90) days, six (6) consumers have been successfully transitioned  
258 from two (2) of the RGHS operated by DMHSA, after, *inter alia*, having mastered this  
259 particular skill set.

260 12) Individual and Group Therapy

261 At the expense of stating the obvious, individual therapy involves one consumer with one or  
262 more providers, whereas therapy conducted in a group setting consists of multiple consumers.

263 The latter can be educational and/or therapeutic. Individual therapy is primarily conducted by  
264 either a clinical psychologist or a master-level counselor. Thirty-eight (38) members of the  
265 target population have been identified as needing this one on one interaction *vis a vis* fifty-  
266 eight (58) that are indicated for group therapy.

267 Group therapy endeavors to cultivate a safe and comfortable environment where individuals  
268 can work out problems and emotional issues. Members of the target population that  
269 participate, gain insight into their own thoughts and behavior and offer suggestions and  
270 support to others. An ancillary benefit is that consumers who have a difficult time with  
271 interpersonal relationships can benefit from the social interaction that is a basic part of the  
272 group therapy experience.

273 During the past ninety (90) days, the clinicians have cut a swath through the finite number of  
274 those in need of individualized therapy or counseling and group therapy is conducted daily  
275 for all members of the three (3) RGHS operated by the Department, as well as those within  
276 the AIUs that attend the partial hospitalization program offered during the day.

277 13) Cognitive Behavioral Therapy

278 This is a psychotherapeutic approach, a talking therapy, that aims to solve problems  
279 concerning dysfunctional emotions, behaviors and cognitive mental processes, through a  
280 goal-oriented, systematic procedure. Forty (40) members of the target population were  
281 found to be in need of this therapy.

282 During the course of the last ninety (90) days, the indicated consumers have been actively  
283 engaged in cognitive behavioral therapy with the Department's clinical psychologists.

284 14) Dental services

285 Twenty-nine members of the target population were found to need dental work. During the

286 last ninety (90) days, twenty-four individuals were seen at the Seventh Day Adventist Clinic  
287 (where a purchase order was procured, in order to retain the services of two (2) dentists),  
288 treatment plans were put into place and the indicated dental work commenced. Five (5) of the  
289 twenty-nine (29) sample declined to receive the offered treatment.

290 15) Employment Services

291 Gainful employment for members of the target population is orchestrated through the  
292 Division of Vocational Rehabilitation (DVR). A determination of ability constitutes the first  
293 step in the process. Within the last ninety (90) days, the FMT tendered an initial list of ten  
294 (10) consumers that currently reside in the Departments three (3) RGHs (eg. members of the  
295 target population) that were all ready, willing and able to work. Given the fact that one of the  
296 consumers moved off island, seven (7) out of the nine (9) of this original group are now  
297 working.

298 In sum, the service array available to members of the target population has increased  
299 appreciably within the past ninety (90) days. With the advent of the PCA/DSP program, a cadre of  
300 certified direct care providers will also be deployed to attend to the needs of a significant number of  
301 additional consumers. The FMT will continue to shore up the support services available to  
302 consumers, as the Order re: the funding schedule (Doc. No. 813) for implementation of the POA  
303 will, *inter alia*, increase the number of personnel at DMHSA to provide care and treatment.

304 **B. POLICIES AND PROCEDURES**

305 A number of policies and procedures (P&P) have been developed that include:

- 306 - Admission to the AIU
- 307 - Administration of Medications
- 308 - Resident's Orientation to a RGH

- 309 - Consumer Psychoeducation
- 310 - Contraband
- 311 - Key Control
- 312 - Facility Upkeep
- 313 - Consumer Education
- 314 - Nutrition
- 315 - Safety of Facility, Consumers and Personnel
- 316 - Security Plan
- 317 - Elopement
- 318 - Valuables
- 319 - Lost and Found Items
- 320 - Visitor Rules and Regulations
- 321 - Room Searches
- 322 - Pharmacy Access
- 323 - Personal Searches
- 324 - Recognizing Inappropriate Behavior
- 325 - Conduct to Minimize Violence
- 326 - Management of Assaultive/Combative Patients
- 327 - Verbal Intervention with an Aggressive Consumer
- 328 - Violent Incident Report Policy
- 329 - Violence Intervention and De-Escalation
- 330 - Protection Intervention Plan
- 331 - Personal Hygiene/Grooming

- 332 - Passes
- 333 - Resident Rooms
- 334 - Protocol for Breaks and Activities
- 335 - Therapeutic Environment
- 336 - Fire Emergency Plan
- 337 - Consumer Rights and Responsibilities
- 338 - Incident Report
- 339 - Referral List
- 340 - Individual Plan
- 341 - Transfer or Discharge
- 342 - Service Safeguards
- 343 - Emergency Services
- 344 - Psychotropic Medication
- 345 - PRN Psychiatric Medication
- 346 - Monitoring for Dyskinesia
- 347 - Medication Events
- 348 - Risk Assessment
- 349 - Prohibited Procedures
- 350 - Complaints
- 351 - Patient Discharge

352 The aforementioned P&Ps need to be countenanced and finalized by Division Heads at the  
353 Department, after which they will need to undergo the process set forth in the Administrative  
354 Adjudication Act (5 GCA Chapter 9). Section 9107, sets forth the subject matter covered by this

355 statute: "... any... procedure...of an agency...under which the agency makes changes for services it  
356 provides..." and Section 9301 provides that notice be published and a public hearing convened.  
357 Accordingly, upon finalizing the draft P&Ps, the FMT will dutifully abide by the statutory  
358 requirements before implementing and training to staff conducted on same.

359 **C. REQUEST FOR PROPOSAL**

360 A Request for Proposal (RFP) soliciting bids for the operation and management of a new  
361 RGH (that will accommodate five members of the target population currently on the wait list) will be  
362 issued on December 9, 2010. Two (2) other RFPs will be issued on the above-mentioned date re: the  
363 continued operation and management of RGH's.

364 **D. GRANTS**

365 The FMT successfully applied for the Community Development Block Grant (CDBG), to  
366 underwrite operations at the Guma Himmelo RGH. The Department assumed operations at this  
367 facility (which cares for nine members of the target population) on July 1, 2010. The CDBG,  
368 coupled with the Supported Housing Program Grant (awarded on September 16, 2010), provides  
369 almost four hundred thousand (400,000) dollars to DMHSA, to underwrite the attendant expense for  
370 care of the residents at the Guma Hinemlo RGH.

371 **E. MEDICATIONS**

372 With the passage of Bill No. 405-30 ("An Act to Amend Section 5270 of Article 4, Chapter 5,  
373 Guam Code Annotated, Relative to Including the Department of Mental Health and Substance Abuse  
374 in the Government Group Purchase of Drugs from Manufacturers") on July 2, 2010, the Department  
375 need not rely exclusively on local pharmacies to fill its prescription needs. Bottom line: DMHSA is  
376 now able to deal with wholesale distributors, resulting in a substantial savings to the Government of  
377 Guam.

378 **F. RECONCILING INVOICES FROM VENDORS**

379 The FMT has been actively involved in fastidiously scrutinizing the invoices tendered to  
380 DMHSA and negotiating settlement of same, which has also netted the Government of Guam a  
381 significant windfall.

382 **G. PERSONAL CARE ATTENDANT (PCA) RENAMED TO DIRECT SUPPORT**  
383 **PROVIDER (DSP)**

384 Ms. Melena Slaven was hired the beginning of September 2010 and has been developing  
385 the DSP program since that time. Main activities have included the overall program design,  
386 referral process and administrative flow of documents, training requirements, core curriculum,  
387 recruitment of DSPs, cost analysis, and development of forms. The DSP program has been  
388 modified slightly from the original Plan of Action (POA), a suggestion proposed in comments  
389 from a consumer. Originally, it was conceived that the personnel (the DSPs) would be  
390 employees of the Government of Guam under DMHSA however it appears that bringing the  
391 employees on as independent contract individuals will be beneficial for the Government of  
392 Guam, the Department of Mental Health and the program. The change allows flexibility in the  
393 hours of service; it shifts the focus from the number of DSP's to the hours of service that will be  
394 provided. The change reduces the number of FTEs from 118.3 to 87.3 for the overall Plan of  
395 Action. Furthermore, this resolves issues of administrative personnel rules and regulations which  
396 require 40 hour workweeks, specific work locations and avoids the rules associated with part  
397 time and fulltime government work. Overall, therefore, the change increases flexibility within  
398 the program and shifts money from personnel to services.

399 Several different DSP curriculums were reviewed with regard to teaching methods,  
400 requirements, and adequacy. Programs were evaluated at the Guam Community College,



401 University of Guam (UOG), online programs, and in-house development of curriculum. The  
402 FMT settled on a web-based program recommended by UOG, Center for Excellence in  
403 Developmental Disabilities Education, Research, and Service (CEDDERS) provided by the  
404 College of Direct Support available online. The program is designed to train individuals tasked  
405 with assisting individuals with disabilities. Designed to be used by DSPs who completed high  
406 school, these individuals will be instructed to provide an array of services to individuals in need  
407 which includes physical disabilities, as well as those with disabilities associated with  
408 developmental delays and mentally illness. A letter of Intent was issued on December 5, 2010,  
409 and the contract is pending review and signatures.

410           The program design is robust, costs incurred by the Department are based on the number  
411 of individuals served not the number of individuals that are to be trained. Therefore, the  
412 curriculum and training will be provided to the contract DSPs, psychological technicians  
413 employed by the department, nurses at the Department and most importantly, the family  
414 members. Any number of family members can participate. There is no limit on the number of  
415 support personnel that can be trained as long as they provide support to a disabled individual.  
416 This provides the Department the ability to offer a strong psycho-educational component to  
417 clients and family members as referenced in the Amended Permanent Injunction. And provides  
418 all support team members a base training in order that they offer a homogeneous approach to  
419 services rendered to clients.

420           Specifically, although the program is web-based, material will be provided in a classroom  
421 setting to assure the DSPs are able to demonstrate skills and to provide answers to questions. A  
422 computer learning lab will be established with 10 workstations, the target number enrolled in  
423 each course offering. Auxiliary courses are available identified as Disability Intensive Courses,

424 which address specific problems such as autism and autism spectrum disorders, brain injury, and  
425 cerebral palsy. In addition to the online courses, arrangements have been made to provide the  
426 initial training in CPR, first aid and automated external defibrillators (AED), HIPAA  
427 confidentiality requirements, suicide prevention with a training program defined as ASIST  
428 offered by the Preventing and Training Branch within the Department of Mental Health and  
429 Substance Abuse. Finally, through JKM Training Inc., the Safe Crisis Management program  
430 (same program used in the Guam Department of Education) will be given as soon as instructors  
431 are trained to assure providers are able deescalate volatile situations.

432 A local CDS administrator has been identified (Ms. Slaven) to coordinate individuals  
433 enrolled in a program. The local administrator will be able to modify the online material to  
434 include links to the Department's policies and procedures at Medical Network Consultants. This  
435 flexibility within the program allows individuals using the on line web-based learning program to  
436 review local procedures and provides a significant level of cultural sensitivity to the material.

437 Future features to the website and available for training will include a special curriculum  
438 for mental health to be added in 2012. The parent company for the College of Direct Support is  
439 Elsevier Inc. (<http://www.elsevier.com>) headquartered in Sweden. The specific curriculum was  
440 developed at the University of Minnesota. See web page <http://info.collegeofdirectsupport.com/>

441 The associated computer laboratory equipment will be ordered the week of December 13,  
442 2010, as soon as funds are available. Initially CPR courses, first aid, and other Red Cross  
443 courses will be used for expediency, however, Department instructors will be trained by the Red  
444 Cross and the in-house instructors for the Department will teach all employees the required basic  
445 safety courses of CPR, EDA and first aid.

446 DISID had planned and obtained funding through the Department of Interior a program

447 very similar to the DSP. Their program was identified as the Personal Care Attendant pilot  
448 program and was being designed to serve 15 clients. To avoid duplication, the DISID program  
449 will be subsumed by the DSP program outlined above. The funding from DOI will be transferred  
450 to a special account to be used to train and pay the DSP providers. The amount of the funding is  
451 \$213,000. This money will increase the number of hours available in 2011 to service clients  
452 from 61,538 to 73,300 hours. The consolidation provides for a more efficient use of the funds,  
453 as well as avoids duplication of services and effort.

454 The procedures have been established for referral, training, equipment, criterion, and  
455 clearances. The first group of 10 to receive training will be Direct Support Providers. Follow on  
456 training will then be available to group homes psychological technicians, adult inpatient unit  
457 psychological technicians, nurses, and family members as well as extended family members.  
458 Examinations, both pre- and post-tests are required to assure the trainees mastered the material.  
459 Classes will begin as early as December 2010 with the first graduating class to provide direct  
460 support services in January 2011.

#### 461 **H. HEALTH PROFESSIONALS SHORTAGE AREA (HPSA)**

462 Efforts to have the DMHSA designated as underserved in the Health Professionals  
463 Shortage Areas (HPSA) program by HRSA have progressed at a reasonable pace.

464 Applications were completed and after correspondence with the Guam's point of contact  
465 (POC), Pacific Islands Health Officers Association (PIHOA), Angela Techur-Pedro, PIHOA  
466 Data Specialist, in Hawaii, the POC decided to submit an application designating Guam as a  
467 HPSA rather than the DMH facility and the Northern and Southern Health clinics as originally  
468 envisioned. A questionnaire was developed in collaboration with Dr. Weare and MaryLou  
469 Loualhati and the FMT for Guam providers. The FMT staff gathered and sent questionnaires to

470 psychiatrists and persisted in obtaining the required information which was subsequently  
471 submitted to Ms. Loualhati for consolidation with the medical and dental information gathered  
472 by Dr. Weare. All information should have been submitted to Hawaii through Ms. Loualhati the  
473 last week of November 2010. The PIHOA will complete the application in December 2010 for  
474 HRSA review and rating after an official request under the Governor's signature.

475 If Guam meets the required rating to be designated a HPSA, core professional positions  
476 will be listed at the HRSA website and applications can be made from that website to Guam.  
477 Adding Guam to the listing paves the way for those serving in designated positions to apply to  
478 receive school loan repayment benefits. In addition to recruiting assistance, other benefits will be  
479 available to Guam such as priority for low interest Federal loans to fund projects.

480 Information for Guam has been consolidated and the application is being prepared for  
481 submission. The results of Guam's ratings are anticipated in the first quarter 2011.

## 482 **I. INFORMATION TECHNOLOGY**

483 The evaluation of the current system within the Department has been completed and the  
484 Department's needs have been identified. The planned upgrade will be funded partially by  
485 programs under the FMT's control in combination with the regular budget of the Department.  
486 After consultation with David Wanser (SAMHSA Data System expert), plans have been made to  
487 establish a DMH Committee to develop specifications and requirements for each division. With  
488 the said specifications, after review by the consultant, a request for information will be advertised  
489 for software vendors to demonstrate their products to the Department.

490 One such demonstration was unsolicited but provided by Therap Services for their system  
491 however DMH was unprepared to articulate their needs for the Department as a whole to the  
492 vendor. In order to foster integration in collaboration island-wide for e-health records, meetings

493 were conducted and attended with government consultants on Guam e-health records and  
494 reporting system.

495 Both software and hardware systems are being studied to find a usable, modifiable,  
496 system of data collection and movement toward compliance with the health record requirements  
497 such as accessibility, paperless clinical system, medication tracking, inventory and ordering,  
498 billing and Federal reporting for both DISID and The Department's branches and divisions.  
499 Estimated date of completion of system replacement and installation of multipurpose software is  
500 early 2012.

501 **J. PERSONNEL**

502 Progress has been made to recruit and hire professionals and support personnel. One  
503 clinical psychologist was hired in November 2010 and the second is a waiting to be brought on  
504 board in December 2010, as soon as funding is transferred from the *res* to the special revenue  
505 fund. The total of six clinical psychologists will be on staff by the end of 2010. The search  
506 continues for the seventh as well as a clinical administrator. Funding via the Court for the Plan  
507 of Action identified in the Funding Plan ordered on November 9, 2010 (Doc No. 813) to fill  
508 critical positions is necessary.

509 One psychiatrist will be entering contract negotiations the week of December 6, 2010 to  
510 begin part time work in January 2011. A second psychiatrist is waiting an interview in Detroit,  
511 Michigan. An FMT member will be requesting travel to conduct a thorough interview of the  
512 applicant, his references, colleagues and employers in late December 2010. No estimated date of  
513 availability has been established.

514 The contracts of two psychiatrists currently working at DMH expire in April of 2011.  
515 Contract renewals have not been negotiated.

516 The FMT met with the Department of Administration, Human Resources specialists on  
517 November 19 to establish the coordination and procedures of the recruitment and hiring process  
518 to assure adherence to all of Government of Guam personnel rules and regulations by the FMT.  
519 Following that meeting on November 20, 2010, the FMT participated in a day-long job fair  
520 conducted on Guam. Over 150 support individuals expressed an interest in submitting  
521 applications for the over 40 positions which will become available as soon as funding is released.  
522 Over 30 applications have been collected to date and will be rated by the Department of  
523 Administration before interviews by the FMT and the DMH staff. Many candidates completed  
524 applications during the day-long event and others continued to submit applications to the FMT  
525 office. As funding is released in the near future, advertisements will be placed in the local  
526 newspapers to attract quality personnel.

527 Over ten Direct Support Providers have expressed a serious interest in the DSP program  
528 and positions. The ten have indicated they wish to begin training as soon as possible and are  
529 available to start working in January 2011. Training will begin as soon as materials and the  
530 courses are available.

531 Several professionals have expressed an interest in the quality assurance and training  
532 positions, new divisions or branches within the Department. The divisions will need to be  
533 established via a reorganization plan submitted to the Guam Legislature which should occur in  
534 the first 60 days of 2011.

535 The FMT met with the Governor- elect's transition team chair of the Health Committee,  
536 Joseph Cameron, on December 3, 2010. Mr. Cameron indicated the governor elect very  
537 interested in the progress being made at the Department of Mental Health and is supportive of the  
538 Plan of Action to satisfy the Amended Permanent Injunction and to provide services to the

539 disabled population on Guam.

540 **K. CLINICAL SERVICES**

541 Although in its infancy, the process of reorganizing clinical services has been initiated.  
542 Efforts will soon be initiated with Senator elect Rodriguez appointed to the Health Committee in  
543 the legislature to reintroduce bills related to consolidating the DMHSA and DISID. The FMT  
544 will also encourage Senator elect Rodriguez to reintroduce the comprehensive mental health  
545 legislation drafted by a committee of attorneys and mental health professionals. As soon as  
546 information is gathered from stakeholders, legislators and the executive staff, reorganization of  
547 the Department will be provided to the Guam Legislature for their action.

548 In order to more fully provide adequate clinical services to the target population, a  
549 reorganization of the department is necessary. Reporting lines are currently blurred as well as  
550 lines of communication. As soon as information is gathered from stakeholders, legislators, and  
551 the executive staff, reorganization of the Department will be provided to the Guam Legislature  
552 for their action.

553 Clinicians at the Department have taken the initiative to revamp the multidisciplinary  
554 treatment team process. The clinical psychologists have brought with them numerous ideas from  
555 prior work experience concerning training, placement, and methodologies they have utilized  
556 effectively in other locations. Weekly meetings are being held with the clinical psychologists to  
557 streamline their activities, standardized testing that is used, make effective assignments, and to  
558 explore procedures to interact and coordinate activities with other disciplines. The psychiatrists  
559 have reorganized the assignment of members within the target population for purposes of  
560 evaluation with the MDTT and for treatment. The addition of an additional psychiatrist will help  
561 ease the workload and allow for participation in committees reviewing software systems,

562 medications, policies and procedures, and the overall MDTT process.

563 All divisions at DMHSA, professional and administrative alike, anticipate that the  
564 impending infusion of additional personnel will assist with the sacrosanct responsibility the  
565 Department is tasked with, in terms of providing care, treatment, and services to the target  
566 population. Department personnel have participated in the contributions to the Plan of Action  
567 and are eager to initiate the metamorphosis and concurrently provide a high level of service to the  
568 target population.

569 For the past six weeks the FMT has been working with the Guam Memorial Hospital  
570 (GMH) administrators to develop a plan to provide mental health consultation to physicians  
571 within the hospital as well as providing assistance to medical staff at the Skilled Nursing Unit  
572 (SNU). The memorandum of understanding (MOU) is near completion and the Department of  
573 Mental Health will soon be able to provide the needed consultation to GMH and to the SNU, an  
574 essential service that has been a point of contention for the past several years. Additionally,  
575 GMH has agreed, via a second MOU in the draft stage, to provide nutrition services to the target  
576 population in residential homes and clients placed within the adult inpatient units. The working  
577 relationship between the Guam Memorial Hospital and the Department of Mental Health and  
578 Substance Abuse has improved and the FMT intends to continue to support the hospital wherever  
579 possible.

#### 580 **L. DEVELOPMENTAL DELAY (DD) AND MENTAL ILLNESS (MI)**

581 The distinction between the developmentally delayed population and the mentally ill  
582 population has been expressed in the comments by both DISID and the plaintiffs' counsel has  
583 been carefully considered. The professionals working with these populations have determined  
584 that both populations are considered to have a disability identified in the Diagnostic and



585 Statistical Manual of Mental Disorders (DSM-4TR). Larger jurisdictions such as states on the  
586 mainland treat these populations separately with professionals with subspecialties for each, this  
587 approach appears to be unrealistic on Guam for three reasons.

588 Behavior therapy, which is the treatment of choice for this population, deemphasizes the  
589 use of a diagnosis to determine the appropriate treatment for an individual client. Instead the  
590 individual behaviors are assessed with antecedents and consequences are determined and  
591 behavior programs are written not based on a diagnosis but the observable behaviors. This  
592 approach works well with both the DD and MI populations and is considered an evidence-based  
593 approach by SAMHSA. Further, as pointed out above, the same professionals treat both  
594 populations and a fully capable within the licenses and scope of practice to do so.

595 Second, as required by the API, individual treatment plans are developed for each  
596 consumer based on need of service not the diagnosis. Each individual will received what is  
597 determined by the MDTT.

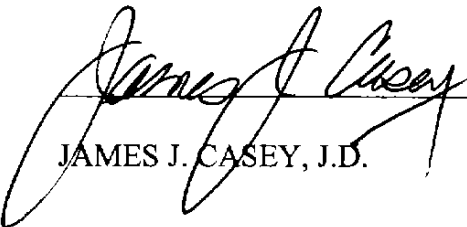
598 Third, the target population which originally consisted of 200 cases, after a complete  
599 evaluation by Silverlake consultants, had a total of 22 (12 percent) individuals identified as  
600 having a developmental delay without co-morbid mental illness (44 percent had co morbid DD  
601 and MI diagnoses while 44 percent had MI diagnosis without a co morbid DD diagnosis) . This  
602 is not two suggested that two populations are identical but to recognize distinguishing  
603 characteristics of each can be treated by the professionals on hand. Both the DD and the MI  
604 populations are considered to have a disability and both were received treatment by the  
605 professional staff which will include psychiatrists, psychologists, counselors, social workers,  
606 occupational therapists, recreational therapist, speech therapists, and physical therapists.


607 It would be impractical considering the numbers to stock the professional ranks of the

608 DMHSA or DISID with specialists hired only to treat the DD population separate and apart from  
609 the MI population.

610 In sum, there is a renewed vigor at the Department that is almost palpable, as the rank  
611 and file have been extremely receptive to following the lead of the FMT. With the issuance of the  
612 November 9<sup>th</sup> Order (Doc. No. 813) funding the implementation of the POA, an increase in  
613 personnel and programs will invariably sustain this mindset. Bottom line: more systemic change  
614 is on the way.

615 Respectfully submitted this 7<sup>th</sup> day of December, 2010

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618 JAMES J. CASEY, J.D.

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621 JAMES J. KIFFER, PH.D