

Citizen Centric Report – FY2011



department of
**MENTAL HEALTH &
SUBSTANCE ABUSE**

Mission Statement

The Department of Mental Health and Substance Abuse established as a separate line department in October 1, 1983 and pursuant to 10 GCA, Chapter 86, mandated to provide comprehensive inpatient and community-based outpatient mental health, alcohol and drug treatment programs, prevention programs and residential homes.

GOALS -

- 1. INCREASE COMMUNITY'S CAPACITY TO SUPPORT, SERVE AND TREAT INDIVIDUALS AND FAMILIES SUFFERING FROM EFFECTS OF MENTAL ILLNESS AND SUBSTANCE/ALCOHOL ABUSE**
- 2. PROVIDE THE MOST APPROPRIATE TREATMENT, SUPPORT, PLACEMENT AND LEVEL OF CARE FOR INDIVIDUALS NEEDING THE DMHSA SERVICES**
- 3. DEVELOP/IMPLEMENT PROGRAMS RESPONSIVE TO COMMUNITY'S MENTAL HEALTH NEEDS.**
- 4. INCREASE/IMPROVE QUALITY AND LEVEL OF CLIENT/PATIENT CARE.**

PROGRAMS/PURPOSE

ADMINISTRATION –

Provides direction, management and operation of DMHSA and Professional Support for the Clinical and Inpatient care –
Administrative Support in financial management, research, planning and development, information management, regulatory affairs, plant & facility maintenance, human resources assistance.

CLINICAL PROGRAM –

INTAKE, ADULT COUNSELING, COMMUNITY SUPPORT SERVICE, PREVENTION & TRAINING, GROUP HOMES, DAY TREATMENT, DRUG/ALCOHOL –

Provides comprehensive community based outpatient and residential mental health services for adults and alcohol and drug prevention and education, early intervention and treatment program for children, youth and adults.

CHILD/ADOLESCENT SERVICES – I'FAMAGUONTA SYSTEM OF CARE, THERAPEUTIC GROUP HOME & DAY TREATMENT, TRANSITION HOME –

Provides integrated, community-based outpatient services for children/adolescents at high risk or with serious emotional disturbances and their families includes individual, group and family counseling; 24-hr intervention, outreach, prevention and education, transitional placements, support and assistance for related services in the community.

NURSING PROGRAM –

INPATIENT UNITS, OUTPATIENTS AT RESIDENCE, MEDICAL CLINIC

Provide inpatient treatment services
24-hour crisis hotline
Medical Clinic for outpatient services

RESIDENTIAL TREATMENT PROGRAM –

To provide transitional living services for mentally ill, mentally retarded clients, and to provide adequate supervision and counseling through assistance and support.

RESIDENTIAL GROUP HOMES –

Provide residential group housing for adults with mental illness, physical and developmental disabilities

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PERFORMANCE SUMMARY OF MISSION ACCOMPLISHMENTS AND OUTCOMES

ADMINISTRATION -

WORKLOAD INDICATOR	FY2011 ACCOMPLISHMENTS
Permanent Injunction Plan – Personnel Augmentation	Recruited 47 of 57 positions Court Ordered
Quality/Safety Assurance – Establish/Implement Compliance Plan	Accomplished 70%
Improve Performance of Financial Office - Personnel Recruitment/Training Plan	Accomplished Automated Data Control 100% Accomplished 91%
IT - Network Cable Infrastructure	Accomplished 100% Upgrading 25%
- Network Server Infrastructure	Accomplished 100% Upgrading 25%
- New Workstation Replacement	Accomplished 75%
- EBHR (Electronic Behavioral Health Record System)	Accomplished 25%
Facility's infrastructure upgrade and maintenance	Air-conditioners, sprinkler systems, air-quality, fire alarms, elevator maintenance- Accomplished 100% Housekeeping upgraded to hospital standards.- (Pending Janitorial Contractual Service)

CLINICAL PROGRAMS -

WORKLOAD INDICATOR	FY2011 ACCOMPLISHMENTS
Improve proper intake/emergency referrals	85%
Fully implement evaluation/referral requirements	75%
Maintain professional staffing levels required	60%
Provide full professional services to consumers	75%

CHILD/ADOLESCENT SERVICES & IFAMAGUON-TA -

WORKLOAD INDICATOR	FY2011 ACCOMPLISHMENTS
Number of cases closed-Ifamaguonta WrapAround	138
Family Orientation – waitlist addressed	121
Step Down Home Admission	2
TGH/Day Treatment Discharge	6

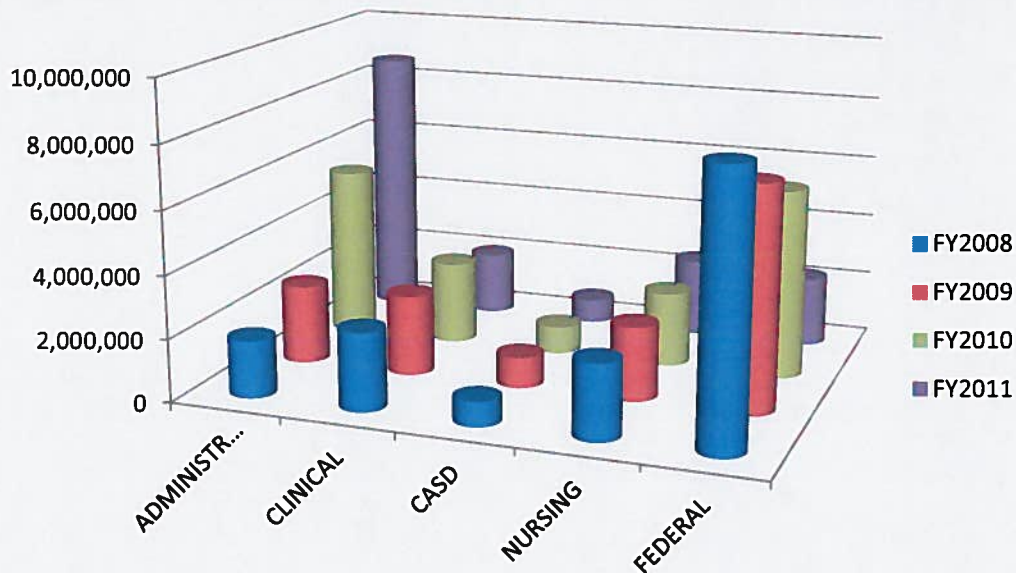
NURSING SERVICES - INPATIENT UNITS

WORKLOAD INDICATOR	FY2011 ACCOMPLISHMENTS
AIU Activities	80%
Medical Clinic Activities	90%
Partial Hospitalization	70%
Day Treatment Activities	85%
Healing Hearts – Clients Serviced	124

FINANCIAL – BASE OPERATIONS COST

ANNUAL EXPENDITURE COMPARISON

DIVISION	FY2008	FY2009	FY 2010	FY 2011
ADMINISTRATION	1,824,652	2,522,562	5,452,376	8,662,309.35
CLINICAL SERVICES	2,498,243	2,573,017	2,657,672	2,016,241.01
CHILD/ADOLESCENT SERVICES-I'FAMAGUON'TA	781,040	986,892	885,584	768,553.32
NURSING SERVICES	2,393,020	2,364,033	2,384,294	2,480,211.69
FEDERAL GRANTS	8,474,135	7,118,063	6,051,132	2,230,828.52
TOTAL	15,971,090	15,564,567	17,421,058	16,158,143.89



DMHSA is funded by the General Fund and Healthy Futures Fund for base operations. The above information is derived from those appropriations/expenditures for the year indicated. DMHSA has been generously programmed by federal grants through the exceptional endeavors of the respective staff of programs of Community Mental Health Service, Prevention and Training, Substance Abuse Treatment and Education, State Data Infrastructure, and Child Mental Health System of Care.

The Residential Treatment Fund has been primarily used for court-ordered treatment and housing of wards of the court. The fund is under the DOA custody but is authorized for services requested by the DMHSA and DISID for those purposes. There are currently five consumers being treated off-island by court order. The costs are inclusive of travel for consumer and escorts from the court, DMHSA, Public Health and others that the court may decree. The FY2011 budget for Residential Treatment Fund was \$1,188,466.34. Additionally, the court ordered Child Support Fund allocated in FY2011 in the amount of \$676,503 was expended for youth foster care services and residential treatment services under Guam Court Orders.

FUTURE CHALLENGES AND ECONOMIC OUTLOOK

DEPARTMENT OF MENTAL HEALTH & SUBSTANCE ABUSE

In line with the Federal Administration – Substance Abuse and Mental Health Services Administration Initiatives – the DMHSA will adopt the same initiatives and endeavor to implement the same to be abreast with national evidenced based practices and which have shown to be most effective with the recovery programs that DMHSA is engaging and propose to engage through the department's mandates and local/federal appropriations. The SAMHSA initiatives that are mirrored in DMHSA programs are:

1. **Prevention of Substance Abuse and Mental Illness** – *Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.*
2. **Trauma Justice** – *Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.*
3. **Military Families** – *Supporting America's service men and women – Active Duty, National Guard, Reserve, and Veteran – together with their families and communities by leading efforts to ensure that needed behavioral health services are accessible and that outcomes are positive.*
4. **Recovery Support** – *Partnering with people in recovery from mental and substance use disorders to guide the behavioral health system and promote individual-level, program, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.*
5. **Health Reform** – *Broadening health coverage to increase access to appropriate high-quality care and to reduce disparities that currently exist between the availability of services for substance abuse, mental disorders, and other medical conditions such as HIV/AIDS.*
6. **Health Information Technology** – *Ensuring that the behavioral health system, including States, community providers, and peer and prevention specialists, fully participates with the general health care delivery system in the adoption of Health Information Technology (HIT) and interoperable Electronic Health Records (EHR).*
7. **Data, Outcomes, and Quality** – *Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.*
8. **Public Awareness and Support** – *Increasing the understanding of mental and substance use disorders to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.*