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Supreme Court of Guam, Clerk of Court

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**IN THE SUPREME COURT OF GUAM**

<b>RE:</b>	) Supreme Court Case No.: PRM25-001	
	)	
<b>CREATION OF THE MENTAL HEALTH COURT AND ADOPTION OF MENTAL HEALTH COURT RULES FOR PROCEEDINGS IN THE SUPERIOR COURT OF GUAM</b>	)	<b>PROMULGATION ORDER</b>
	)	<b>NO. 25-001-01</b>
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As part of the Judiciary’s 2019 Strategic Plan and following receipt of a federal grant, the Subcommittee on Rules for the Mental Health Court convened to discuss promulgation of an order to formally create the Mental Health Court and adopt Rules governing the Court. The Subcommittee is chaired by Associate Justice Katherine A. Maraman and co-chaired by Judge Arthur R. Barcinas and Judge Maria T. Cenzon. Subcommittee members include the Administrator of the Courts, Court Programs Administrator, Chief Probation Officer, and other Judiciary staff working with therapeutic courts. From time to time, representatives from Guam Behavioral Health and Wellness Center assisted the Subcommittee with the proposed rules.

Upon the recommendation of the Subcommittee and under the authority to “make and promulgate rules governing the administration of the judiciary and the practice and procedure in the courts of the Judicial branch of Guam,” 48 U.S.C. § 1424-1(a)(6), the Supreme Court hereby establishes the Mental Health Court as a specialized treatment program within the Superior Court of Guam. Further, the Supreme Court adopts the Mental Health Court Rules attached as “Exhibit A” to become effective as of May 1, 2025.



1           These Rules shall apply to all cases and proceedings brought after the instant Guam Mental  
2 Health Court Promulgation Order takes effect.

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4           **SO ORDERED** this 28th day of April, 2025.

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          /s/  
9           **F. PHILIP CARBULLIDO**  
          Associate Justice

          \_\_\_\_\_  
          /s/  
          **KATHERINE A. MARAMAN**  
          Associate Justice

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12                                   \_\_\_\_\_  
                                  /s/  
13                           **ROBERT J. TORRES**  
                                  Chief Justice

**LOCAL RULES OF THE  
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**MENTAL HEALTH COURT RULES  
PROMULGATION ORDER NO. 25-001-01 (MAY 1, 2025)**

**RULE**

**MH 1: Definitions and Key Terms**

**MH 2: Purpose of MHC and These Rules**

**MH 3: The MHC Team**

**MH 4: Screening and Assessment**

**MH 5: Eligibility**

**MH 6: Ineligibility**

**MH 7: Case Management Plan**

**MH 8: Treatment Plan**

**MH 9: Judicial Proceedings**

**MH 10: Data Collection and Monitoring**

**MH 11: Non-Compliance**

**MH 12: Case Closure**

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**MENTAL HEALTH COURT RULES (“MH”)**

**MH 1. Definitions and Key Terms**

- MH 1.1. The following definitions and terms are provided to clarify the meanings of these phrases as employed within these Rules and are applicable only to these Rules.
- MH 1.2. **Mental Health Court (“MHC”)** is a specialized docket for persons with serious mental illnesses, with or without co-occurring substance use disorders, who become involved with the Guam criminal justice system.
- MH 1.3. **“Serious mental illness”** refers to diagnosable mental, behavior, or emotional disorders which cause serious function impairment and substantially interfere with or limit one or more major life activities.
- MH 1.4. **Mental Health Disorder (“MHD”)** refers collectively to serious mental illnesses.
- MH 1.5. **Substance Use Disorder (“SUD”)** refers to the circumstance in which an individual’s recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
- MH 1.6. **Co-occurring Mental Health and Substance Use Disorders (“MHSUD”)** refers to the circumstance in which an individual has a co-occurring MHD and SUD.
- MH 1.7. The **Guam Behavioral Health and Wellness Center (“GBHWC”)** is Guam’s Single State Agency for substance abuse and mental health treatment services and is a key collaborator in the development of MHC.
- MH 1.8. The **Judiciary of Guam Probation Services Division (“Probation”)** is a division within the Judiciary of Guam, tasked with monitoring compliance with court orders applicable to individuals on pre-trial or post-trial supervised release, including MHC Participants.
- MH 1.9. **MHC Participants** are those individuals who have been formally admitted into MHC by order of the MHC Judge.
- MH 1.10. **Treatment Providers**, as detailed in Rule 3.9, are those individuals who oversee the treatment of MHC Participants and report treatment status to the MHC Team.
- MH 1.11. The **Mental Health Court Judge (“MHC Judge”)**, as detailed in Rule 3.3, is a Judge of the Superior Court of Guam who has been appointed or assigned to preside over MHC and associated court proceedings.
- MH 1.12. A **Case Management Plan**, as detailed in Rule 7, is created by the MHC Judge and provides the legal requirements and conditions applicable to MHC Participants.

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MH 1.13. A **Treatment Plan**, as detailed in Rule 8, is created by a Treatment Provider and governs the medical and behavioral treatments, therapies, and medications which an MHC Participant will receive.

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**MH 2. Purpose of MHC and These Rules**

- MH 2.1. The Rules provided herein govern the administration of MHC. The purposes of these Rules are to effectuate the mission of MHC and to promote the health and well-being of MHC Participants. Any interpretation of these Rules shall seek to effectuate these purposes.
- MH 2.2. The mission of MHC is to offer a pathway for eligible individuals to receive structured, monitored treatment for their MHDs or MHSUDs, thereby avoiding the traditional criminal justice system.
- MH 2.3. MHC Participants shall be subject to these Rules unless the MHC Judge explicitly orders to the contrary.
- MH 2.4. The MHC Judge shall interpret and apply these Rules, unless an application of the Rules proves unworkable in practice, detrimental to the mission of MHC, or contrary to Guam or federal law.
- MH 2.5. The provisions of these Rules shall be carried out with the utmost consideration for the privacy and dignity of each MHC Participant.
- MH 2.6. If, or to the extent that, any provision within these Rules is held contrary to Guam or federal law, or proves unworkable in practice, that provision's invalidity shall not affect other provisions of these Rules that can be given effect without the invalid or unworkable provisions, and to this end, the provisions are severable.

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**MH 3. The MHC Team**

MH 3.1. The Mental Health Court requires the coordinated effort of several individuals who collectively comprise the MHC Team.

MH 3.2. The MHC Team shall include, at a minimum, the following persons or representatives thereof: MHC Judge, MHC Coordinator, MHC Case Manager, Prosecuting and Defense Counsel, Probation Officer, and one or more Treatment Providers.

MH 3.3. MHC Judge.

(a) The MHC docket shall be presided over by a Judge of the Superior Court of Guam, who herein shall be called the MHC Judge.

(b) The assignment of the MHC Judge, and the duration of the MHC Judge's term, shall conform to the Supreme Court of Guam Administrative Rule regarding trial court case assignment procedures.

(c) The MHC Judge shall, among other things:

- (1) preside over MHC;
- (2) assess eligibility for MHC and admit eligible Participants;
- (3) create an individualized Case Management Plan for each MHC Participant, and inform the MHC Participant of the terms of that plan;
- (4) hold status hearings and other hearings as needed for MHC Participants;
- (5) communicate with MHC Participants and their Treatment Providers about each Participant's progress and compliance with treatment;
- (6) enforce the terms of Case Management Plans, issuing those court orders necessary for enforcement;
- (7) conduct and/or attend regular meetings with the other members of the MHC Team;
- (8) implement new initiatives by the MHC Team that are not inconsistent with these Rules or with Guam or federal law;
- (9) strive to improve the efficacy and efficiency of the judicial component of MHC; and
- (10) strive to maintain best practices standards with respect to MHC caseload.

MH 3.4. MHC Coordinator.

(a) The MHC Coordinator shall be a dedicated employee of the Judiciary of Guam, independent of both the MHC Judge and the treatment staff.

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(b) The MHC Coordinator shall:

- (1) administer and monitor daily operations of MHC in compliance with MHC policies and procedures;
- (2) ensure MHC Participants are screened and evaluated in accordance with MHC policies and procedures;
- (3) ensure the implementation of appropriate treatment services for MHC Participants by identifying services needed and coordinating availability of services with treatment providers;
- (4) monitor and take inventory of the available social services and coordinate implementation of services with stakeholders and service providers;
- (5) maintain program files and audit a sample of files quarterly;
- (6) oversee record keeping and conduct statistical reporting in conjunction with program evaluation and reporting at least every 6 months;
- (7) assist with budgeting and evaluation efforts to maximize efficiency in operations;
- (8) coordinate Staffings and Status Hearings;
- (9) consult with the MHC Judge and MHC Team on a wide range of organizational and managerial issues including but not limited to MHC efficiency and internal/external quality assurance; and
- (10) attend and participate in meetings, conferences, trainings, and committees as required.

**MH 3.5. MHC Case Manager.**

(a) The MHC Case Manager shall be a dedicated employee of the Judiciary of Guam, independent of both the MHC Judge and the treatment staff.

(b) The MHC Case Manager shall:

- (1) assist the MHC Coordinator in implementing daily operations of MHC, including facilitation of the referral and intake process;
- (2) collaborate with treatment providers to develop comprehensive, individualized case plans for MHC Participants that identify treatment and intervention services needed;
- (3) monitor progress and compliance of MHC Participants with treatment and court conditions;
- (4) maintain case files and records pertinent to each MHC Participant;
- (5) collect and maintain statistics for MHC;
- (6) prepare a status report for MHC Participants prior to scheduled court hearings;
- (7) facilitate MHC Participants with access to services;
- (8) conduct client home visits;

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- (9) conduct case management meetings with MHC Participants;
- (10) work closely with the MHC Judge, MHC Coordinator, probation officer, other court personnel, and other social, health, education and employment service agencies to meet MHC Participants' needs;
- (11) coordinate the drug testing of MHC Participants;
- (12) prepare appropriate incentives and sanctions for each MHC Participant, for review by the MHC Judge and Team;
- (13) attend staffing and treatment team meetings with MHC stakeholders and service providers; and
- (14) attend and participate in meetings, conferences, trainings, and committees as required.

**MH 3.6. Prosecuting Counsel.**

- (a) The role of prosecuting counsel in MHC is related to, yet distinct from, the role of prosecuting counsel in the traditional criminal justice system. In MHC, prosecuting counsel is a member of the MHC Team and shall participate in the MHC program consistent with therapeutic principles.
- (b) In MHC, prosecuting counsel shall, among other things:
  - (1) file all required legal documents, such as contracts or written agreements, waivers of rights, sanction orders, and termination orders;
  - (2) participate in and enforce a consistent and formal system of sanctions in response to positive drug tests and other Participant noncompliance; and
  - (3) advise the MHC Judge regarding the MHC Participant's continued enrollment in the program based on progress and response to treatment rather than on legal aspects of the case, with the exception of additional criminal behavior.

**MH 3.7. Defense Counsel.**

- (a) The role of defense counsel in MHC is related to, yet distinct from, the role of defense counsel in the traditional criminal justice system. In MHC, defense counsel is a member of the MHC Team and shall participate in the MHC program consistent with therapeutic principles.
- (b) In MHC, defense counsel shall, among other things:
  - (1) defend and advocate for the MHC Participant's legal rights;
  - (2) advise MHC Participants as to the nature and purpose of MHC, the Rules governing participation and the consequences of failing to comply, the merits of the program, and how participation or non-participation will affect the MHC Participant's interests;

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- (3) advise clients as to any and all rights that the MHC Participant will temporarily or permanently relinquish as a condition of their Case Management Plan;
- (4) discuss with MHC Participants the long-term benefits of treatment and sobriety; and
- (5) inform the MHC Participant that they will be expected to take an active role in court sessions, including speaking directly to the MHC Judge, as opposed to doing so through their attorney.

**MH 3.8. Probation Officers.**

(a) In MHC, Probation Officers shall, among other things:

- (1) monitor MHC Participants' legal compliance with the terms of their Case Management Plans;
- (2) conduct client home visits;
- (3) conduct and supervise drug testing of MHC Participants;
- (4) attend MHC staffing and treatment team meetings with MHC stakeholders and service providers;
- (5) attend and participate in meetings, conferences, training, and committees as required;
- (6) assist marshals in the execution of warrants for MHC Participants; and
- (7) participate in community outreach.

**MH 3.9. Treatment Providers.**

- (a) Treatment Providers shall oversee the MHC Participant in the following capacity and shall report the status of the Participant to the MHC Team.
- (b) Treatment Providers shall conduct a screening and assessment interview to identify appropriate treatment and services for the MHC Participant. This shall include the monitoring of the status of medical management for medication, appointments, and recommendations for any further psychiatric or other appropriate review.
- (c) Treatment Providers may identify appropriate community resources and assist the MHC Participant in navigating any social services necessary to complete the requirements of MHC.
- (d) Treatment Providers shall conduct periodic review and evaluation of treatment in order to assess the appropriateness of treatment and necessary changes, and to report findings and recommendations to the MHC Team for consideration.

**MH 3.10. MHC Team members shall adhere to all Guam and federal laws that protect the confidentiality of medical, mental health, and substance abuse treatment records.**

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MHC shall maintain appropriate release forms that are reviewed with MHC Participants prior to sharing information outside of the MHC Team. Treatment records and information shall be stored in a file separate from the court clerk's case file.

MH 3.11. As practicable, MHC Team members should regularly seek out and attend professional training programs related to the operation of mental health courts.

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**MH 4. Screening and Assessment**

- MH 4.1. The MHC Team shall strive to ensure systematic and early engagement of the target population.
- MH 4.2. Individuals who are identified as candidates for MHC should be promptly advised about the program, including the requirements, scope, and potential benefits and effects on their court case.
- MH 4.3. MHC shall strive to enroll Participants who meet the diagnostic criteria discussed in Rule 5 and whose needs can be met by the MHC program, subject to the restrictions provided in Rule 6.
- MH 4.4. An individual will generally be admitted into MHC if they have first received the results of a forensic evaluation by a clinical psychiatrist or clinical psychologist.
- (a) A qualifying forensic evaluation may be performed by a licensed clinical psychologist employed by the Judiciary of Guam.
- (b) A qualifying forensic evaluation may be performed by an independently retained clinical psychiatrist or clinical psychologist, or other mental health professional acceptable to the court.
- MH 4.5. A criminal defendant in another Court may be referred to MHC by any Judge of the Superior Court of Guam upon a judicial finding, based on the results of a forensic evaluation, that the defendant is incompetent to be proceeded against for reasons of serious mental illness.

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**MH 5. Eligibility**

- MH 5.1. Eligibility for admission to MHC is at the discretion of the MHC Judge.
- MH 5.2. The target population for MHC is offenders diagnosed with a MHD or MHSUD, and who are assessed as moderate-to-high risk for rearrest and with moderate-to-high treatment needs.
- MH 5.3. The target population for MHC is offenders who, in accordance with 9 GCA § 7.34(a)(2), are “affected by mental illness, disease or defect” and “present[] a substantial danger to himself or the person or property of others,” but who “can be controlled adequately and given proper care, supervision and treatment if . . . released on supervision.”
- MH 5.4. Subject to the restrictions provided by Rule 6, the MHC Judge may admit an individual to MHC upon a finding that:
- (a) the individual is currently a defendant in a criminal case before the Superior Court of Guam;
  - (b) the individual suffers from a diagnosed MHD or MHSUD;
  - (c) there is a nexus between these symptoms and the individual’s criminal conduct; and
  - (d) the individual’s primary diagnosis is one that has been clinically shown to respond positively to psychotropic and/or therapeutic interventions.
- MH 5.5. There is a “nexus,” for purposes of Rule 5.4(c), if the individual’s symptoms caused or influenced the individual at the time of their criminal conduct to:
- (a) lack a substantial capacity to know or understand what they were doing;
  - (b) not know or understand that their conduct was wrongful; or
  - (c) be unable to control their actions.
- MH 5.6. A prospective Participant must demonstrate motivation to engage in and maintain services that are clinically indicated and recommended. The individual’s treatment engagement and prior compliance history may be used as evidence of amenability.

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**MH 6. Ineligibility**

- MH 6.1. Notwithstanding Rule 5.4, an individual is ineligible for MHC upon a finding that the individual poses a risk of violence to any other person in the program.
- MH 6.2. Notwithstanding Rule 5.4, an individual is ineligible for MHC if the individual has been charged with or convicted of any of the following offenses:
- (a) Aggravated Murder;
  - (b) Murder;
  - (c) Attempted Murder;
  - (d) any felony-level sex offense; or
  - (e) any offense related to the sexual exploitation of children.
- MH 6.3. Even if an individual is eligible for MHC, admission to MHC may be subject to limitation based on the availability of resources. In such circumstances, an individual's admission to MHC may be delayed or denied until sufficient resources become available.

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**MH 7. Case Management Plan**

- MH 7.1. Participation in MHC is subject to the Participant's compliance with a Case Management Plan. A failure to comply with their Case Management Plan may subject the MHC Participant to sanctions, as provided in Rule 11.
- MH 7.2. The MHC Judge shall create and impose a Case Management Plan for each MHC Participant. The MHC Judge shall ensure that each Case Management Plan is individualized, as appropriate, to each MHC Participant.
- MH 7.3. All Case Management Plans shall provide the term in which the MHC Participant shall remain in MHC before graduating. This term length is committed to the discretion of the MHC Judge; however, it should not extend beyond the maximum period of incarceration or probation a defendant could have received if convicted in the traditional criminal justice process.
- MH 7.4. All Case Management Plans shall include a requirement that the MHC Participant regularly appear for Status Hearings. The appearance frequency for each MHC Participant shall be individualized at the discretion of the MHC Judge.
- MH 7.5. All Case Management Plans shall include a requirement that the MHC Participant comply with the terms of a Treatment Plan as contemplated by Rule 8.
- MH 7.6. In crafting individualized Case Management Plans, the MHC Judge has discretion to impose certain requirements and restrictions on each MHC Participant. These may include, but are not limited to:
- (a) requirements to check-in with Probation, either in-person or by telephone, on certain days or a certain number of times per week or month;
  - (b) requirements to refrain from any further illegal conduct;
  - (c) restrictions on movement, such as house arrest or curfew;
  - (d) restrictions on consumption of alcohol or drugs, including medications not prescribed to the MHC Participant;
  - (e) restrictions on certain activities, such as firearm possession or motor vehicle operations;
  - (f) restrictions on consorting with, or communicating with, certain individuals; and
  - (g) other requirements or restrictions that are reasonably related to promoting the participant's compliance with treatment and legal obligations.
- MH 7.7. The MHC Judge shall, prior to accepting a Participant into MHC, advise the prospective Participant in open court of any such requirements or restrictions that a Case Management Plan will subject the Participant to.

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- MH 7.8. An MHC Participant must agree to the requirements and restrictions of the Case Management Plan to avail themselves of MHC. All MHC Participants shall receive a written copy of their Case Management Plan. Receipt of the Case Management Plan, and agreement to its requirements and restrictions, shall be acknowledged by the MHC Participant in writing. An executed copy of the MHC Participant's agreement to comply with the Case Management shall be placed in the Participant's court file.
- MH 7.9. After agreeing to and signing their Case Management Plan, MHC Participants are bound to comply with its restrictions and requirements. Failure to comply with the Case Management Plan may result in sanctions as provided in Rule 11.
- MH 7.10. All MHC Participants shall receive a Participant Handbook containing relevant information about the MHC Rules provided herein. Receipt of the Participant Handbook shall be acknowledged by the Participant through a signed form, and an executed copy of the form shall be placed in the Participant's court file.

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**MH 8. Treatment Plan**

- MH 8.1. Treatment for each MHC Participant shall be guided by a Treatment Plan, which shall be created by a Treatment Provider.
- MH 8.2. The components of the Treatment Plan shall be committed to the discretion of the Treatment Provider, subject to professional standards recognized by the Guam Behavioral Health and Wellness Center.
- MH 8.3. Treatment Providers shall maintain records for each MHC Participant of appointments and/or encounters and shall provide these records to the MHC Judge on request.
- MH 8.4. Treatment Providers shall maintain records of any and all medications prescribed to MHC Participants, including dosages and prescribed dosage hours, and shall provide these records to the MHC Judge on request.
- MH 8.5. Treatment Providers shall regularly update the MHC Judge on any significant changes to the MHC Participant's Treatment Plan, including the prescription of new medications or new therapeutic approaches.
- MH 8.6. Treatment Providers shall regularly update the MHC Judge on the progress of the MHC Participant, including the efficacy of treatment and the Participant's compliance with treatment.
- MH 8.7. Treatment Providers shall immediately inform the MHC Judge if there is any significant breakdown in the provider-patient relationship, including any abusive acts toward, or other mistreatment of, the Treatment Provider by the MHC Participant.

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**MH 9. Judicial Proceedings**

- MH 9.1. Judicial proceedings in MHC shall primarily take two forms: the Staffing and the Status Hearing.
- MH 9.2. Staffings shall occur prior to Status Hearings. The purpose of a Staffing is to apprise all members of the MHC Team of any developments in the MHC Participant's progress in the program. Staffings shall occur off-the-record and outside the presence of the MHC Participant.
- MH 9.3. Status Hearings shall follow Staffings. The purpose of the Status Hearing is for the MHC Judge to communicate directly with the MHC Participants on an individual basis. Status Hearings shall occur on-the-record.
- MH 9.4. At each Status Hearing, the following may be discussed:
- (a) any relevant information from Probation regarding the MHC Participant's compliance with their Case Management Plan;
  - (b) any relevant information from the Treatment Provider, or representative thereof, regarding the MHC Participant's compliance with their Treatment Plan;
  - (c) direct conversation between the MHC Judge and the MHC Participant about compliance with the Case Management Plan and Treatment Plan; and
  - (d) information regarding future Status Hearings.
- MH 9.5. Members of the MHC Team shall minimize discussion of confidential health information in an open court setting.

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**MH 10. Data Collection and Monitoring**

MH 10.1. MHC shall monitor Participant progress, success, and outcomes on a regular basis.

MH 10.2. MHC Participant data shall be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine areas of strengths and gaps to be addressed in the program.

MH 10.3. MHC shall collect data related to Participant compliance. This data may include:

- (a) the risk levels of MHC Participants, including the number of moderate- and high-risk Participants, as defined by the assessment tools used by the Probation Services Division;
- (b) drug testing failure rates;
- (c) recidivism;
- (d) units of service (e.g., number of court sessions, number of treatment sessions attended; number of case management meetings; etc.);
- (e) employment, education, and housing changes of MHC Participants;
- (f) successful completions of the program (graduations);
- (g) unsuccessful completions of the program (e.g., terminations, voluntary discharges, etc.);
- (h) referrals to treatment or recovery support services and methods of referral(s);
- (i) number of screenings, clinical assessments, and treatment received as a result of the referral(s);
- (j) number of days it takes an MHC Participant to begin receiving treatment services after a referral is made; and
- (k) all other data as may be required by MHC.

MH 10.4. MHC shall track significant changes in program policies, including the change that was made and the date the change went into effect, in order to monitor the effectiveness of those changes and to inform future changes in policy and practice.

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**MH 11. Non-Compliance**

- MH 11.1. MHC shall establish a system for addressing a Participant's non-compliance with their Case Management Plans and/or Treatment Plans, including a system for reporting a Participant's non-attendance.
- MH 11.2. MHC shall establish a system of rewards and incentives to celebrate and promote positive behavior by MHC Participants.
- MH 11.3. The system of sanctions and rewards shall be administered appropriately at the discretion of the MHC Judge.
- MH 11.4. The system of sanctions and rewards shall be organized on a gradually escalating scale and shall be applied in a consistent and appropriate manner to reflect an MHC Participant's level of compliance.
- MH 11.5. The purpose of sanctions is to ensure the MHC Participant's compliance with their Case Management Plan and Treatment Plan.
- MH 11.6. The MHC Judge may, in their discretion, choose to impose no sanction, or a lesser sanction than would otherwise be appropriate, if the MHC Judge finds that doing so would be equally or more beneficial to the MHC Participant's overall compliance with the MHC program.
- MH 11.7. Incarceration, detention, or civil commitment are permissible sanctions, but should only be considered as a last resort in serious cases of noncompliance. Where possible, MHC Participants should continue receiving treatment while incarcerated, detained, or civilly committed.
- MH 11.8. MHC shall not impose sanctions of an indefinite duration, including those sanctions involving incarceration, detention, or civil commitment.
- MH 11.9. An MHC Participant's noncompliance should result in a review of the Participant's Case Management Plan and Treatment Plan and may result in modification of those plans as needed.
- MH 11.10. A Participant's frequent or acute failures to comply with the terms of their Case Management Plan and/or Treatment Plan may support termination from MHC.
- MH 11.11. An MHC Participant may be terminated from the program and referred to the criminal docket upon the court's finding that:
- (a) the MHC Participant presents a substantial risk of danger to himself; or the person or property of others, and that this risk cannot be appropriately mitigated by the services provided by MHC; or

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- (b) the MHC Participant refuses treatment or does not comply with the Treatment Plan.

MH 11.12. If the MHC Judge determines that a Participant can no longer be assisted by MHC, but that services may still be required, the MHC Judge may initiate referrals for:

- (a) civil commitment proceedings pursuant to 10 GCA ch. 82, “Mentally Ill Persons”, or
- (b) Assisted Outpatient Treatment proceedings pursuant to 10 GCA ch. 82A, the “Baby Alexya Law.”

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**MH 12. Case Closure**

MH 12.1. An MHC Participant who successfully completes all conditions of their Case Management Plan shall be deemed a graduate of the program, and their court case shall be closed.

MH 12.2. If MHC Participant has not successfully completed all conditions of their Case Management Plan within five years of entry into MHC, the MHC Judge may:

- (a) initiate Assisted Outpatient Treatment proceedings pursuant to 10 GCA ch. 82A, if the court finds all criteria set forth in 10 GCA § 82A401 satisfied;
- (b) civilly commit the MHC Participant pursuant to 9 GCA § 7.34(a)(3), if the court finds that the MHC Participant presents a substantial risk of danger to himself or the person or property of others, and that this risk cannot be appropriately mitigated by the services provided by MHC;
- (c) dismiss the case; or
- (d) close the case.