

## Planning Steps

### Step 1: Assess the strengths and needs of the service system to address the specific populations.

#### I. Overview of the State

Guam is one of seventeen Non-Self-Governing Territories listed by the Special Committee on Decolonization of the United Nations. Located in the western North Pacific Ocean, it houses one of the most strategically important US military installations in the Pacific. Guam also serves as a critical crossroads and distribution center within Micronesia and the rest of Asia-Pacific, because of its air and sea routes. This plays a significant part in the movement of tobacco, alcohol and illicit drugs, which are suicide risk factors, into the island.

Guam is an organized, unincorporated territory of the US with policy relations under the jurisdiction of the Office of Insular Affairs, US Department of the Interior. The Governor and Lieutenant Governor are elected on the same ticket by popular vote, and serve a term of four years. The legislative branch is served by a unicameral Legislature with 15 seats; the members are elected by popular vote to serve two-year terms. Guam also elects one nonvoting delegate to the US House of Representatives to serve a two-year term. The judicial branch was recently revamped to create the Unified Judiciary of Guam, consistent with the Organic Act. Guam has the District Court of Guam (federal) and the Superior Court of Guam (local).

The 2017 total population, based on the 2010 Census projections, is 163,875. Over half (58%) are age 25 years or older. The estimated median age is 30.4 years. Males slightly outnumber females, with an overall sex ratio of 1.03; however, for those age 25 years and older, the sex ratio is 1.0. Data on sexual orientation is not available. Guam's population pyramid demonstrates a wide base with a middle bump. Two groups--- (1) infants and children, and (2) adults 25-54 years old--form a significant proportion of the overall population.

Guam's population is multi-ethnic/multi-racial. Chamorros comprise the largest ethnic group, accounting for 37.2% of the total population. Filipinos make up 26.3%, Whites make up 6.8% and other Pacific Islanders comprise 11.5%. The ethnic/racial composition of Guam's population has been shifting over time. The proportion of the population comprised of Chamorros declined from 44.6% in 1980, to 37.2% in 2017. On the other hand, Filipinos comprised only 21.2% of the population in 1980 but currently make up 26.3% of the island's people. The ethnic group with the fastest rate of increase is the Chuukese population; from only 0.1% in 1980, Chuukese currently make up 7% of the population, a 70-fold increase.

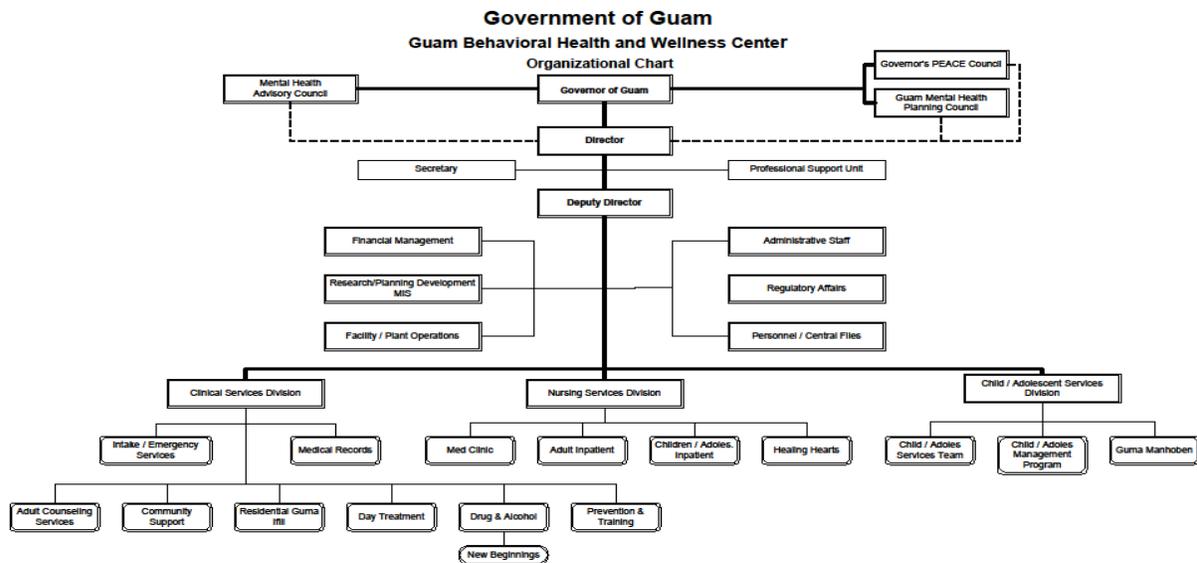
The ethnic diversity is reflected in the languages spoken at home. Twenty percent of the population (over 5 years) speaks a language as frequently as English at home, another 21% speak a language more frequently than English, and 0.5% speaks no English at all. This has a significant implication for effective service delivery, highlighting the need for culturally competent communications and services for close to half of the island's population.

Literacy rate is at 99%. Of those age 25 years and older, 33.8% have graduated from high school, and 15.1% have a Bachelor's degree. Only 7.8% of the population have completed less than 9<sup>th</sup> grade.

As of December 2014, there were 74,870 people in the civilian labor force, of whom 69,110 were employed. About 8% were unemployed, as compared to 11% in 2012. In 2015, the GDP was estimated at \$5.7 billion, with a per capita GDP estimated at \$30,500. Twenty-three percent of Guam's people have incomes below the poverty level. Households headed by a single female appear to be closely associated with impoverishment; 38% of the impoverished live in households headed by females, with no husband present. Ethnicity also appears to be associated with income and the risk of impoverishment. Whites, Chamorros, Filipinos and other Asians have higher median incomes than other Pacific islanders. Of the Pacific Island groups, Chuukese have the lowest incomes. Chuukese and other Micronesians are over-represented as recipients of aid; Chuukese filed 51.8% of Medicaid and Medically Indigent Program (MIP) claims in 2014. Over half of Guam's homeless are other Micronesians, predominantly Chuukese, who comprise 38.2% of the homeless.

Guam's economy relies heavily upon military spending and tourism. There were over 1.33 million tourist arrivals in 2014, a slight increase from the previous year. Japan remains Guam's major tourist market, accounting for 61% of visitors. Korea accounts for 23% of the market. The US Military continues to play a significant role in Guam, and recent negotiations for the planned military build-up continue. As of 2014, active military and family members comprised 7.9% of Guam's total population, and veterans make up an additional 7.9%. Currently, the economy is expanding in both its tourism and military sectors. The transfer of the military base on Okinawa to Guam will continue to drive the expansion of the military sector

## II. Overview of State Behavioral Health System



### a. Organization of Guam Public Behavioral Health System

The Guam Behavioral Health and Wellness Center (GBHWC) is a CARF accredited organization, most recently receiving a Three-Year Accreditation in June 2017. An organization receiving a Three-Year Accreditation has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visits its commitment to offering programs and services that are measurable, accountable, and of the highest quality.

The recent CARF survey stated, “GBHWC’s leadership demonstrate a strong commitment to providing quality, culturally responsive, evidence-based treatment to the varied and culturally rich population served. This is the organization’s first attempt to seek CARF accreditation. GBHWC and its leadership have been preparing for this for the past two years, and have made great strides in understanding and meeting the standards.

The three year accreditation includes the following programs:

- Mental Health Outpatient
- **Substance Use Outpatient (Drug and Alcohol Branch)**
- Crisis Stabilization (Inpatient)
- Crisis Intervention (Healing Hearts)
- Residential
- **Prevention (Prevention and Training Branch)**

Survey results provided by the CARF Accreditation’s team of surveyors reported that the Guam Behavioral Health and Wellness Center has strengths in many areas:

- GBHWC’s leadership demonstrates strong commitment to providing quality, culturally sensitive, and evidence-based treatment.
- Leadership has made great efforts to improve processes in service delivery, address gaps in services, improve outcomes, and promote community integration throughout the programs.
- Strong positive partnerships with various community stakeholders.
- Website is easy to navigate and includes helpful materials for education about mental health and substance use for the people of Guam.
- Consumers with substance abuse issues receive evidence-based treatment at New Beginnings. Addiction credentialed staff members, assisted by peer counselors, offer continuum of services, including brief interventions, the Driving with Care program for court-referred consumers, and the Matrix Model structured treatment programs. The program helped consumers improve the quality of life and achieve sobriety.
- Provides excellent peer support services and empower consumers throughout the organization, providing outreach, advocacy, and supportive services reaching to communities to address and reduce stigma and enhance access to services.
- The Residential Recovery program provides residential services to greater than 20 individuals that need the care and security of the program. Also, the program developed methods that generate funds for the day-to-day activities and supplies.
- The Prevention and Training Branch served 2,563 individuals for direct services who were trained or participated in prevention programs that provides technical assistance, training and resources to communities throughout Guam. Prevention programs that are data driven, evidence-based initiatives promote health and wellness related to suicide prevention, alcohol, drug and tobacco problems, and behavioral health issues. Services are provided to special populations such as youth, young adults, LGBTQ, and those of Micronesian decent.

GBHWC serves as the single state agency for public mental health services and public substance abuse prevention and treatment services for the U.S. Territory of Guam (Public Law 17-21).

GBHWC is a line agency of the Government of Guam. GBHWC is headed by the Director and Deputy Director is appointed by the Governor and sits on the Governor's cabinet. GBHWC's existence and roles are defined in GCA 10, Chapter 86. It is the role of the Director's Office at GBHWC to execute the roles of the department for the betterment of Guam, its people, and community.

GBHWC has three major divisions: Clinical Services Division (CSD), Child & Adolescent Services Division (CASD), and the Nursing Services Division (NSD).

The core mission of the Clinical Services Division (CSD) is to provide behavioral health services to the people of Guam. In addition, the federal amended permanent injunction focuses primarily on the tremendous need for the provision of such services. It is the primary goal of the Clinical Services Division to increase the number of consumers served, implement new programming, and train those employed to render said services and to be in compliance with the amended permanent injunction. The Clinical Services Division is comprised of seven (7) services which include: Adult Counseling Services Branch, Crisis Hotline Services, Medical Records Services, Drug and Alcohol Services Branch (New Beginnings), Prevention and Training Branch (Prevention and Early Intervention Advisory Committee Empowerment PEACE), Day Treatment Services, and Residential Services. Most adult services are under CSD and direct care staff are assigned to Interdisciplinary Teams that comprise of social workers, counselors, community program aides, psychiatric technician, psychiatrists, and psychologists.

GBHWC is responsible to provide mental health services for clients suffering mental disorders, emotional disturbances, behavioral problems, and familial dysfunction, and drug and alcohol use disorders.

The Drug and Alcohol Branch provides direct services including American Society of Addiction Medicine (ASAM) level 0.5 Brief Intervention/Education, level I Outpatient, and level II Intensive Outpatient and Level 0.7 aftercare program. The Branch also contracts with non-profit providers for ASAM level I Outpatient, II Intensive Outpatient, III.2-D Social Detoxification, and III.5 Residential for adult males and females, as well as adolescents. The Drug & Alcohol also started the Peer Support Program and the Recovery Oriented Systems of Care program with works with individuals in the criminal justice setting.

The Department, under Executive Order No. 2008-25 became the primary agency to manage the Level of Care and Guam Bethesda programs which were transferred from the Department of Integrated Services for Individuals with Disabilities. It also operates an acute psychiatric inpatient facility, provides emergency consultations to related agencies and clinics, offers a 24-hour telephone crisis intervention to all island residents, and provides educational training for mental health and drug prevention and substance abuse programs.

**GBHWC Vision** – Healthy Island Community.

**GBHWC Mission** – To provide culturally respectful behavioral health services that support and strengthen the wellbeing of persons served, their families, and the community.

GBHWC's **vision** is "We envision an island community that is empowered to choose healthier lifestyle." "That more Caring Communities will be visible throughout the island promoting positive mental health and healthy lifestyle through prevention and education strategies and; that the practice of ensuring delivery of mandated mental health services reflects collaborative engagement and a Standard of Excellence".

The **Governor's Prevention Education and Community Empowerment (PEACE) Council** is tasked to advise the Governor on national and local level programs, policies and practices dealing with mental health promotion and substance abuse prevention.

The **Mental Health Advisory Council** has a statutory requirement to review and approve the plans and programs of GBHWC to include the annual budget and GBHWC's 3-year plan. Just within the past year, four Advisory Council members were appointed and confirmed by the legislature and are meeting to perform their duties.

The **Mental Health Planning Council** has a statutory requirement through a federal statute to conduct mental health planning as a condition for receiving federal mental health block grant. More recently the territory is required to develop a behavioral health planning council that includes representative from the substance abuse and prevention communities. The Mental Health Planning Council Chairperson has a standing agenda in the Mental Health Advisory Council monthly meeting.

### **b. Guam Demographic Overview**

According to the 2010 United States Census, Guam had a population of 159,358, representing an increase of 2.9 percent from the population of 154,805 reported in the 2000 Census. Approximately 34.9% is between 0-14 years of age, 59.09% is between 15-64 years of age, while 6.01% is 65 years and older. Males slightly outnumber females, with a sex ratio of 1.1 males/female. Guam's population is multi-ethnic/multi-racial. Chamorros remain the largest ethnic group, making up 37.3% of the island's population, and representing a 3.6% increase since 2000. Filipinos are the second largest group, comprising 26.3% of the total. The Yapese and Chuukese had the fastest rate of growth---the Yapese population grew by 84.1%, from 686 in 2000 to 1,263 in 2010, while the number of Chuukese grew by 80.3%, from 6,229 in 2000 to 11,230 in 2010. Majority of Guam residents identify themselves as being of one ethnic origin or race, representing an increase of 8.4% since 2000. There were 14,929 persons who chose 2 or more ethnic or racial origins, a decrease of 30.7% since 2000 (Table 2).

**Table 2. Ethnic composition of Guam population, 2010 and 2000**

<b>ETHNICITY</b>	<b>2010</b>	<b>2000*</b>
<b>One Ethnic Origin or Race:</b>	144,429	133,252
<b>Native Hawaiian and Other Pacific Islander:</b>	78,582	69,039
<b>    Carolinian</b>	242	123
<b>    Chamorro</b>	59,381	57,297
<b>    Chuukese</b>	11,230	6,229
<b>    Kosraean</b>	425	292
<b>    Marshallese</b>	315	257
<b>    Palauan</b>	2,563	2,141
<b>    Pohnpeian</b>	2,248	1,366

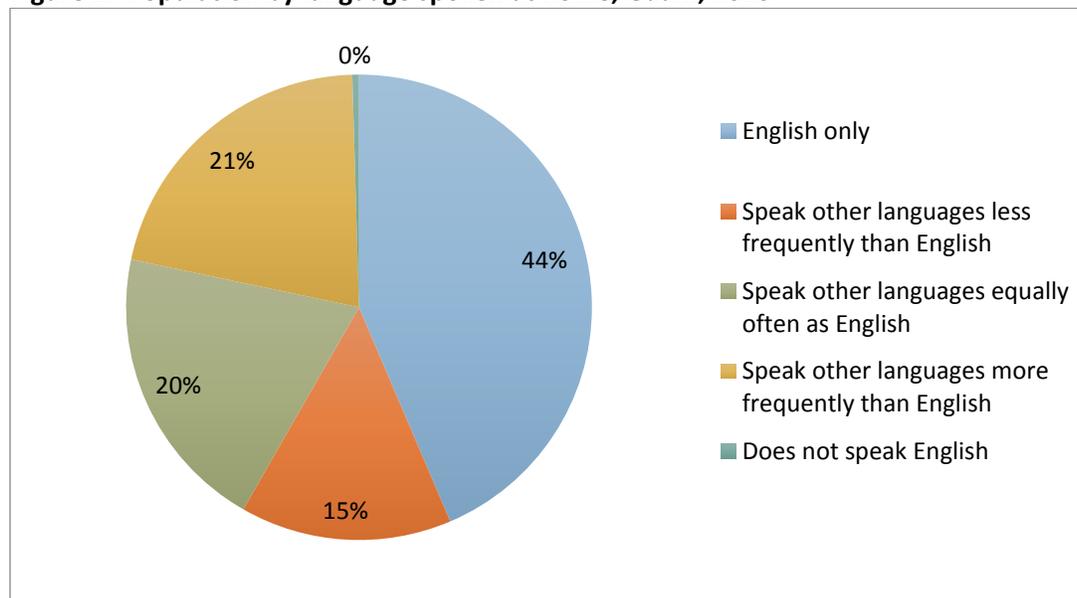
<b>Yapese</b>	1,263	686
<b>Other Native Hawaiian and Other Pacific Islander</b>	915	648
<b>Asian:</b>	51,381	50,329
<b>Chinese (except Taiwanese)</b>	2,368	2,707
<b>Filipino</b>	41,944	40,729
<b>Japanese</b>	2,368	2,086
<b>Korean</b>	3,437	3,816
<b>Taiwanese</b>	249	991
<b>Vietnamese</b>	337	10,509
<b>Other Asian</b>	678	1,568
<b>Black or African American</b>	1,540	1,807
<b>Hispanic or Latino</b>	1,201	69,039
<b>White</b>	11,321	123
<b>Other Ethnic Origin or Race</b>	404	57,297
<b>Two or More Ethnic Origins or Races</b>	14,929	21,553
<b>Native Hawaiian and Other Pacific Islander and other groups</b>	11,656	
<b>Chamorro and other groups</b>	9,717	7,946
<b>Asian and other groups</b>	8,574	10,853
<b>Total:</b>	159,358	154,805

Source: US Census Bureau, 2010 Census for Guam as reported by the Bureau of Statistics and Plans, 2012

\*Source: US Census Bureau, 2000 Census for Guam as reported by the Bureau of Statistics and Plans, 2005

The ethnic diversity is reflected in the languages spoken at home. Twenty percent of the population over 5 years of age speak a language as frequently as English at home, another 21% speak a language more frequently than English, and 0.5% speak no English at all. This has a significant implication for effective service delivery, highlighting the need for culturally competent communications and services for close to half of the island's population (Figure 1).

**Figure 1. Population by language spoken at home, Guam, 2010**



Source: 2010 Census for Guam as reported by the Bureau of Statistics and Plans, 2012

### **c. Organizational Structure of the Service Delivery System:**

With the passage of Public Law 17-21, the Guam Behavioral Health and Wellness Center (formerly the Department of Mental Health and Substance Abuse) was created to:

- Provide comprehensive mental health, alcohol and drug programs and services for the people of Guam;
- To continually strive to improve, enhance, and promote the physical and mental well-being of the people of Guam who experience the life-disrupting effects of mental illness, alcoholism and drug abuse or are at risk to suffer those effects and who need such assistance. To provide such assistance in an efficient and effective manner in order to minimize community disruption and strengthen the quality of personal, family and community life;
- To encourage the development of privately-funded community-based programs for mental health, drug and alcohol abuse, in particular those programs that employ qualified local residents;
- As those services become developed and/or available in the Territory, the Government of Guam may gradually phase out of such operations.

With over 203 staff, GBHWC has grown to meet the needs of the people of Guam. GBHWC has its main facility located across the Guam Memorial Hospital, as well as satellite offices in the J&G Commercial Center in Hagatna comprised of Child-Adolescent Services, Drug and Alcohol Treatment, and the Prevention and Training Branch, and an adult mental health transitional residential service in Asan. In addition, privatized services are located in Mangilao (adult mental health permanent supportive residential service); Tamuning (child mental health residential and outpatient services; drop-in services; supported employment; consumer enrichment center); and outsourced drug and alcohol services provided by Sanctuary, OASIS and The Salvation Army. Furthermore, recently providing SBIRT in a primary care setting, particularly the Northern Public Health Center in the village of Dededo, the most populated village on the island.

The Guam Behavioral Health and Wellness Center (GBHWC), hereby submit its FY 2018-2019 SABG Behavioral Health Assessment and Plan grant application to SAMHSA for the Substance Abuse Prevention and Treatment (SAPT) Block Grant. FY 2017 SAPT Block Grant allocations for the Territory of Guam are approximately \$1,014,336. The receipt of this grant will significantly contribute to GBHWC's ongoing commitment to provide quality prevention and treatment to those Guam citizens in need of substance abuse treatment and mental health services.

The SAPT Block Grant will be an important driver, funding mechanism, and tool to assist Guam and GBHWC in moving us toward an integrated Behavioral Health System of Care. GBHWC will use Block Grant funds to initiate the plan for change. We will continue to address existing Block Grant requirements while working to create the system change that will be necessary as Health Reform approaches. Specifically, our plan will address SAMHSA-required areas of focus, including:

- Comprehensive community-based services for persons with or at risk of substance use and/or mental health disorders (priority focus on intravenous drug users, and those pregnant and parenting persons with substance use and/or mental disorders);

- Services for persons with tuberculosis and persons with or at risk of HIV/AIDS who are in treatment for substance abuse.
- Workforce Development issues such as increasing the number of certified drug and alcohol counselors, prevention specialists, and peer specialists through pre-employment skills training and programs while continuing training and education for those employed under programs funded by the SAPT Block Grant.

In addition to these required populations, Guam's plan will address services for the following populations:

- Children, youth, adolescents, and youth-in-transition with or at risk for substance abuse and/or mental health problem;
- Those with a substance use and/or mental health problem who are:
  - Homeless or inappropriately housed;
  - Pregnant women with children;
  - Involved with the criminal justice system;
  - Military service members, veterans, or military family members; and/or
- Those members of traditionally underserved populations, including:
  - Racial/ethnic minorities, particularly the Chuukese population;
  - GLBTQ populations;
  - Persons with disabilities
- Primary prevention services for kids and families who do not require treatment.

**SUBSTANCE ABUSE TREATMENT: Drug and Alcohol Branch (D&A) – New Beginnings**

The Drug and Alcohol Branch, under the umbrella of the Department's Division of Clinical Services will continue in FY 2017 and FY 2018 to comply with its mandate to provide comprehensive inpatient (residential) and outpatient substance treatment services for the entire Territory of Guam, considering that it's a small island with a small population. The Branch adopted the American Society of Addiction Medicine (ASAM) Criteria, 3rd Revision to define its substance treatment levels of care.

GBHWC's D&A Branch will continue to provide ambulatory services including ASAM Level 0.5 Education/Brief Intervention, Level 0.7 Recovery Support Services, Level I Outpatient, and Level II Intensive Outpatient. ASAM Level III.7 semi-medically managed for co-occurring disorder clients is being planned with implementation in FY 2018. Clients with no DSM diagnosis but have a substance episode will receive education/brief intervention services and clients with a substance related disorder or with co-occurring disorders will receive Outpatient or Intensive Outpatient services. The Branch will continue to utilize evidenced-based models and practices in all of its levels of care. These include the Matrix Model, Driving With Care Model, Dual Diagnosis Recovery Counseling (DDRC), Dialectic Behavioral Therapy (DBT) Motivational Interviewing, and Recovery Oriented Systems of Care (ROSC). Cultural adaptations with these models are ongoing as the process continues to translate materials to other island languages and aligned them into the context of the various ethnic populations being served.

GBHWC's D&A Branch will also continue to contract and partner with non-profit community-based organizations to provide the following substance treatment levels of care. These include ASAM Level I Outpatient, Level II Intensive Outpatient, Level III.2-D Social Detoxification Services, and Level III.5 Short and Long Term Residential Services. The contracts will require the use of evidenced-based models, particularly the Matrix Model and Driving With Care Model (DWC). All potential non-profit organizations have been trained in Matrix Model and Driving With Care. The Drug and Alcohol Branch has been a certified Matrix Facility since August 2013. The Branch will continue its role to monitor awarded non-profit contractors to perform the levels of care at optimal level and the implementation of Matrix and DWC at fidelity level. The Branch will also support the contractors by identifying essential trainings that will enhance their abilities to better perform the scope of services as outlined in contracts.

In addition, the Branch will continue to Chair the "Community Substance Abuse Planning Development" (CSAPD) Group established in 2005 by the Territory's GBHWC Director. This group is comprised of the SSA, non-profit and profit treatment providers, and other private practitioners. GBHWC chairs the group which meets on a monthly basis. The role of CSAPD is to strengthen collaboration among providers and lead in the planning and development of substance abuse treatment infrastructure and processes for establishing territory-wide, data-driven treatment priorities. Some areas of focus include improving access to treatment, identifying pertinent data to collect, and addressing workforce development issues and training. CSAPD group's top priority is developing a substance treatment benefits package for reimbursable services under the Medicaid Territory Plan. There is clear intention to propose for amendments in the Guam Medicaid Plan to include evidenced-based substance treatment models to become reimbursable services. In addition, the CSAPD is also discussing career ladder for substance abuse treatment counselors and peer specialists or peer recovery coaches. This is to encourage the individuals who have completed treatment and are interested in seeking a career in field of Substance Use treatment.

GBHWC providing direct evidenced-based ambulatory substance treatment services, contracting and monitoring residential and outpatient services with non-profit organizations, and leading the CSAPD group will only continue to provide a seamless and efficient continuum of care for the Territory that results in consumers receiving effective treatment and achieving quality of life for themselves and their families.

### **SUBSTANCE ABUSE PREVENTION: Prevention and Training Branch**

The Guam Behavioral Health and Wellness Center (GBHWC) is Guam's single state agency for alcohol and substance abuse prevention and treatment and mental health promotion. GBHWC's Prevention and Training Branch is direct responsible for preventive services, works to promote overall health and wellness through the public health model, recognizing that prevention is a lifelong process that requires multi-sectoral partnerships with a broad base of community stakeholders for effective implementation.

The Branch under the Clinical Services Division oversees and administers the prevention set-aside funds for the SAPT block grant as well as the implementation of the Synar amendment. The Branch continuously develop for mental health and substance abuse prevention and treatment services that will be strategically aligned and guided with the SAMHSA's Strategic Prevention

Framework (SPF) and its five steps comprised of 1) conducting need assessment, 2) mobilization and capacity building, 3) planning, 4) implementing evidenced based strategies, and 5) monitoring and evaluation. Prevention is an on-going, lifelong process aimed at promoting healthier lifestyles by reducing the demand for alcohol, tobacco and other drugs in our community through education.

The **Branch's vision**...is an island community empowered and committed to making informed decisions towards a healthier (mental, physical, spiritual) future for ourselves and other on Guam.

The **Branch's mission** is to establish and implement culturally appropriate and sustainable prevention and early intervention policies, programs, and practices that are responsive to the needs of the people of Guam and that are proven to effect positive behavioral health changes. Strategies to be used to accomplish this mission include:

- Using SAMHSA'S Strategic Prevention Framework, a 5-step planning process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The effectiveness of this process begins with a clear understanding of community needs and depends on the involvement of community members in all stages of the planning process;
- Raise awareness about the effects of alcohol, tobacco, and other drug abuse on Guam;
- Prevent/reduce alcohol, tobacco and other drug use, including underage drinking;
- Promote alcohol-free, tobacco-free and other drug-free lifestyles;
- Reduce the harmful outcomes associated with alcohol, tobacco and other drug use;
- Build Guam's capacity and infrastructure for establishing and sustaining evidence based substance abuse prevention and early intervention programs that are effective.

GBHWC serves diverse ethnic and cultural groups from the region, inclusive of the Asian Pacific region and surrounding Micronesian Islands. Those from the Micronesian Islands often come with limited resources and have difficulty assimilating into the local community's way of life and legal expectations. This is the population that is often over represented in the juvenile justice system and in other governmental systems (i.e. law enforcement, correctional, and public assistance systems).

Health disparities and health equity has been actively undertaken by GBHWC the past couple of years to ensure that Guam's prevention system addresses the needs of the various racial and ethnic minorities on the island. One way to address this need is the creation of a coalition known as Culture and Language Access Service Partners (CLASP) made up of many government and non-government agencies. GBHWC is a member of CLASP and is partnering with other agencies including the Guam Community College in organizing trainings for interpreters to be trained in behavioral health matters so that they could provide interpretation and translation services. Additionally, government personnel are required to attend the CLAS training sponsored by the Office of Minority Health of the Department of Public Health and Social Services. The efforts and activities initiated by CLASP is still evolving and much work remains to be done.

Sexual gender minorities is another growing population with our young people and in order to address their needs, GBHWC has formed a strong collaboration and partnership with Guam's

Alternative Lifestyle Association (GALA). GALA works closely with Guam's LGBTQ populations in providing much needed services inclusive of substance abuse prevention activities and other social services support. GALA is represented as a member of the Governor's PEACE Advisory Council and the State Epidemiological Outcomes Workgroup (SEOW). GALA is also a recipient of CSAP's Coaching for Success and is a PFS Partner. GALA's members have also taken part in many of our Prevention and Training Branch's training and technical assistance activities related to substance abuse and suicide prevention and mental health promotion.

GBHWC serves as the single state agency authority for mental health and substance abuse prevention and treatment services for the Government of Guam. In line with this public policy, GBHWC encourages the development of public-private partnerships and collaboration in the development of school-based/community-based programs for mental health and substance abuse prevention and early intervention services. However, GBHWC continues to provide direct prevention services to Guam's community.

GBHWC's Prevention and Training staff has taken the lead and continues to set substance abuse and suicide prevention and early intervention as a priority for which services throughout Guam's community is provided. Over the past 21 years, and more recently through GBHWC's receipt of SAMHSA's Partnership for Success (PFS) Grant and the Garrett Lee Smith Memorial Grant funds, educational and training programs utilizing evidence-based curricula in prevention and early intervention have been implemented with youth and family serving agencies in the public and private sector, as well as with community-based organizations, parent and youth groups.

The Branch staffs are Certified Prevention Specialists, and certified as trainers, consulting trainers and/or master-level trainers in evidence-based prevention programs: Substance Abuse Prevention Skills Training, Applied Suicide Intervention Skills Training (ASIST), safeTALK for suicide prevention, Connect Suicide Postvention, Suicide Prevention Toolkit for Primary Care providers, Gathering of Native Americans (GONA), and Brief Tobacco Cessation Interventions. Over the years, Prevention & Training Branch staff expanded its pool of prevention trainers to certify trainers in other GBHWC divisions and their sub-grantees/service providers/consumers, the Department of Public Health and Social Services, the Guam Memorial Hospital, the Department of Education, the Guam Police Department, the University of Guam, the Guam Community College, the Guam National Guard, the Department of Youth Affairs, PEACE PFS Sub-recipients and the community at large. Multi-agency workforce development resources build capacity for prevention, early intervention and referrals for treatment services, as well as capacity for data management/analysis and evaluation efforts. Currently, these T/TA providers serve as technical resources for Guam and other US-affiliated Pacific Islands.

The GBHWC's Prevention and Training Branch applied for and received a SAMHSA's Partnerships for Success (PFS) grant for PEACE issued on September 13, 2013. This funding will be used to support the implementation of Guam's State Prevention Enhancement (SPE) Comprehensive Strategic Plan (FY2014-2018) in partnership with PEACE sub-recipients, the Non-Communicable Disease Consortium, the Governor's PEACE Advisory Council, and Guam's State Epidemiological Outcomes Workgroup (SEOW). The Guam's State Prevention Enhancement (SPE) Comprehensive Strategic Plan for PEACE addresses SAMHSA's Strategic Initiatives in the prevention of substance abuse and mental illness – with a goal to create

prevention prepared communities where individuals, families, schools, workplaces and communities take action to promote emotional health and prevent and reduce mental illness, substance abuse including tobacco and alcohol, and suicide across the lifespan.

The Branch carries out sub-state area prevention planning to determine which populations have the highest incidence and prevalence of substance abuse and related consequences, or who are at greater risk of suicide. These entities for which planning and decision-making processes occur involve representatives on the Governor's appointed PEACE Advisory Council for prevention and early-intervention, and the Community Substance Abuse Planning Development (CSAPD) Group for treatment services.

Guam's strategic planning efforts will be data-driven and will reflect an integration of SAMHSA's Strategic Initiatives in the prevention, early intervention and treatment of substance abuse and mental illness – with a goal to create prevention prepared communities where individuals, families, schools, workplaces and communities take action to promote emotional health and prevent and reduce mental illnesses, substance abuse including tobacco, and suicide across the lifespan. Efforts will be made to build Guam's capacity and workforce that results in strengthening data collection, analysis and reporting systems. Decision-making processes will reflect informed policy development and funding strategies. These efforts include facilitating access to relevant data by service providers and other consumer advocates; thus improving the quality and outcomes of behavioral health care across primary care, specialty care and social service sectors.

Primary prevention, early intervention and treatment program goals and objectives fall within the realm of: A) Data Infrastructure, B) Workforce Development, C) Evidence-Based Interventions and C) Collaboration and Partnerships with a focus on establishing data-driven priorities and targeted interventions that are culturally relevant, appropriate and sustainable. Programs and services will be re-aligned and prioritized to ensure that current efforts are enhanced and expanded into preventing mental illness and promoting positive mental health as it relates to substance abuse. SAMHSA's initiatives will be considered for which local programs, policies and practices will be developed and as determined by Guam's documented needs and community readiness.

A state-level Governor appointed Advisory Council for PEACE Strategic Prevention Framework Partnerships for Success was established to guide and support the work of strategic prevention program planning and implementation, to include the use of substance abuse and mental health data in decision-making processes. PEACE Council members represent the behavioral health, public health and education-related programs and services, the Executive, Legislative and Judicial branches of the Government of Guam, the military and business sectors, special populations – GLBTQ organization, faith-based and community-based organizations including parent/youth-serving organizations.

### **Suicide Prevention Programs**

GBHWC's Prevention and Training Branch grant for Garrett Lee Smith Memorial Act (GLSMA) Youth Suicide Prevention with no cost ended in 07/31/2016. To continue the implementation of Guam's *Focus on Life - Territorial Plan for Suicide Prevention, Early Intervention, and Postvention*, the Guam's Legislature appropriated funds for FY2017 to

support the state's plan to prevent further suicides and attempts. Currently, GBHWC partnered with the Guam US Military, Department of Education, Department of Public Health and Social Services, Survivors of Suicide, University of Guam, Youth for Youth Live! Guam, Judicial Court System, Treatment providers, and other non-profits organizations.

### **Tobacco and Alcohol Prevention Control (Underage Drinking), and Synar**

GBHWC's Prevention and Training Branch is also responsible for ensuring the completion of random, unannounced inspections of any business licensed to sell or distribute tobacco products and to ensure compliance with laws limiting access to tobacco products to any individual under the age of 18.

In March 2017, Guam's law raised the legal age to use or purchase tobacco products from 18 to 21 starting Jan. 1, 2018. Guam's youth smoking rate is the highest in the nation. Smoking rates on Guam have declined in recent years to 27.4 percent, but still remain higher than the national average of 17.5 percent.

In addition, the Branch staff serves as key members of the Guam Non-Communicable Disease Consortium led by the Guam Department of Public Health and Social Services. In particular, P&T Branch staff co-lead in NCD Sub-Committees for addressing underage drinking prevention, reducing alcohol abuse among adults, preventing tobacco use among youth and adults, and providing tobacco cessation services for those who desire to quit smoking and/or chewing tobacco. GBHWC provided input to the development of the latest NCD Plan for Guam and a commitment to sustain partnerships given the correlation between NCDs and substance use and abuse. (*please see **Attachment** Guam NCD Strategic Action Plan 2014-2018 for Alcohol Prevention and Control; **Attachment** - Guam NCD Strategic Action Plan 2014-2018 for Tobacco Prevention and Control*).

The Branch also administers the Food and Drug Administration (FDA)'s Tobacco Control Enforcement Program. This program conducts un-announced inspections of retail outlets for compliance with no sale of products to minors, requiring presentation of photo identification, and advertising and labeling restrictions of tobacco products.

### **Transformation Transfer Initiative (TTI)**

Since 2014 and to the present, the Guam Behavioral Health and Wellness Center is in receipt of a Transformation Transfer Initiative grant award. This important project is an opportunity to increase efforts in transforming state behavioral health delivery system to be more consumer and family driven and to break down the silos of state government that impede recovery and resiliency.

Prevention services are provided island-wide to individuals of all ages and their families.

Examples of prevention services targeted toward adults are as follows:

- Applied Suicide Intervention Skills Training workshop
- SafeTALK suicide prevention training;
- Connect Suicide Postvention training
- Lifelines by Hazelden
- Mental Health First Aid

- Suicide Prevention and Intervention Training
- Substance Abuse Prevention Specialist Training (SAPST)
- Substance Abuse Prevention Specialist Training (SAPST) Training of Trainers
- Substance Abuse Awareness (Drug-Free Workplace) Training for Supervisor
- Substance Abuse Awareness (Drug-Free Workplace) Training for Employees
- Unannounced Tobacco Compliance Inspection (Synar) for Adult Inspectors
- Basic Tobacco Intervention Skills Certification Program – Basic Training
- Empowering Families to be Alcohol-Free
- First Aid & CPR
- Anger Management Training
- Stress Management Training
- Gathering of Native American (GONA) Curriculum

Examples of prevention services targeted towards children and youth are as follows:

- Youth for Youth Live! Guam Organization is a year-round positive prevention alternative designed to involve the youth in developing, implementing, and evaluating drug prevention programs for themselves. It is a comprehensive year-round program which includes drug education, personal growth, decision making, and positive peer support for being drug free. Youth for Youth members empower their peers with knowledge and skills to promote healthy, drug-free lifestyles.
- Annual YFY Conference - is a youth-centered, youth-driven, community-based prevention program and is comprised of 11-17 year-old youth who desire true friendships, a sense of belonging and responsibility, respect and support from adults, and opportunities to have fun with peers;
- Annual Youth Summer Swim and Water Safety Program (200+ ages 5-17 for 6-weeks) – participants learned about swimming, water safety, team building, communication skills, leadership skills, substance abuse prevention, healthy choices, and so much more.
- Unannounced Tobacco Compliance Inspection (Synar) for Youth Inspectors
- Positive Action - EBP
- Leadership and Life Skills Training
- Youth Advocacy – helping to push policies that prevent underage drinking
- Empowering Families to be Alcohol-Free
- SafeTALK suicide prevention trainings to youth
- First Aid & CPR

Strengths and needs of the state's primary substance abuse prevention systems:

**Identified strengths:**

- In 2016, 2,563 individuals were directly trained and/or participated in training programs provided by the staff of the Prevention and Training Branch. Training programs events in Suicide Prevention, Substance Use, Underage Drinking Prevention, Tobacco Use, Youth Engagement and Behavioral Health Promotion, provided by the Prevention and Training Branch staff.
- GBHWC's Prevention and Training Branch is continuously working collaboratively among all of its services and programs, adhering to CARF accreditation standards.
- The Branch uses SAMHSA's Strategic Prevention Framework, a 5-step planning process to guide the selection, implementation, and evaluation of effective, culturally appropriate,

and sustainable prevention activities. The effectiveness of this process begins with a clear understanding of the community's needs and engages the involvement of community members in all stages of the planning process;

- Long-standing relationship and collaboration with Youth for Youth Live! Guam Organization, a year-round positive prevention alternative designed to involve the youth in developing, implementing, and evaluating drug prevention programs for themselves. It is a comprehensive year-round program which includes drug education, personal growth, decision making, and positive peer support for being drug free. Youth for Youth members empower their peers with knowledge and skills to promote healthy, drug-free lifestyles.
- Creation of a coalition known as Culture and Language Access Service Partners (CLASP) made up of many government and non-government agencies. GBHWC is a member of CLASP and is partnering with other agencies including the Guam Community College in organizing trainings for interpreters to be trained in behavioral health matters so that they could provide interpretation and translation services;
- Government of Guam personnel are required to attend the CLAS training sponsored by the Office of Minority Health of the Guam Department Public Health and Social Services;
- Establishment of the Pacific Substance Abuse and Mental Health Certification Board (PSAMHC), under the auspices of the Pacific Behavioral Health Collaborating Council (PBHCC), is a nonprofit regional organization whose purpose is to set and maintain professional certification standards for those practitioners within the substance abuse and mental health field. This serves the profession by defining the practitioner's qualifications at the international level and it provides the individual with a credential that certifies their professional competence. PBHCC has sole jurisdiction over the Certification Board for certifying addiction counselors, co-occurring disorder counselors and substance abuse prevention specialists in the Pacific Region representing six Pacific Jurisdictions: American Samoa, the Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands and the Republic of Palau. PBHCC/PSAMHCB is a member board of the International Certification & Reciprocity Consortium- the international body whose function is to provide reciprocity with other member boards and to set appropriate standards. PSAMHCB currently provides certification for the following reciprocal credentials:
  - *Alcohol, Tobacco, & Other Drug Abuse (AODA) Prevention Specialist*
  - *Alcohol, Tobacco, & Other Drug Abuse (AODA) Counselor*
  - *Co-occurring Disorder Professionals & Co-occurring Disorder Professional Diplomate (CCDP)*
  - *Certified Substance Abuse Counselors (CSAC)*
  - *Certified Prevention Specialist (CPS)*
- Maintain annual updates of the Guam Substance Abuse Epidemiological Profile. The Profile is comprehensive and describes Guam's substance abuse consumption and consequence patterns. More recently, the Profile has included a description of suicide on Guam.
- Data for Decision-Making (DDM) accredited training course for the Pacific - The purpose of this training is to build core public health functions in Pacific Island countries

and territories for the long-term improvement of the effectiveness of health services. The course is designed for health professionals who work with health information to include the collection, entry, analysis, and use of data. Two of Guam's participants come from the Guam Behavioral Health and Wellness Center. These two individuals as well as a third participant from Guam Department of Public Health and Social Services serve on Guam's State Epidemiological Outcomes Workgroup (SEOW).

**Identified Needs:**

- Linkage between primary care and behavioral health.
- Hotline and Suicide Intervention Crisis services.
- Creation of a coalition known as Culture and Language Access Service Partners (CLASP) The CLASP program is still evolving and much work remains to be done.
- Grants Management issues and topics inclusive of the Super Circular and the Government of Guam's continued bureaucracy which continues to delay procurement and recruitment of staff.
- Staffing/Recruitment