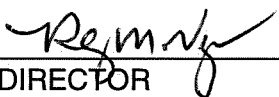


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Strategic Plan	POLICY NO: AD-01	Page 1 of 7
RESPONSIBILITY: Planning Committee		
APPROVED BY:  DIRECTOR	EFFECTIVE: JUN 08 2017	LAST REVIEWED/REVISED:

PURPOSE:

The purpose of the Strategic Plan is to drive the transformation of Guam Behavioral Health and Wellness Center (GBHWC) depicting the direction the Center is taking to meet the goals and changing demands of mental health care needs of the people of Guam. This serves as a map for guiding the continuing transformation of GBHWC services that are outcomes oriented and community based that meet nationally recognized accreditation standards.

STRATEGIC PLANNING PROCESS:

With the input of the program heads and supervisors, the Strategic Planning committee developed a five-year strategic plan to lead the transformation of GBHWC. The plan guides our business/management strategies and decisions with a focus on three strategic priorities in which we will invest our time and resources; cognizant of the financial position of the organization. The strategic priorities are geared towards the fulfillment of the Amended Permanent Injunction (API). The strategic priorities and overall structure of the plan were developed during a 6 month process led by a diverse, multidisciplinary coalition of staff leaders representing all members of GBHWC. (Reference Policy: AD-27 Strategic Planning Committee).

Goal 1: set forth the creation and expansion of a comprehensive community-based behavioral health services that will successfully and effectively reintegrate consumers into the community.

Goal 2: calls for GBHWC to continue to focus on ensuring consumers receive quality services in safe settings and utilizing information data management to enhance decision making and services delivery. It also highlights the continued use of evidence-based practices.

Goal 3: reiterates GBHWC's commitment to developing and maintaining a comprehensive island wide system of behavioral health prevention, and expanding community partnerships to address gaps in community services.

FINANCIAL POSITION:

As part of the strategic planning process, the committee has had many discussions as to the historical current and potential future financial position of the Center on various scenarios at work. As a line agency of Government of Guam, GBHWC is dependent on the budget allocated by the Guam Legislature and any proposed budget cuts affects the whole program service delivery of the Center. In summary, GBHWC has to streamline its processes, be more efficient, minimizing waste and be innovative in providing the best quality care to its consumer. Securing local and federal grant funds, actively seeking new funding opportunities, and have a contingency plan to sustain GBHWC operations is an organization strategy to ensure its long term viability.

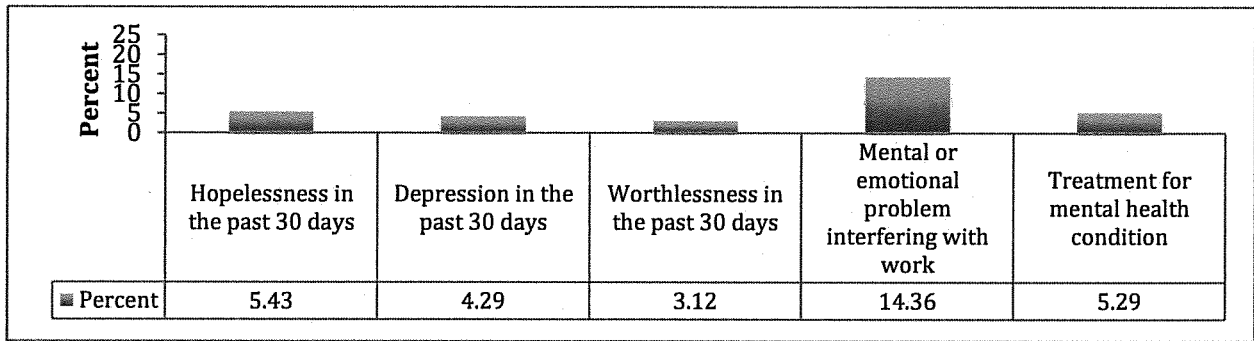
IMPACT STATEMENT:

The Guam Behavioral Health and Wellness Center is the single state agency providing mental health services in the island of Guam. According to the 2014 Guam State Epidemiological Profile; Guam has an estimated diverse population of 170,000. A growing population mainly due to compact migrants from neighboring islands and military buildup is projected to result in an increasing demand for behavioral health services.

Mental Illness:

- 5% of adults in 2013 reported feeling hopeless in the past 30 days
- Almost 15% stated they suffered from a mental or emotional problem that hindered them from working or performing usual activities, yet only 5% were receiving treatment for their condition (Figure 1).

Figure-1 Prevalence of mental health symptoms and conditions and treatment for these, adults, Guam, 2013

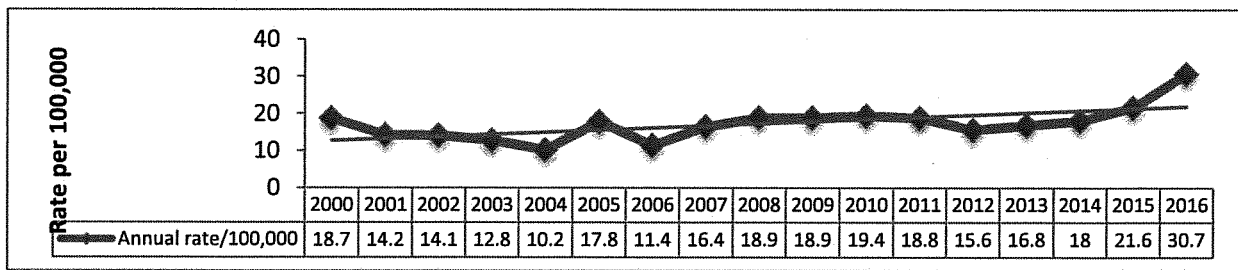


Source: DPHSS and GBHWC, BRFSS State-added questions, 2013

Suicide:

- 50 suicide deaths were recorded in 2016, compared to 35 in 2015.
- The crude suicide rate increased to 30.7 per 100,000, compared to 21.6 per 100,000 in 2015 (Figure 2).
- The male rate rose to 49.7/100,000 from 32.9/100,000 the previous year.
- There were nearly 5 male deaths for every 1 female death.
- The age range peak shifted upwards to those aged 30-39 from 2015's peak of 20-29 year olds.
- Ethnicity-specific rates indicate that suicide was highest for Chuukese.
- 16% of persons who died by suicide had a history of previous mental illness.
- 10% had made a previous attempt.
- 80% of 2016 suicides in Guam were by hanging.
- 60% of Guam suicides occurred at home.

Figure-2 Guam Suicide Annual Rate per 100,000, 2000-2016

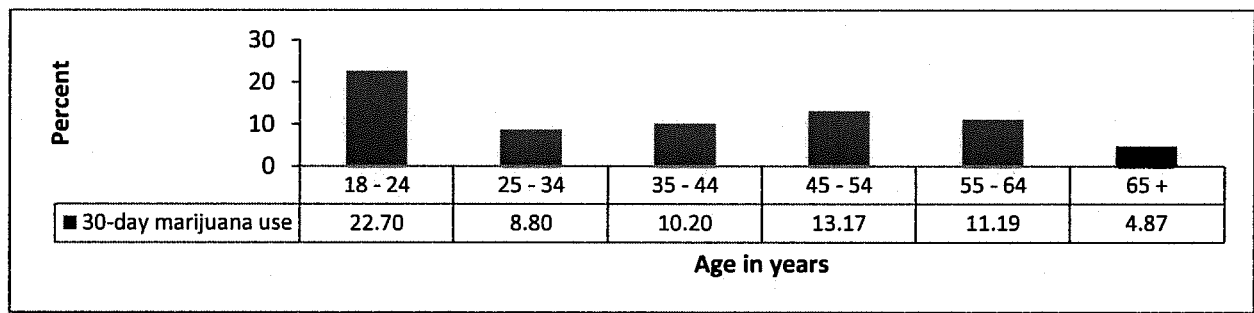


Illicit Drugs:

- In 2013, those aged 18-24 years reported the highest rate of marijuana use among adults (Figure 3).

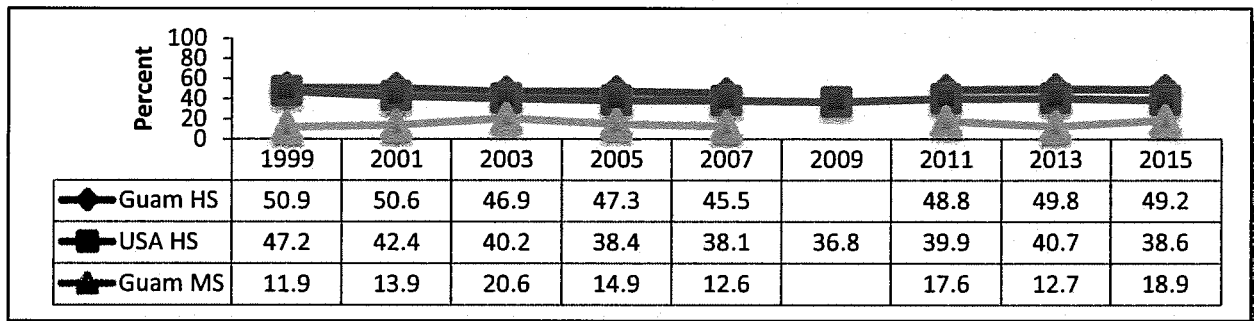
- In 2015, half of all high school students had tried marijuana, and nearly one-third had used marijuana within 30 days of the survey. Among middle school students, 19% had tried marijuana at least once. Current and lifetime marijuana use among high school students in Guam remained higher than in the US (Figures 4).
- Illicit drug use among adults decreased in 2013.
- About 5% of Guam high school students report having tried methamphetamines. About 12% reported taking a prescription drug without a doctor's prescription.
- In 2015, nearly 40% of high school youth reported they had been offered, sold or given an illicit drug by someone on school property. The likelihood of this happening is significantly higher in Guam than in the US (Figure 5), and highlights school campuses as a critical drug enforcement setting.

Figure-3 Marijuana use in the past 30 days, of those who had ever used marijuana, adults, by age, Guam, 2013



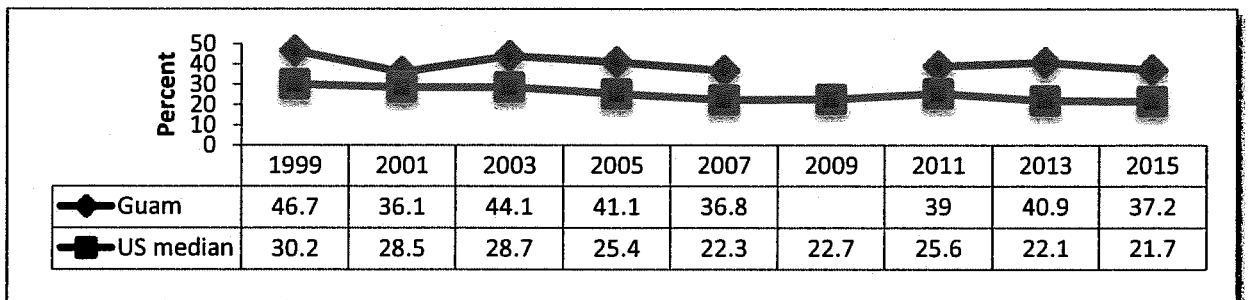
Source: DPHSS, BRFSS 2013

Figure-4 Lifetime marijuana use, high school, Guam vs. US, and middle school, Guam, 1999-2015



Source: GDOE, YRBS 1999-2015 Note: "N/A" = data not available

Figure-5 Illicit drug use on school property, high school, Guam vs. US, 1999-2015

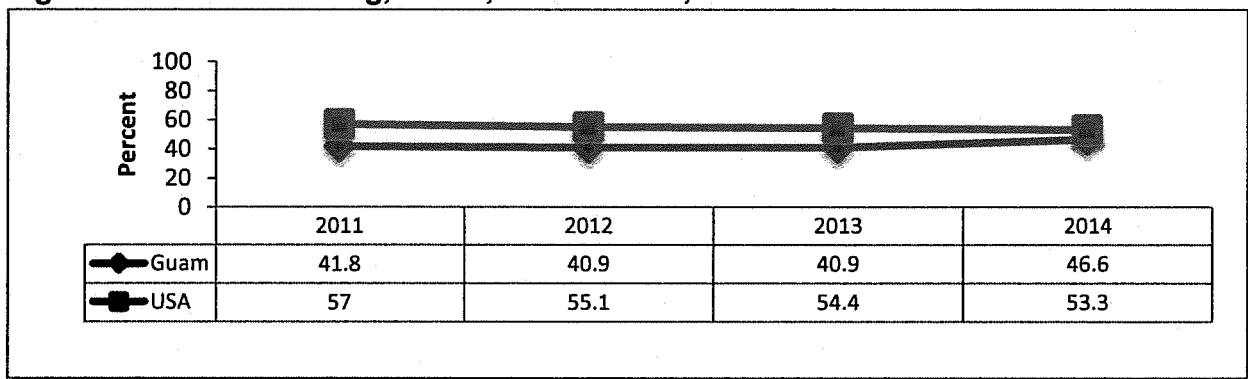


Source: GDOE, YRBS 1999-2015
Note: "N/A" = data not available

Alcohol

- In 2014, 47% of adults on Guam reported having had at least one drink of alcohol within the past 30 days, compared to only 41% in 2013 (Figure 6).
- Current alcohol use and heavy drinking is lower in Guam than in the US, but binge drinking among Guam adults surpasses the US rate. Young adults < 35 years have the highest binge drinking rates.
- Current and binge drinking among Guam youth were increasing until alcohol taxes were increased in 2003. A further reduction was noted in 2011, following passage of the law that raised the minimum legal drinking age.
- Alcohol-related arrests comprised 31% of all arrests cleared in 2014. Alcohol was a factor in 37% of all traffic-related deaths in 2014.

Figure-6 Current drinking, adults, Guam vs. US, 2011-2014



Source: Guam DPHSS, BRFSS, 2011-2014

MISSION and VISION STATEMENT:

The mission, vision statement and newly created core values will serve not only as the guiding principles for how we care for our consumers, but will create the foundation of this strategic plan.

The GBHWC is tasked to provide culturally respectful quality behavioral health services that support and strengthen the wellbeing of the persons served, their families and the community in a safe environment. It envisions a healthy island, committed to promoting and improving the behavioral health and wellbeing of the community.

STATEMENT OF VALUES:

The Guam Behavioral Health and Wellness Center (GBHWC) will use the **CARE** Statement of Values as the guiding principle for the organization's operations and delivery of care.

Cultural humility - Understanding of our cultural heritage and sensitivity to our consumers and their families.

Achievement – Providing gold standard care by utilizing evidence based program, policies and trainings while respecting and integrating cultural practices

Respect – Treating our consumers and their families, co – workers, and professionals from other organizations with respect and dignity.

Engagement and cooperation with the persons and organizations working together for the benefit of our consumers.

GOALS AND OBJECTIVES:

As part of the strategic planning process, priority areas were identified to provide a framework from which the Center will operate and ensure accountability. The Strategic Planning Committee developed a five-year strategic plan to lead the transformation of GBHWC geared towards compliance with its mission, the Amended Permanent Injunction (API) and federal grantor requirements. The goals focus on a broad view of what the Center wants to accomplish within five (5) years; moving GBHWC towards its vision.

I. TO PROVIDE COMPREHENSIVE COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES AND EFFECTIVELY RE-INTEGRATE CONSUMERS INTO THE COMMUNITY.

- Objective 1:** To develop a system of care which provides adequate home and Community-based services for persons with behavioral health issues, substance use disorders and cognitive disabilities.
- Objective 2:** To provide consumers with effective services delivered in an integrated community setting appropriate to their needs.
- Objective 3:** Secure and leverage local and federal funding, training and technical assistance, and other resources to support community- based programs.
- Objective 4:** Provide an effective Psychosocial Rehabilitation Program to prepare consumers to function adaptively, and independently in society as possible.
- Objective 5:** Make use of evidence based outcome assessment tools in measuring consumer progress

Performance Measure:

- % of consumers in the residential homes who improved in their IADL assessments during the quarter
- Discharges to higher Independence
- Total number of consumer reintegrated into the community
- Length of stay in the Residential Program level of Care
- Total number of consumers referred to the Program
- Total number of consumers accepted to Residential Program
- Wait list
- Access to services : wait time to be accepted to the program

II. TO PROVIDE SAFE, EFFECTIVE AND EVIDENCE-BASED BEHAVIORAL HEALTH SERVICES THAT WILL IMPROVE THE QUALITY OF CONSUMER CARE.

- Objective 1:** Provide staff development training to strengthen skills and competence for appropriate and effective services delivery and the utilization of Evidence-Based Practices (EBP).
- Objective 2:** Maintain appropriate number of professional staff to meet the service needs of consumers and ensure key positions are filled at all times.

Objective 3: Establish and/or update official GBHWC policies and procedures that support safety efficiency and effectiveness in behavioral health services.

Objective 4: Effective use of an established electronic behavioral health records system, to improve access, delivery and monitoring of services.

Objective 5: Conduct periodic quality review of services and programs and implement recommendations that improve and correct deficiencies found.

Objective 6: To obtain and maintain nationally recognized certification and accreditation from the Commission on Accreditation for Rehabilitation Facilities (CARF).

Performance Measure:

- Consumer outcomes as evidence by the effectiveness of service measure for each clinical program.
- Periodic quality review of program services.
- Length of treatment per diagnosis
- % of staff certified as competent in each of the EBP's via credentialing folder
- Safety audit/inspection and building grounds inspection will yield no more than two or repeat findings per audit with a corrective action plan developed and implemented for each.
- Rate of consumer and staff injuries critical incidents reporting
- Retention Rates and turnover rates
- Key positions filled at all times
- # of vacancies

III. TO EXPAND COMMUNITY PARTNERSHIPS TO EFFECTIVELY MEET THE NEEDS OF THE ISLAND COMMUNITY AND TO INCREASE THE PUBLIC'S AWARENESS OF BEHAVIORAL HEALTH ISSUES, SUBSTANCE USE DISORDERS AND COGNITIVE DISABILITIES.

Objective 1: Educate the public and reduce the stigma about behavioral health issues, substance use disorders and cognitive disabilities.

Objective 2: Increase availability of behavioral health information through various methods such as public service announcements, community outreach and social media.

Objective 3: Increase substance abuse prevention presentation to schools, and other agencies.

Objective 4: Provide opportunities for collaboration among stakeholders to empower and strengthen their ability to address gaps in the services in the community.

Objective 5: Secure and leverage local and federal funding from local and federal grant, training and technical assistance, and other resources to support community- based programs.

Performance Measure:

- # of events/presentations collaborative meetings held quarterly
- # of press releases or advertisements
- Total # of consumer referred to the program based on the outreach

PLAN MONITORING:

The Planning Committee will provide monitoring of the strategic plan to assure accountability, drive progress and recommend modifications to the plan as the agency accommodates new ideas or changes in response to the external environment or internal needs. The Director will lead the agency using the strategic plan as a working document used to inspire change, guide new initiatives and position the Guam Behavioral Health and Wellness Center for a strong future. The Advisory Council will review annual written reports relative to progress in achieving the goals and objectives and to modify or refocus priority areas as needed.

REFERENCE(S):

10 GCA Health and Safety Chapter 86 Guam Behavioral Health and Wellness Center .
David, A., & Rosadino, G. (2016). *Guam State Epidemiological Profile 2014 Update*. Hagatna, Guam.

AD-27 Strategic Planning Committee

**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

Policies and Procedure

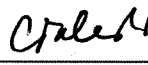
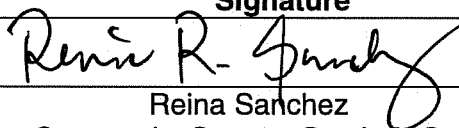
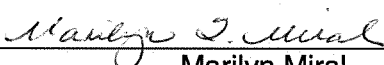
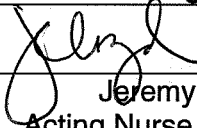

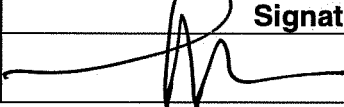
Submitted by: Cydsel Toledo


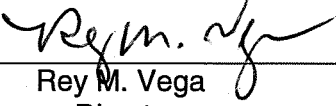
Protocol/Form

Policy No: AD-01

Bylaws

Title: Strategic Plan

Reviewed/Endorsed Title	Date	Signature
	6/7/2017	
Name Title		Cydsel V. Toledo Quality Management Coordinator
Reviewed/Endorsed Title	Date	Signature
	6/7/17	
Name Title		Reina Sanchez Community Support Services Supervisor
Reviewed/Endorsed Title	Date	Signature
	JUN 08 2017	
Name Title		Marilyn Miral Social Worker III
Reviewed/Endorsed Title	Date	Signature
	6/8/17	
Name Title		Jeremy Lloyd Acting Nurse Administrator
Reviewed/Endorsed Title	Date	Signature
	6/7/17	
Name Title		Linda Flynn Prevention and Training Branch
Reviewed/Endorsed Title	Date	Signature
	10-14-17	
Name Title		Athena Duenas Drug and Alcohol Supervisor

Reviewed/Endorsed	Date	Signature
	06/08/2017	
Title	Name Title	
	Maria Teresa Aguon Healing Hearts Program Manager	
Reviewed/Endorsed	Date	Signature
	JUN 08 2017	
Title	Name Title	
	Rey M. Vega Director	