

## **GBHWC encourages community feedback on the following Guam SABG Plan for 2022-2023**

For comments and questions, contact:

### **Drug and Alcohol Treatment Division**

Athena Duenas, Supervisor

[athena.duenas@gbhwc.guam.gov](mailto:athena.duenas@gbhwc.guam.gov)

### **Prevention and Training Branch**

Sara Harrell, Acting Supervisor

[sarabeatrize.harrell@gbhwc.guam.gov](mailto:sarabeatrize.harrell@gbhwc.guam.gov)

### **GBHWC Customer Care and Support**

[care@gbhwc.guam.gov](mailto:care@gbhwc.guam.gov)

## **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).

With the 2020 Census results not yet released as of this plan submission, the 2019 total population, based on the 2010 Census projections, is 166,658. Over half (59.03%) 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.

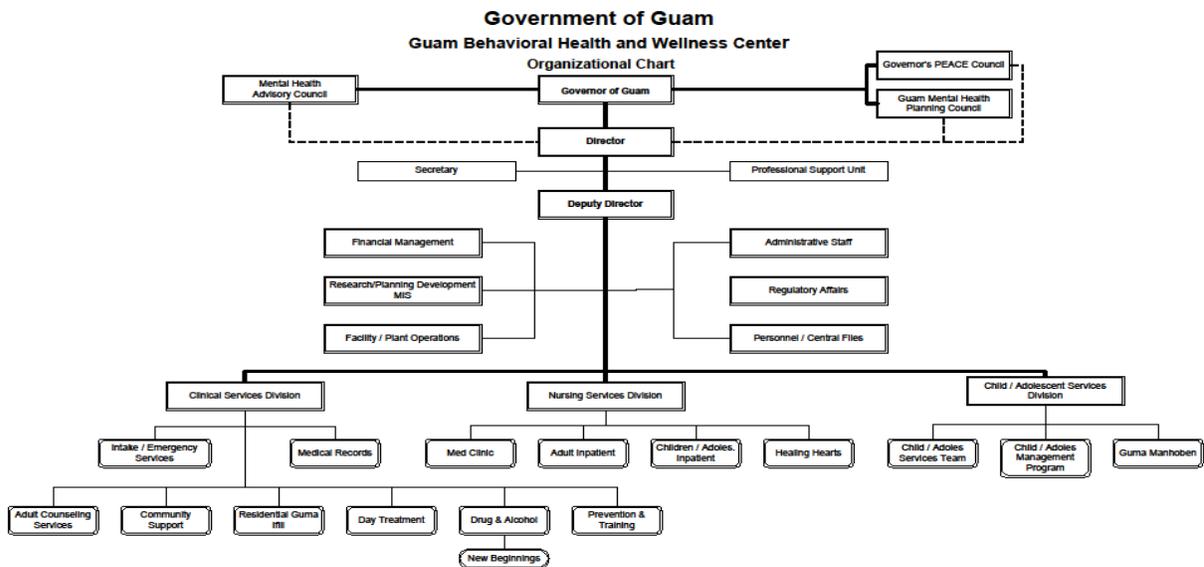
The ethnic diversity is reflected in the languages spoken at home. Twenty percent of the population (over 5 years) speaks a language as frequently as English at home, another 21% speak a language more frequently than English, and 0.5% speaks no English at all. This has a significant implication for effective 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 September 2017, there were 72,510 people in the civilian labor force, of whom 69,360 were employed. About 5.8% were unemployed, as compared to 5.4% in 2016. 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 1.545 million tourist arrivals in 2017, an increase from the last report in 2014. Korea has taken over Japan as Guam's major tourist market accounting for 45% of visitors. Japan accounts for 41% 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 2017, active military and family members comprised 7.1% of Guam's total population, down from 7.9% in 2014, 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 2021 from its previous 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, “On balance, Guam Behavioral Health and Wellness Center demonstrated substantial conformance to the standards. It is evident that Guam Behavioral Health and Wellness Center (GBHWC) provides valuable service that positively impacts the lives of the persons served. Stakeholders’ express satisfaction with the commitment of the organization’s leadership and personnel to improve outcomes of services. GBHWC has a highly engaged leadership team that is committed to conformance to all of the CARF standards in its programs. This was evidenced by the preparation of documents that were available in an exceptionally organized matter, which were arranged according to CARF standards, prior to the onset of the survey.”

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 that include:

- Since 2019, the leadership at GBWHC has shifted. This shift has resulted in the removal of federal receivership. The executive management team is commended for this achievement. In addition, this shift has allowed the organization to be able to capture funds that had gone unclaimed from previous years. GBHWC has shown itself to be competitive in securing funding for program expansion and development.
- GBHWC has a highly engaged leadership team. Leadership and staff members provide a welcoming environment.
- Referral sources express positive feedback in their working relationships with the organization and with the quality of services provided. Furthermore, stakeholders have great hopes for additional program/service provision for this organization in the future as it continues to demonstrate flexibility, innovation and customization to meet the needs of persons served and the community.
- GBHWC has shown itself resilient during the COVID-19 pandemic, as evidenced by quickly pivoting to the new world of telehealth and rapidly finding ways to provide care for persons served while also capturing billable hours.
- GBHWC provides an array of quality services that are extensive services that are extensive and some exclusive on this island. Its commitment to provide quality services is highly recognized within the community as it strives to provide much-needed services.
- Consumers state that the organization has saved their lives and actually turned their lives around. Consumers expressed much gratitude for the services provided by GBHWC.
- GBHWC obtained several grants that provide additional services and education needed in the community. It continues to seek resources and funding to fill such gaps throughout the island.

- The New Beginnings program genuinely envisions “a healthy island with quality of life for everyone. Its services are culturally respectful and supportive and strengthen the well-being of consumers.”
- Consumers and clients expressed numerous comments such as “[When I] need to talk to someone and they are there”, “They pivoted to Zoom quickly and outpatient in July was a lifesaver”, “[A] peer support specialist even helped me move into my own place.”, “It gave me the ability to prioritize and problem solve.”, “The stories we tell ourselves are so wrong and judgmental of ourselves.”, “[They] helped a lot, educating you on your triggers”, and “They helped me learn who I am and know and live with my possibilities – keeping secrets only hurts.”

GBHWC serves as the single state agency for public mental health services and 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)**, MH Day Treatment Services, and MH 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. Additionally, after the Covid-19 Pandemic, GBHWC has also been able to obtain funding through grants that address the needs of consumers and the island community that enhances the services of the 24-hour Crisis Hotline and employ additional counselors and intake workers.

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

The Drug and Alcohol Branch provides directs 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 (Social Support) 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 in 2011 and the Recovery Oriented Systems of

Care (ROSC) program with works with individuals who have completed the 6-month Residential Substance Abuse Treatment (RSAT) program in the Department of Corrections and are released to the community to continue in Social Support Services.

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** – We envision a healthy island, committed to promoting and improving the behavioral health and well-being of our 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) Advisory 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, and review the Strategic Action Plan developed by the GBHWC Prevention and Training Branch.

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**

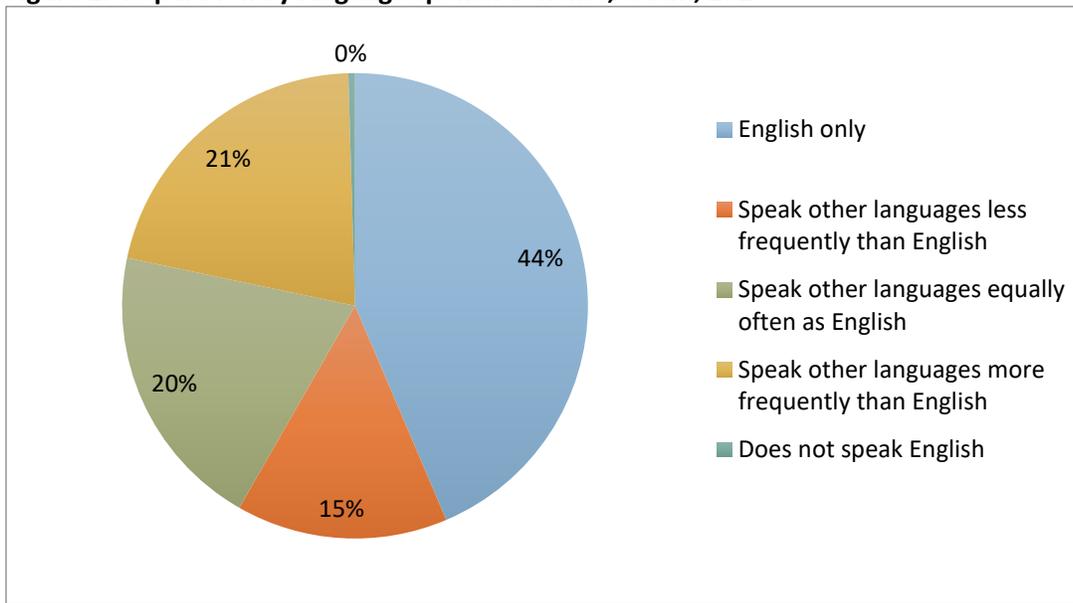
<b>ETHNICITY</b>	<b>2010</b>	<b>2000*</b>
<b>One Ethnic Origin or Race:</b>	144,429	133,252
<b>Native Hawaiian and Other Pacific Islander:</b>	78,582	69,039
<b>Carolinian</b>	242	123
<b>Chamorro</b>	59,381	57,297
<b>Chuukese</b>	11,230	6,229
<b>Kosraean</b>	425	292
<b>Marshallese</b>	315	257
<b>Palauan</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 260 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 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 2022-2023 SABG Behavioral Health Assessment and Plan grant application to SAMHSA for the Substance Abuse Prevention and Treatment (SAPT) Block Grant. FY 2022 SAPT Block Grant allocations for the Territory of Guam are approximately \$1,114,043. 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.

Since the onset of the global pandemic in 2020, the Guam Behavioral Health and Wellness Center has been able to apply and receive funding to address the emerging needs of the community caused by COVID-19. The Prevention and Training Branch has been able to continue collaboration and partnerships with non-profit organizations to implement primary prevention programs despite local government restrictions and mandates. These community partners have had to address challenges and barriers in implementation and have had to amend prevention programs to prioritize staff and program participants' safety during program delivery and implementation.

In March 2020, the Governor of Guam's Executive Order (EO) No. 2020-05 mandated island wide social isolation and clarified the status of non-essential Government of Guam operations. During this time, community gatherings were limited, procurement for new services and changes to contracts were paused and non-essential employees were required to home-quarantine. Guam was placed in Pandemic Condition of Readiness 1 (PCOR 1), the strictest measure for Pandemic Condition of Readiness. This EO was in effect until June 1, 2020 when Government of Guam agencies were allowed to reopen. However, Guam went back into PCOR 1 in August 2020, limiting once more non-essential operation among local and private agencies. These limitations delayed timelines for staff operations and the affected SABG partners' timelines in implementation well into FY 2021.

The SAPT Block Grant continues to 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. Provide additional and continuous opportunities for skills development among staff and SABG community partners implementing primary prevention programs.
- SUD-Community-based Mobile Response Team. The SUD-Community-Based Mobile Response Team will operate utilizing the National Guidelines for Behavioral Health Crisis Care-Best Practice toolkit. Responding to individuals where they are at (home, work,

park, etc.) and without the assistance of law enforcement. The team will assess the needs of the individuals they and connect them to a facility-based program through a warm hand-off and providing transportation.

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;
  - LGBTQ populations;
  - Persons with disabilities
- Primary prevention services for youth and adults 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 2022-2023 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 continue providing the Evidence-based models, Helping Women Recover-HWR and Helping Men Recover-HMR. Both treatment models are gender specific addiction recovery program for men and women with a history of substance abuse and co-occurring trauma.

Medication-Assisted Treatment (MAT) is the use of medications, in combination with individual counseling and SUD treatment, to provide a "whole-patient" approach to the treatment of substance use disorders. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug. Guam Behavioral Health & Wellness Center's Drug & Alcohol Program (New Beginnings) provides MAT for individuals with an Opioid and Alcohol Use Disorder.

ASAM Level 3.7 Withdrawal Management Inpatient Unit is medically managed inpatient unit that we recently opened in July 2021. This level provides care to consumers whose withdrawal signs & symptoms are sufficiently severe to require 24-hour inpatient care. 24-hour observation, monitoring, and SUD treatment. This unit works in conjunction with the Medication-Assisted Treatment (MAT) program to provide medication for consumers in the Level 3.7 unit when needed.

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.

GBHWC's D&A Branch also contracts with the only Peer Recovery Organization on Guam, TOHGE-Transforming Ourselves through Healing, Growth & Enrichment. TOHGE is contracted to provide peer support services in the community and with the contracted SUD treatment programs listed above. TOHGE is also contracted to run their local Warmline. The warmline is created to respond to SUD consumers in need of services, provide recovery coaching over the phone, and to respond to our consumers in crisis. The Guam Police Department and the local emergency rooms will have direct access to the warmline to activate Peer Recovery specialists who will respond to crisis in the community that will potentially provide recovery coaching, crisis intervention and desolation of consumers in crisis and avoid arrest, incarceration and admission in to the crisis stabilization inpatient units. Emergency room physicians and nurses can contact the warmline for Peers to respond to SUD/ODU related incidents in the emergency room and provide SBIRT and Peer Support Services.

GBHWC's D&A Branch is continuing a contract with the Guam Community College to provide courses for the Substance Abuse Counseling Certificate program. This program will allow for students interested in becoming a Certified SUD Counselor, can take the courses that are required for the certification education hours. The students will then be responsible to complete the work experience and supervision hours required for certification.

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's D&A Branch will continue 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.

**Description of substance abuse prevention at all levels:**

**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 (P&T) is directly 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 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 develops and oversees mental health and substance abuse prevention strategies, and while facilitating community engagement to ensure data- and community-driven primary prevention programs for youth and adults. These programs are strategically aligned 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, and are also guided by the CSAP prevention strategies: Information Dissemination, Education, Alternatives, Community Based Processes, Problem Identification and Referral, and Environmental. Prevention activities are aimed at promoting healthier lifestyles by reducing the demand for alcohol, tobacco and other drugs in our community. 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.

**GBHWC’s vision** is a healthy island committed to promoting and improving the behavioral health and well-being of our community. To pursue this vision, the **P&T Branch** has made it its **mission** to engage and empower our community so that prevention is elevated to a priority while promoting evidence-informed interventions to prevent and reduce tobacco, alcohol, other drug use and suicides, and to enhance mental wellness. Strategies included in the 5-Year Strategic Action Plan, which was reviewed and endorsed by the Governor’s PEACE Advisory Council in May 2021, fall within these identified key areas of prevention work:

Key area of work	GOAL: By 2024
Sustainability of the prevention system	85% of prevention programs, including suicide prevention, substance misuse prevention, mental health promotion will be locally funded.
Community outreach and empowerment	A fully functional GBHWC Prevention and Training structure will be established that will operate as a community resource center for building community capacity.
Alcohol, tobacco and other drug misuse prevention	Substance use rates will have been reduced by 50% from baseline.
Suicide <b>prevention</b>	No suicide deaths will occur among individuals who seek and receive behavioral health services from GBHWC.
Mental health promotion	Mental health promotion activities and holistic services will be included in the GovGuam Worksite Wellness program.

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. 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 it is addressed is through as the on-going trainings to include Culturally and Linguistically Appropriate Services (CLAS) to government and non-government agencies providing behavioral and primary health 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.

Sexual gender minorities are 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, Inc. (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'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.

Over the past 23 years, and more recently through GBHWC's receipt of SAMHSA's Partnership for Success (PFS) Grant and the Garrett Lee Smith (GLS) 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.

Branch staff consists of Certified Prevention Specialists, and certified trainers, consulting trainers and/or master-level trainers in evidence-based prevention programs: Substance Abuse Prevention Skills Training (SAPST), Ethics in Prevention (Pacific version), Applied Suicide Intervention Skills Training (ASIST), safeTALK for suicide prevention, Connect Suicide Postvention, Gathering of Native Americans (GONA), Screening, Brief Intervention and Referral to Treatment (SBIRT), Brief Tobacco Cessation Intervention (BTI), Fresh Start Tobacco Cessation services, and the Raw Coping Power: Stress Management Workshop. Over the years, Prevention & Training Branch staff expanded its pool of certified trainers in other GBHWC divisions and their sub-grantees/service providers and other community-based organizations to include, the Guam Memorial Hospital (GMH), the Guam Department of Education (GDOE), the University of Guam (UOG), the Guam Community College (GCC), and the Guam National Guard (GNG) and other partners from various non-profit organizations such as Island Girl Power (IGP) and GameTime Guam, Inc.

The Prevention and Training Branch applied for and received a SAMHSA's Partnerships for Success (PFS) grant for PEACE issued on September 2013, and again in in September 2018. The funds are used to continue and support the strategies cited in Guam's State Prevention Enhancement (SPE) Comprehensive Strategic Plan (FY2014-2018) in partnership with sub-recipients, the Governor's PEACE Advisory Council, and Guam's State Epidemiological Outcomes Workgroup (SEOW). The Guam's State Prevention Enhancement (SPE) Comprehensive Strategic Plan 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 misuse 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. Planning and decision-making processes involve representatives on the Governor’s appointed PEACE Advisory Council for prevention and early-intervention and the SEOW.

The Guam Strategic Action Plan for Substance Misuse Prevention and Mental Health Promotion, developed by GBHWC’s Prevention and Training Branch over a week-long workshop, in the summer of 2019, was recently approved and endorsed by the current PEACE Council members and awaits the endorsement of the Governor of Guam. The Guam Strategic Action Plan envisions a healthy island committed to promoting and improving the behavioral health and well-being of our community and provides a timeline of goals and objectives that through FY2024. Given the state of the current global pandemic, the timelines and prevention strategies identified in the Strategic Action Plan will be further delayed and may have some changes to its goals and objectives over the course of the next few fiscal years.

The Guam Strategic Action Plan for Substance Misuse Prevention and Mental Health Promotion (FY 2020 thru FY 2024) contains the vision and strategic directions for strengthening prevention in Guam, with a particular emphasis on tobacco and alcohol control, substance misuse and suicide prevention and mental health promotion for the next five years. The 2014-2018 State Prevention Enhancement (SPE) Comprehensive Strategic Plan, the 2016-2020 Suicide Prevention, Early Intervention, Postvention and Referrals Plan for Guam, and the 2018 PEACE Partnerships for Success grant provide the foundation for this Guam Strategic Plan. The Guam Strategic Plan is designed to be in line with the priorities of the United States Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Plan 2019-2023, SAMHSA Center for Substance Abuse Prevention (CSAP) community grants, the World Health Organization (WHO) Regional Strategy to Reduce Alcohol-Related Harm, the WHO Regional Strategy for Tobacco Control 2019-2023, the WHO Regional Strategy for Mental Health Promotion, and Guam’s Non-Communicable Disease Strategic Plan for 2019-2023.

Guam’s strategic planning efforts have been data-driven and reflect an integration of SAMHSA’s Strategic Initiatives in the prevention and early intervention of substance abuse. Suicide prevention and mental health promotion – 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.

Primary prevention and early intervention 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 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 – LGBTQ organization, faith-based and community-based organizations including parent/youth-serving organizations.

Guam's State Epidemiological Outcomes Workgroup (SEOW) is considered the definitive authority on substance abuse epidemiology on the island. Its data products are readily acknowledged as comprehensive community resources, and its work has consistently influenced substance abuse policy and program development, prevention resource allocation, services delivery and decision-making at the State government level as well as within individual agencies, institutions, and community organizations. The SEOW's work has been cited and utilized by the Office of the Governor and Lt. Governor, the Guam Legislature, the University of Guam and Guam Community College, the Departments of Public Health and Social Services and Mental Health and Substance Abuse and various other policy leaders and program managers on Guam. The SEOW has contributed significantly to various policies directly related to substance abuse prevention, including Public Law 28-80 (Guam's smoke-free law, 2005), Public Law 30-80 (raising tobacco taxes and earmarking tobacco tax revenues for cancer prevention and health promotion, 2010) and Public Law 30-156 (raising the minimum legal drinking age from 18 to 21 years, 2010). It has also guided prevention program planning and resource allocation in diverse health areas. For instance, the SEOW's Epidemiological Profile is widely quoted in the Guam Comprehensive Cancer Control Plan and is a major reference for the Guam Non-Communicable Disease Control and Prevention strategic plan and the Guam Focus on Life suicide prevention program. It has also been used as a reference by the University of Guam's Cancer Research Center for its U54 research grant application to the National Cancer Institute. The expanded mandate of the SEOW and its ongoing support through the sub-grant will ensure that this valuable community prevention resource will continue to provide the local evidence base for effective substance abuse prevention and mental health promotion in Guam.

Description of how substance abuse prevention services are delivered (SSA and other State agencies)

### **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 made a separate special appropriation of funds for FY2017 thru 2019 to support the state's plan to prevent further suicides and attempts. In

FY2020, GBHWC included the same level of funding for suicide prevention in its local budget for the first time. In 2020, GBHWC Prevention and Training Branch was awarded another five-year GLSMA Youth Suicide Prevention Grant with implementation approach to establish universal and indicated prevention efforts like building skills among service providers to identify persons thinking of suicide and to increase their safety through referral to appropriate treatment services. To build from the successes, Guam Focus on Life (GFOL) will utilize the FY2019 grant to address the three goals specified below:

Goal 1: Youth and young adults (age 10-24) who are experiencing grief and feelings of pain and loss, or having suicidal thoughts and behaviors openly seek help from natural helpers and appropriate behavioral health services.

Goal 2: GBHWC, the island's mental health agency, transform its culture and services to achieve excellence in providing patient safety and safer suicide care. Under this goal, GBHWC will be a member of the National Suicide Prevention Lifeline (NSPL) network to begin in October 2021.

Goal 2: Guam's service providers operate in an integrated system of care that safely responds to individuals at risk for suicide. Under this goal, by FY2024, Guam will have a 30-person Suicide Prevention Task Force that will include representatives from direct-youth-serving providers, first responders, and community members with lived experiences, including survivors of loss, survivors of suicide attempts, youth and families, which work towards processes and protocols with and among organizations that are suicide-safer and integrated to other services.

GBHWC partners with the, Guam Department of Education, Department of Public Health and Social Services, Guam US Military, Guam National Guard, University of Guam, Guam Community College, Guam Police Department, Guam Fire Department, Guam Memorial Hospital, Guam, Judicial Court System, treatment providers, survivors of suicide and other non-profit organizations under the GFOL grant.

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

In March 2017, Guam's law raised the legal age to use or purchase tobacco/nicotine 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 2017 to 13.2 percent among Guam high school students, but still remain higher than the national average for US high school students of 8.8 percent.

GBHWC's Prevention and Training Branch is responsible for implementing the Synar Program ensuring the completion of random, unannounced inspections of any vendor licensed to sell or distribute tobacco/nicotine products and to ensure compliance with laws limiting access to tobacco products to any individual under the age of 21. P&T also provides vendor education of the laws relating to the sale of tobacco/nicotine products. During their meeting in May 2021, the PEACE Council members discussed that the preliminary results of the Synar inspections in FY 2021 shows an emerging need for year-round and consistent outreach and education efforts among all licensed vendors and their staff. Equitable access to these educational materials (i.e. for English language learners) must also be considered.

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. P&T Branch staff is a member of the NCD Sub-Committees to include the Alcohol Prevention Team (APT) for

addressing underage drinking prevention and reducing alcohol abuse among adults; the Tobacco Control Action Team (TCAT) for addressing the prevention of tobacco/nicotine use among youth and adults and providing tobacco cessation services for those who desire to quit tobacco/nicotine use. 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.

GBHWC 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.

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
- Substance Abuse Prevention Specialist Training (SAPST)
- Ethics in Prevention (Pacific version)
- Unannounced Tobacco Compliance Inspection Training (Synar)
- Basic Tobacco Intervention (BTI) Skills Certification Program
- Tobacco Cessation Facilitation
- Raw Coping Power: Team Awareness Stress Management
- Health Literacy Training
- Gathering of Native American (GONA)
- Training and technical assistance for prevention program planning and implementation

Description of regional, county, tribal and local entities:

GBHWC P&T continues to work with the Governor's PEACE Advisory Council, a multi-sectoral, state-level group representative of the three branches of government, leaders from the private sector, cultural, faith-based and non-governmental community-based provider organizations. Members reflect the ethnic and cultural make-up of the community and provide direction for PEACE prevention priorities and plans. Additionally, P&T continues to partner and collaborate with respective community organizations in delivering primary prevention and early intervention substance use, suicide and mental health promotion programs. Through the years GBHWC has worked closely with the following organizations and entities in delivering prevention services:

- Youth for Youth Live! Guam (YFYLG) is a year-round comprehensive youth-led prevention program designed to mentor and empower youth to develop, implement, and evaluate youth drug prevention and mental health promotion programs. It One of the longest existing youth-led and youth-serving program is the annual YFYLG Conference which is regional community-based prevention program for over 350 middle and high school students from Guam and other islands in Micronesia. Plenary sessions and workshops that address youth identified social and behavioral health issues to include

underage drinking, tobacco/nicotine and suicide prevention as well as bullying, healthy activities and healthy relationships. The conference provides a safe and encouraging environment for the participants where they are valued, respected, unified, validated and empowered to become positive role-models for each other and others.

- Mañe'lu, formerly Big Brothers Big Sisters of Guam, is a local nonprofit that has been educating and empowering children and families to change their lives for the better for over 15 years. Since 2002, Mañe'lu has been enriching the lives of hundreds of children throughout the island by providing excellence in one-to-one mentoring. Over the years they have expanded their programs and services to support the family as a whole through site based youth and family activities and the Micronesian Resource Center One-Stop Shop. In 2017, Mañe'lu became a sub-recipient of GBHWC under PFS FY13 providing evidence-based services such as Positive Action to primary public school students.
- Guam Alternative Lifestyle Association (GALA) is a community-based organization that exists to strengthen the quality of life for gay, lesbian, bisexual and transgendered persons, their families and friends through Support, Education, & Advocacy. GALA upholds a society that embraces social diversity through love and respect for all. GALA has been a prevention partner for the last decade and provides substance use and suicide prevention trainings and programs for the entire community. GALA is also a member of the Governor's PEACE Council and SEOW.
- Sanctuary Incorporated of Guam is a private, non-profit community-based organization that provides critical social services to youth and their families. It was established in 1971 as an alternative to the juvenile justice system for runaway, homeless, neglected, and abused youth. Sanctuary offers comprehensive substance use intervention and treatment services that are voluntary but are contingent upon the consent of both youth and/or parent/legal guardian. Additionally, Sanctuary offers educational group classes on parenting skills and support, youth & adult anger management, tobacco cessation classes, strengthening families program, and conducts numerous youth-centered outreach events.
- Guam Police Department hosts an annual "Fade Away from Violence" two-day sports outreach for dozens of students from various Guam Department of Education middle schools which uses sports as a tool to teach kids about the dangers of drug and alcohol abuse, violence and suicide prevention among many other issues. GBHWC provides support at this event through conducting various substance use and suicide prevention workshops.
- Department of Youth Affairs' (DYA) mission is to improve the quality of life on Guam for all people by the development and implementation of programs and services that promote youth development, decrease juvenile delinquency and status offenses, strengthen the family unit, protect the public from juvenile delinquents, ensure that offenders are held accountable for their actions and are provided with appropriate treatment, and provide restitution to the victims. Additionally, DYA provides primary prevention services to youth in the community through three after-school Prevention Resource Centers, where their annual prevention summer camps are held. Island Girl Power's (IGP) mission is to decrease the occurrence of teen pregnancy, suicide, substance and sexual abuse by empowering our young ladies to make healthy lifestyle choices through encouraging positive self-esteem with mentors and role models, while inspiring cultural and community pride. -
- Guam National Guard's (GNG) Counterdrug unit provides training and technical assistance for prevention coalition development.

Description of how substance abuse addresses needs of diverse racial, ethnic, sexual and gender GBHWC continues to address the needs of individuals from diverse racial, ethnic, and sexual and gender minorities by working with organizations who serve these populations such as:

- Guam Alternative Lifestyle Association (GALA), a community-based organization that exists to strengthen the quality of life for gay, lesbian, bisexual and transgendered persons, their families and friends through Support, Education, & Advocacy. GALA upholds a society that embraces social diversity through love and respect for all LGBT individuals. GALA has been a prevention partner for the last decade and provides substance use and suicide prevention trainings and programs for the entire community. GALA is also a member of the Governor's PEACE Council.
- Mañe'lu, a local nonprofit that has been educating and empowering children and families to change their lives for the better for over 15 years. Over the years they have expanded their programs and services to support the family as a whole through site based youth and family activities and the Micronesian Resource Center One-Stop Shop. The Micronesian Resource Center One-Stop Shop is a special project of Mañe'lu that provides informational and educational resources to assist Micronesians as they transition to a new life on Guam. Staffed with friendly, multilingual case workers who provide helpful information and refer to various programs and services. The One-Stop Shop seeks to work collaboratively with local government agencies and non-profit organizations to increase awareness of services and address the needs of Micronesians living on Guam. Services include assistance to new arrivals through orientation services, General orientation, information services on public health and public education systems, workforce development training and employment services, , soft-skills training, resume writing & interview skills training, family support initiatives that address cultural and social challenges, youth mentoring, literacy programs, parenting classes, financial literacy classes, domestic violence prevention and health & wellness information.
- Guam Police Department (GPD) in collaboration with other community partners, since 2017 has implemented the annual "Fade Away from Violence" two-day sports outreach for dozens of students from various Guam Department of Education middle schools which uses sports as a tool to teach kids about the dangers of drug and alcohol abuse, violence and suicide prevention among many other issues. GBHWC provides support at this event through conducting various substance use and suicide prevention workshops.
- Guam Department of Education (GDOE) has been a long standing partner particularly Student Support Services Division (SSSD) supports all public schools in the areas of behavioral assessment, counselling, identification and support of students eligible under Section 504, and truancy prevention. In addition, Student Support Services Division provides district-wide guidance with Board Policies and Standard Operating Procedures governing behavior and safety. GDOE is the primary partner for PFS 2018 work with community partners to implement substance use prevention/treatment and mental health programs in the schools. One example of the level of commitment between GDOE and P&T is the cooperative implementation of Hazelden's Lifelines Suicide Prevention Trilogy school-based curriculum in the secondary schools from 2015 thru 2018. GDOE has once again committed to working with P&T to meet the goals and objectives of the PEACE PFS grant and other substance use and suicide prevention efforts.

- Sanctuary Incorporated of Guam is a private, non-profit community-based organization that provides critical social services to youth and their families. It was established in 1971 as an alternative to the juvenile justice system for runaway, homeless, neglected, and abused youth. Sanctuary offers comprehensive substance use intervention and treatment services that are voluntary but are contingent upon the consent of both youth and/or parent/legal guardian. Additionally, Sanctuary offers educational group classes on parenting skills and support, youth & adult anger management, tobacco cessation classes, strengthening families program, and conducts numerous youth-centered outreach events.
- Tohge, Inc. Guam is a private, non-profit organization that models the Faces of Recovery Program which is dedicated to mobilizing and organizing individuals on Guam in their recovery from alcohol and other drugs. TOHGE provides peer mentorship and training, promotes advocacy, education and resources towards long-term recovery. Tohge volunteers and mentors also provides a Monday – Friday (8:00am-5:00pm) and Saturday – Sunday (12:00pm-8:00pm) “Warm Line” to for those in the community in recovery or those in need of recovery services. The TOHGE Warm Line is manned by individuals with Live Experiences in substance use recovery.
- Phoenix Wrestling Club (PWC) is a local non-profit organization established to support Guam’s young athletes, extend sports learning and physical training beyond seasonal prep leagues. PWC’s goal is to provide Guam’s secondary level athletes with the instruction and training resource necessary to prepare for higher levels of competition. PWC’s Roots Wings Project promotes mental and emotional development of local athletes through social supports and youth empowerment. Through continued partnership with GBHWC’s Prevention and Training Branch, the Roots Wings Project sets forth to empower its youth members and helps them harness their greatest potential. The Roots Wings Project focuses on three (3) risk areas: (1) dating and peer violence, physical altercations and general unhealthy relationships; (2) depression, suicidal thoughts and ideations, planned or attempting suicide and having been affected by suicide; and (3) community acceptance or cultural normalcy for alcohol, tobacco and other drug use. The Roots Wings Program works to address teens in the private and catholic schools in building their skills and confidence and then certify and empower them to become advocates in their community, attend sports events and community gatherings and provide information dissemination that promotes drug-free and suicide-free communities and work with other private schools, businesses and various sports teams to create “Safe Spaces” that provide for alcohol, tobacco and other drug safe free zones for sporting events. The Roots Wings Program also provides resources to its target population with its program goals to create a wiser and strong island community.
- Mangilao Municipal Planning Council is a group of district representatives in the village of Mangilao that serves as an advisory group for the Mayor; aims to improve the quality of life for its residents through fitness events/courses, cultural arts classes, youth-centered life skills program and after-school resource room.
- Snakepit Wrestling Academy of Guam is dedicated to improving and evolving the future of wrestling on the island of Guam; spread awareness and promote wrestling for ages 5 and older
- Inafa’ Maolek Conciliation is a conflict resolution organization on Guam dedicated to reducing violence related litigation and fostering peace and harmony in schools, workplaces and communities through advocacy, mediation and education. Inafa’ Maolek

mediators are Guam residents who are well-trained and scrutinized by certification standards. Their pool of mediators mostly consists of lay persons and a few law trained, with experience in many professions including counseling, business, and engineering. Mediations are scheduled by our case manager at a time suitable for the parties and the mediators. Mediation through Inafa' Maolek is voluntary throughout the process and inexpensive compared to litigation and the costs of an ongoing dispute. It provides an informal climate that encourages both parties to express their concerns. More than two-thirds of the parties who cooperate in the mediation process are able to settle their differences. Inafa' Maolek provides mediation services for domestic disputes, visitation/custody disputes, and workplace disputes. Inafa' Maolek has collaborated and partnered with GBHWC's Prevention and Training Staff over many years and conducted presentations for conflict resolution in the various elementary, middle and high school youth as a prevention and awareness program.

- Rotaract Club of the Marianas is a youth organization geared towards developing students and young professionals through nation-building, civic participation, and fellowship through service. Rotaract's mission is to grow a community of leaders who develop and support sustainable initiatives for health, education, and poverty on Guam. Rotaract (which stands for Rotary in Action) is a Rotary-sponsored service club for young men and women ages 18 to 30. Rotaract clubs are either community or university based, and they're sponsored by a local Rotary club. Rotaract Club of the Marianas continues to be a prevention community partner with annual conferences and programs that develop professional and leadership skills, recognize, practice, and promote ethical standards as leadership qualities and vocational responsibilities, develop knowledge and understanding of the needs, problems, and opportunities in the community, and do a variety of activities, from service projects to professional development to leadership development to fellowships.
- WestCare Foundation: WestCare Pacific Islands (WPI) & Thrive Coalition for a Drug-Free Dededo is a subsidiary of the national non-profit organization WestCare Foundation, Inc. aims to address the multiple substance use and misuse issues faced by youth and families by bringing together the collective resources of service providers to strengthen and facilitate family units. The Thrive Coalition is committed to the goals of its mission by providing technical assistance to build capacity of our island to effectively prevent substance use among youth. WestCare Foundation, WPI, and Thrive Coalition is to conduct an island-wide Needs Assessment and actively contribute expertise, human resources and social capital to the Guam Behavioral Health and Wellness Center's (GBHWC) Prevention and Training Branch. Thrive Coalition's Needs Assessment conducted will better understand the current situation as it relates to alcohol and other drug use; identify gaps in education, care and services; and gauge community awareness and perception of youth substance use and misuse. The Needs Assessment will result in a strategic plan and community level change through coordinated efforts that share information and tools across service systems that, over time, will prevent and reduce substance use and misuse in the Village of Dededo and the island of Guam.
- Guam Conservatory of Arts Inc., is a non-profit organization founded with the mission of providing high-quality training in the classical arts to the island of Guam youth and their underserved communities. The program focus on three (3) disciplines of ballet, classical music and drama and provides other supplemental services as a preventative vehicle for

those vulnerable to substance misuse and at-risk behaviors. Guam Conservatory of Arts goals and objectives is to train youth in the development of the technical proficiency required to participate in the arts at the highest level should they choose to pursue further. Upon completion of the Pre-Professional Divisions, students will be positioned to compete for performing arts scholarships at the university level and will be prepared to audition for entry-level positions in professional companies. The transferrable benefits of their program includes discipline, poise, confidence, self-awareness, endurance, self-motivation, self-expression, compassion and habits that will lead them to adopt a physically healthy lifestyle and alternative to drug use and at-risk behaviors. The Guam Conservatory of Arts also focuses on outcomes that address overall physical health, scholastic and academic achievement, social and economic well-being that will improve social skills through performing arts classes, seminars, workshops and lecture series that relate to personal development of the individual, his/her support network and family members.

Description of the current prevention systems attention to the individuals in need of primary substance abuse prevention:

The State Epidemiological Outcomes Workgroup is an advisory group comprised of local data gatekeepers led by the Lead Epidemiologist, Dr. Annette David. Through SEOW's annual Substance Use Epidemiological Report, the P&T receives data-driven recommendations on underserved communities and effective strategies for programs to reach individuals in need. GBHWC P&T uses SEOW recommendations as a guide in planning, developing and implementing prevention programs with respective agencies and organizations. Individuals in need of prevention services are reached through mini-grants offered to local non-profit organizations who are charged with planning and implementing primary prevention strategies for their audience segments, using at least one of the six CSAP prevention strategies.

**Identified strengths:**

- As of 2021, P&T staff provided evidence-based trainings and technical assistance to over 3,000 individuals that include the Applied Suicide Intervention Skills Training (ASIST), safeTALK Suicide Awareness Training, Substance Abuse Prevention Skills Training (SAPST), Connect Suicide Postvention Training, OWLS Raw Coping Power: Team Awareness Stress Management, Brief Tobacco Intervention (BTI), Fresh Start Tobacco Cessation Workshop and Ethics in Prevention.
- GBHWC's Prevention and Training Branch has established long-term collaborative relationships in addressing substance use and mental health concerns with private and community partners, non-profit organizations and government entities. In 2021, there were 12 local non-profit organizations who received mini-grants from the SABG funds to facilitate primary prevention strategies within their communities.
- The Branch uses SAMHSA's Strategic Prevention Framework, 5-step planning process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention programs, practices and policies.

- A state-level Governor appointed Advisory Council for Prevention Education and Community Empowerment (PEACE) 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, law enforcement and 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 – LGBTQ organization, faith-based and community-based organizations including parent/youth-serving organizations.
- Guam’s State Epidemiological Outcomes Workgroup (SEOW) is considered the definitive authority on substance abuse epidemiology on the island. Its data products are readily acknowledged as comprehensive community resources, and its work has consistently influenced substance abuse policy and program development, prevention resource allocation, services delivery and decision-making at the State government level as well as within individual agencies, institutions, and community organizations. The SEOW’s work has been cited and utilized by the Office of the Governor and Lt. Governor, the Guam Legislature, the University of Guam and Guam Community College, the Departments of Public Health and Social Services and Mental Health and Substance Abuse and various other policy leaders and program managers on Guam. The SEOW has contributed significantly to various policies directly related to substance abuse prevention, including Public Law 28-80 (Guam’s smoke-free law, 2005), Public Law 30-80 (raising tobacco taxes and earmarking tobacco tax revenues for cancer prevention and health promotion, 2010) and Public Law 30-156 (raising the minimum legal drinking age from 18 to 21 years, 2010) and Public Law 34-1 (raising the minimum legal age for tobacco/nicotine use from 18 to 21 years. It has also guided prevention program planning and resource allocation in diverse health areas. For instance, the SEOW’s Epidemiological Profile is widely quoted in the Guam Comprehensive Cancer Control Plan and is a major reference for the Guam Non-Communicable Disease Control and Prevention strategic plan and the Guam Focus on Life suicide prevention program. It has also been used as a reference by the University of Guam’s Cancer Research Center for its U54 research grant application to the National Cancer Institute. The expanded mandate of the SEOW and its ongoing support through the sub-grant will ensure that this valuable community prevention resource will continue to provide the local evidence base for effective substance abuse prevention and mental health promotion in Guam.
- 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)*
- GBHWC Prevention and Training Branch staff are members of the Non-Communicable Disease Consortium's (NCD) Alcohol Prevention Team (APT) and Tobacco Control Action Team (TCAT) which helps guide substance use and mental health programs in the community. In 2011, the Guam Non-Communicable Disease Consortium was formed, spearheaded by Guam's Department of Public Health and Social Services. The Consortium, which involves members from a variety of backgrounds, including business, government, agriculture, and healthcare, has developed two strategic plans, one in 2011 and one in 2014, to reduce the presence of NCDs on the island. Through policy, advocacy, data surveillance, and outreach, the island brings hope for a healthier, brighter future in the westernmost territory of the United State

#### **Identified Needs:**

- Stronger linkages between primary care, academia and behavioral health.
- 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.
- Sustained staffing dedicated for the management of key Prevention functions such as the Synar inspection and outreach program, as well as liaising between GBHWC and the SEOW.
- Lack of local funds to sustain programs when federal grants expire, including an community-accessible Prevention Resource Center
- Data gaps from youth attending private and Charter schools, where the YRBS survey is not conducted
- Lack of Prevention Specialist employment opportunities in the public or private sectors
- Insufficient capacity among local prevention champions/non-profit organizations to pursue and compete for federal or local grant opportunities
- Insufficient local capacity to strategically address cannabis-related risks, especially among youth, as a result of the recent legalization of recreational use.

## Planning Steps

### Step 2: Identify the unmet service needs and critical gaps within the current system.

#### **SUBSTANCE ABUSE TREATMENT:**

##### **Drug and Alcohol Branch Services – “New Beginnings”**

The Drug and Alcohol (D & A) Branch, under the umbrella of the Department’s Division of Clinical Services will continue in FY 2022-2023 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. The Drug and Alcohol Branch is the gateway to providing substance abuse early identification, substance treatment and recovery support services for adult and adolescent individuals who are uninsured or for those insured but recommended services are not covered by their insurance provider (i.e., Medicaid) for the entire Territory.

Each year the D&A Branch and its contractors serve approximately 1,200 clients. The 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 for implementation in FY 2016 using local funding. Clients with no DSM-V 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 Behavior 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. All potential non-profit organizations have already been trained in Matrix. The Drug and Alcohol Branch became a certified Matrix Facility in August 2013 by the Matrix Institute Office in LA, California. 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 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.

To assess the strengths and needs of the service system to address specific population the Branch will continue to host the monthly Community Substance Abuse Planning Development” (CSAPD) Group. The Group is comprised of SSA providers, contracted providers of SSA, certified or

licensed substance abuse counselors, stakeholders, former treatment consumers, and interested individuals in the community wanting to improve Guam's substance treatment delivery system. 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 continues to be 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. Another priority has been to propose a career ladder for substance abuse treatment counselors and peer recovery coaches. There are only 25 certified substance treatment counselors on Guam yet the island needs at least 40 to address the growing treatment population (Data by Pacific Substance Abuse Mental Health Certification Board).

In 2015 the program was awarded the BRSS TACS grant. One of the main objectives of the BRSS TACS grant was to provide a Strengths & Needs assessment in the recovery community. The information presented in this report was compiled through the means of a needs and strengths assessment conducted on the island of Guam from September through November 2016. The assessment was funded by a grant from the Guam Behavioral Health and Wellness Center. The key purposes of the study were to identify: a) existing strengths and resources for treatment and recovery within the community, b) barriers to participation and services, and c) perceived needs for long-term support as related to individuals with substance use, mental health, and co-occurring disorders.

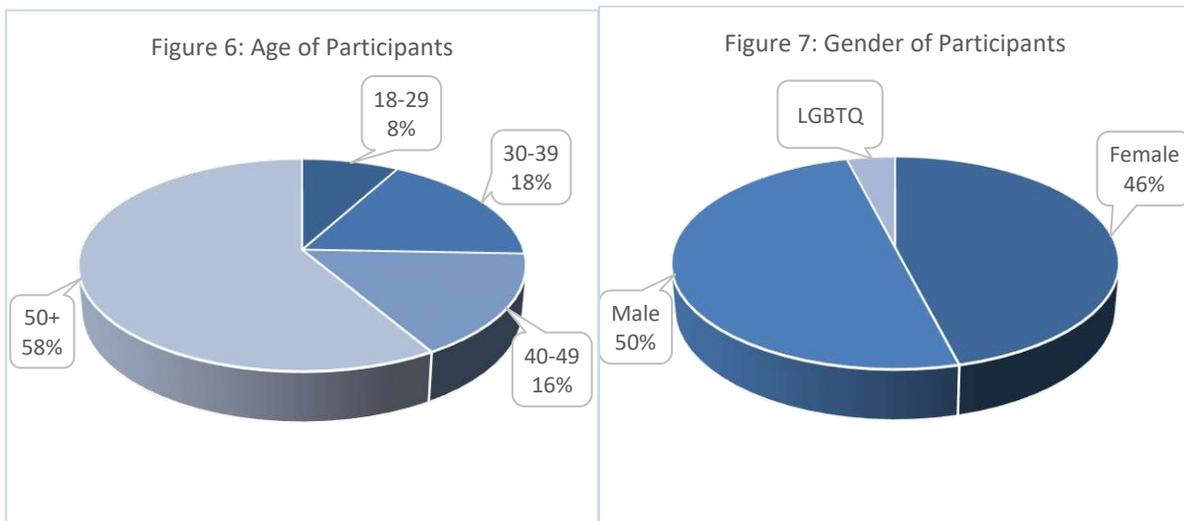
Participation for the study was promoted through invitation during Recovery Month Open House events held at New Beginnings, Lighthouse Recovery Center (LRC), Oasis Empowerment Center (OEC), and Sanctuary Incorporated. All four agencies provide substance abuse treatment on Guam. New Beginnings being the SSA also provides direct patient care and the other three agencies are contracted non-profit community-based organizations.

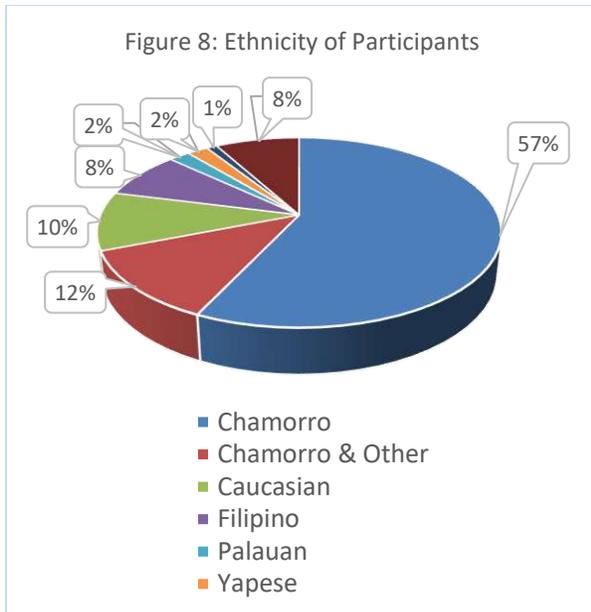
Initially, community members were invited to complete a Screening Survey (Appendix A) which would verify that the person met the requirement of participation, as well as to inform the Principal Investigator of their willingness to complete the Needs and Strengths Assessment Survey and/or to participate in a focus group. The majority of the Needs and Strengths Assessment Surveys were completed during Guam's Recovery Month Open House events following completion of the Screening Survey. Invitations for participation were also sent via E-mails to service providers and posted on the Alcoholics Anonymous Facebook page. Some Needs and Strengths Assessment Surveys were completed at the beginning of focus group sessions in cases where community members had been unable to attend Open House events but knew of the focus group sessions or were attending the venue of the focus group sessions and wanted to take part.

One hundred and twenty-one community members completed the Needs and Strengths Assessment Surveys of which 102 participants met the screening requirements: at least 18 years of age, **and** had been or was currently engaged in recovery services/programs on Guam **or** had a family member who had been or had been or was currently engaged in recovery services/programs on

Guam *or* had been or was currently employed as a service provider for recovery purposes on Guam.

A convenience sample of 138 community members (68 females, 65 males, and five transgender) took part in the study (Figure 6). This number is roughly 10% of the number of people reported to be receiving services for substance abuse issues each year. The majority of the participants (73%) were between the ages of 30 and 49 with the largest percentage (39%) specifically between the ages of 30 and 39 (Figure 6). Those identifying themselves as Chamorros comprised the majority (57%) of the participant population (Figure 8). The demographics of the participants were representative of the overall population engaged in recovery services in terms of age and ethnicity with exception that more females were engaged in the study (46%) than are represented overall within recovery services (19%). The majority of participants (c.85%) identified themselves as being engaged in services for substance abuse (past and/or current), while the other 15% identified themselves as either being related to someone who had been or currently was engaged in services or were engaged as a provider of services.





Four key aspects were cross-verified: key components noted for recovery, the greatest barriers of recovery, key strengths of the current programs and services on Guam, and suggestions for improving recovery programs and services.

Support was noted as a key component for recovery (Figure 20). General support was noted in 83% of the focus groups with family support noted specifically within 50% of the focus groups, while family (58%) and peer (47%) support were the two most important types of support identified by survey participants. Hence, in combining the survey and focus group data, family support was identified by both groups as being highly significant in recovery.

Figure 20: Key Components of Recovery – Combined Data

	Survey	Focus Groups
Support in general		83%
Family support	58%	50%
Peer support	47%	33%
Community support		33%
Government support		33%
12-Step programs		33%
Counseling	2%	33%

Participants identified several crucial barriers to or in recovery (Figure 21). The three barriers most commonly referred to within the focus groups were 1) stigma, 2) the fact that the community and/or family is not a safe environment, and 3) the limited numbers of staff, services, resources, centers, and choices. Survey participants identified three main barriers: 1) limited number of staff, services, resources, centers, and choices; 2) lack of transportation; and 3) family members in denial or not understanding (lack of family support). Participants in 50% of the focus groups also talked about the lack of transportation, financial problems, and denial within the family.

Figure 21: Greatest Barriers in Recovery – Combined Data

	Survey	Focus Groups
<b>Stigma</b>		67%
<b>Community &amp; family not safe</b>		67%
<b>Limited staff, services, resources, centers, choices</b>	55%	67%
<b>Lack of transportation</b>	56%	50%
<b>Financial problems</b>		50%
<b>Family in denial or not understanding (lack of family support)</b>	46%	50%

The fact that the aspect of family support was identified as being a vital part of recovery as well as the greatest barrier in recovery was discussed in three of the focus groups. Participants noted that sometimes family members may have good intentions, but in cases of denial or if there is substance use at family gatherings (for example), then it would be challenging for those in recovery.

Five key strengths of current programs and services were noted by survey and focus group participants as listed from most mentioned to least mentioned: 1) that there are services and programs, 2) 12-step programs/meetings, 3) family support, 4) peer support 4) connectivity of services (and/or potential for).

Participants identified five main suggestions which they believe would strengthen the current recovery programs and services leading to greater potential for long-term recovery: 1) more public awareness, education, and outreach programs, 2) more agencies, services, & providers (long-term treatment, longer inpatient treatment, longer aftercare, more counselors who are qualified, more counseling/support group sessions, more options for women & youth, more options not requiring a specific church attendance), 3) more opportunities for healthy activities, 4) better transportation options, 5) creation of ‘centers’ (“retreat” centers for re-centering, meditation, yoga – spirituality or drop-in centers run by peers).

While a number of clients could be classified as having co-occurring diagnoses (i.e. addiction and mental illness issues), there were clear issues in obtaining participation of those whose main diagnosis was related to mental health issues. There were also issues in obtaining current data from providers who worked with this population. These facts would imply that there is a need for further and longer-term studies of those whose main diagnosis relates to mental health issues. One-on-one interviews may be beneficial as a means of limiting potential confusion of questions and responses. It was clear to the Principal Investigator that communication was enhanced through more direct conversations in the case of visiting Sagan Mami. There would also need to be greater collaboration and effort between the Principal Investigator and service providers of mental health clients to engage clients in such a study. In the case of this study, the limitations of time (i.e. two months) may have been a barrier to acquiring greater input from this population. It would also be beneficial for providers to have current data in terms of numbers of clients receiving services, recidivism of services for clients, and effectiveness of services.

- Implications based on an analysis of the findings revolve around four key themes: 1) existing strengths and resources Guam provides valuable services and programs related to recovery on Guam, (12-Step programs and meetings are a vital dimension of long-term recovery on Guam and there is great potential for enhanced connectivity of services which would be significantly beneficial for long-term recovery. 2) The need to a peer advocacy workforce, Peer support is vital to sustained recovery. (Peer support is most often available through 12-Step meetings as well as treatment and counseling programs and support groups. And while peer support is noted as being important for sustained recovery, there is a notable lack of peer-led support programs and services currently available. 3) Barriers to participation in services are a lack of education and awareness regarding addiction and mental health issues results in social stigmatization which leads to blaming, shaming, and ostracizing community members who are in recovery. A general acceptance and perpetuation of substance use and abuse within the community as a social norm creates an unsafe environment for those who are in recovery. The lack of professional counselors, centers and resources can impede recovery efforts, particularly at crucial times such as when an individual is seeking help that is not immediately available. Limited transportation services and options can impede efforts in attending meetings, accessing recovery programs and services, and meeting requirements (i.e. acquiring documents) of service providers. 4) Needs, (There is a need for heightened efforts within the community to create greater awareness and understanding of substance abuse and mental health issues through community outreach programs as well as educational programs within the public schools. There is a need for a greater number of services and service providers including qualified counselors and longer-term treatment vis-à-vis inpatient and aftercare services. Participants identified the importance of and need for peer support and peer-led organizations such as the 12-Step programs. Peer-run centers were also mentioned as valuable and desired.

The purpose of this study was to survey community members knowledgeable of current recovery services and programs linked to substance abuse and mental health wellness in an effort to ascertain their perceptions of the strengths and areas of need within current services and programs in addressing the needs of community members involved in or requiring said services. Survey responses and focus group conversations elicited several main points:

- 1) The main strength of treatment and recovery services and programs within the community is that there are such services; however, there is a great need for additional services such as more counselors, more treatment facilities, and programs which provide longer-term services.
- 2) There is a need for a peer advocacy programs which are led by those in recovery. Other programs such as 12-Step programs, while essential for sustained recovery, are limited by the guidelines and ‘traditions’ of the program.
- 3) The key barriers to participation and services are the lack or limitation of services, programs, counselors, and access (i.e. transportation, affordability) to such services and programs.
- 4) Long-term support needs for those in recovery are multi-faceted: community awareness and education related to substance abuse, mental wellness, and co-occurring issues; long-term treatment and support for those in recovery as well as family members; community support in

assistance efforts such as acquiring legal documents, employment, and transportation as a way to help those in recovery to support themselves and their families.

Future studies would be beneficial in monitoring the implementation of recommendations, evaluating progress of recommendations, and seeking further input from community members. Certainly the purpose of this study extends beyond the role of documentation to that of action.

GBHWC will also continue to utilize its annual data collection for clients served by SSA direct services and its contracting partners. This is a standardized data collection using excel format for the SSA and its contractors to collect client data including NOMS and reported on a quarterly basis. Data showed in FY 2015, 958 clients were served. Of this amount, 783 or 81.8% male and 176 or 18.2% female. The top 3 in ethnicity were Chamorros at 449 Clients or 49.6%, followed by Chuukese at 244 or 25.5%, and mixed race was at 103 or 10.8%. The data also shows that 451 clients or almost 47.1% that were in treatment were high school graduates and drop-outs. Therefore, treatment curriculum warrants for adaptations for easy comprehension. Particularly for the Chuukese population where they come from islands with little to no education systems and have limited English proficiency skills. The top 3 referral source includes the Court with the highest at 621 clients or 64.8%, followed by self-referral at 140 clients or 14.7%, and the hospital and GBHWC mental health programs at 120 clients or 12.5%. The top 3 primary diagnosis includes alcohol at 371 clients or 38.8%, followed by Methamphetamine at 350 clients or 36.5%, and Mixed (alcohol and drugs) at 121 or 12.7%. These data results will continue to guide the SSA to make services data driven and to improve services and maintaining optimal care.

Through screening, the Drug and Alcohol Branch will entertain all referrals from the criminal justice system, other government agencies, schools, private companies, military, faith based organizations, as well as self-referrals or walk-ins. Individuals found eligible will be admitted into a level of care provided by the SSA or by its contractors. Individuals found ineligible will be referred to their insurance provider. Uninsured Individuals who qualify will be assisted with enrollment to Medicaid with the Guam Department of Public Health and Social Services.

The Branch will continue to provide American Society of Addiction Medicine (ASAM) level 0.5 education and brief intervention services for individuals with no DSM-V substance related diagnosis but experienced a substance related episode. For individuals needing substance treatment will be served by the SSA's ambulatory services or by its contractors.

For individuals needing recovery support services will be served by the Recovery Oriented Systems of Care (ROSC) also provided by the SSA. The primary purpose of ROSC is to assist individuals gain recovery support systems to strengthen their recovery and maintain sobriety. These recovery support systems include but not limited to stable housing, reliable transportation, gainful employment, access to healthcare, access to education, purpose and responsibility in the community. The SSA will continue to serve criminal justice clients who completed the Residential Substance Abuse Treatment (RSAT) from the Department of Corrections (DOC) and needing 6 months of aftercare/continued care. The Guam Behavioral Health and Wellness Center (GBHWC) is a subgrantee of the Edward-Byrne grant that provides the staffing funding for the ROSC program. The Edward-Byrne grant is administered by the Bureau of Statistics and Plans under the

supervision of the Governor's Office. GBHWC will continue to work closely with the Bureau and DOC to improve recovery support services.

The GBHWC Drug and Alcohol Branch will continue to lead in addressing the special substance treatment needs of the various ethnic populations being served in the Territory's continuum of care. For example, an evidenced-based model for the DUI population is currently being translated into the "Chuukese" language. The Chuukese population is the second largest (GBHWC Data) ethnic group in Guam's treatment system. A Chuukese Fellowship Program will continue to train two Chuukese in using the Driving with Care Model. The Branch will also continue to support trainings and forums in making cultural adaptations so that racial and ethnic issues are addressed resulting in optimal care. In addition, the Branch hosted substance treatment training for Guam clinicians aimed for serving LGBTQ population in recent past. The Branch plans to host follow-up trainings in FY 2016-2017 including a TOT in serving the LGBTQ population. Furthermore, the Branch plans to conduct trainings on the Matrix Model, Driving with Care Model, Motivation Interviewing, DSM-V, Addiction Severity Index (ASI), Ethics, Confidentiality, Trauma Informed Care, PTSD, TBI (Trauma Brain Injury) and other trainings identified by SSA, CSAPD or Focus Group. The Branch will continue to support individuals pursuing certification by providing trainings consistent with the four domains of the alcohol and drug counselor credential with IC & RC (International Certification & Reciprocity Consortium) or via education courses with the Guam Community College human service associate's degree program. Overall, the Branch will continue to work with its partners by providing contracts and monitoring and to ensure treatment systems are improved and addresses the needs of diverse racial, ethnic and sexual gender minorities, pregnant women, women with dependent children, LGBTQ, military, criminal justice, homeless, individuals with HIV/STIs, as well as children and youth who are often underserved.

#### **Identified Substance Use Treatment Gaps in Services:**

- Level 2.5 Partial Hospitalization-Day Treatment Service- The SSA is still in the planning stage of this level of care.
- Workforce Development for the recruitment and retention of Certified Substance Use Counselors and Certified Peer Specialists- The SSA is continuing its partnership with the Guam Community College to provide the Substance Use Counselor Certificate program. A Cohort for this project completed in December 2017 and the program is set to launch in the fall of 2021. Similar trainings and on the job training programs have started for Peer Recovery Specialists.
- Establish the Peer Recovery Specialists as a Government of Guam position. This will allow us to hire fulltime Peer Recovery Specialists.
- Residential Treatment Program for Women and Dependent Children- This is a huge need for our State at this time, as more and more women are participating in treatment and are not able to participate with their children. The SSA currently has a partnership with the Guam Family Recovery Program (Family Drug Court) and most of our participants come from this program. The current women's residential Treatment Program- Oasis Empowerment Center provides 12 Residential Beds and 2 Withdrawal Management Bed. This program is usually full in occupancy and it does not provide services to the children. We are currently planning and seeking to secure funding to implement this program.
- Develop and Implement a more Culturally appropriate SUD treatment services for the Ethnic Minority population from the Federated States of Micronesia.

- Implementing Recovery Housing and services.
- Enhancing our Family Support and Education Program as well as Strengthening Families. These programs have been meeting virtually and would like to meet more often and face to face.
- Provide more SUD treatment programs and self-help support groups specific to LGBT-Q community.

**SUBSTANCE ABUSE PREVENTION:  
Prevention and Training Branch -- “PEACE Office”**

**Description of data sources used to identify primary prevention needs:**

Guam’s State Epidemiological Outcomes Workgroup (SEOW) is considered the definitive authority on substance abuse epidemiology on the island. Its data products are readily acknowledged as comprehensive community resources, and its work has consistently influenced substance abuse policy and program development, prevention resource allocation, services delivery and decision-making at the State government level as well as within individual agencies, institutions, and community organizations.

The SEOW’s work has been cited and utilized by the Office of the Governor and Lt. Governor, the Guam Legislature, the University of Guam and Guam Community College, the Departments of Public Health and Social Services and Mental Health and Substance Abuse and various other policy leaders and program managers on Guam. The SEOW has contributed significantly to various policies directly related to substance abuse prevention, including Public Law 28-80 (Guam’s smoke-free law, 2005), Public Law 30-80 (raising tobacco taxes and earmarking tobacco tax revenues for cancer prevention and health promotion, 2010) and Public Law 30-156 (raising the minimum legal drinking age from 18 to 21 years, 2010). It has also guided prevention program planning and resource allocation in diverse health areas. For instance, the SEOW’s Epidemiological Profile is widely quoted in the Guam Comprehensive Cancer Control Plan and is a major reference for the Guam Non-Communicable Disease Control and Prevention strategic plan and the Guam Focus on Life suicide prevention program. It has also been used as a reference by the University of Guam’s Cancer Research Center for its U54 research grant application to the National Cancer Institute. The expanded mandate of the SEOW and its ongoing support through the sub-grant will ensure that this valuable community prevention resource will continue to provide the local evidence base for effective substance abuse prevention and mental health promotion in Guam.

The SEOW membership includes the following entities and organizations that meets quarterly:

- Bureau of Statistics and Plans
- Guam Police Department
- Juvenile Drug Court, Superior Court of Guam
- Guam Department of Education
- Health Partners, L.L.C.
- Department of Public Health and Social Services
- Department of Youth Affairs
- Guam Behavioral Health and Wellness Center

- Guam Community College
- Guam’s Alternative Lifestyle Association
- Guam Memorial Hospital
- Guam National Guard
- Guam Regional Medical City
- University of Guam Cooperative Extension Services
- University of Guam Cancer Research Center
- Sanctuary, Incorporated

The Annual SEOW Profile is developed first by identifying a set of indicators specific to Guam that delineate alcohol, tobacco and other drug consumption patterns and the consequences related to the use of these substances. The criteria for selection of indicators included the following:

- Relevance
- Availability of data
- Validity of data
- Frequency/regularity of data collection
- Consistency in measurement
- If possible, existence of data disaggregated geographically, by age, sex and/or ethnicity/race

The SEOW also compiles a list of existing datasets from which to extract the data for the selected indicators. Indicators from well-established population-based surveillance systems---such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Surveillance System (YRBS)---were given the greatest weight.

As part of the annual Profile, the SEOW recommends a list of unmet and emerging needs in Guam’s prevention infrastructure, which is then forwarded to the Governor’s PEACE Council and the GBHWC Prevention and Training Branch for consideration. Inclusive of community feedback through the PEACE Council, much of the prevention strategies pursued, funded and facilitated by the Branch stem from the SEOW recommendations.

**Primary Prevention Needs and Gaps:**

The GBHWC continues to make improvements in the behavioral health, substance abuse treatment and primary prevention services delivery. The primary prevention needs and gaps recommended and endorsed by the SEOW and the PEACE Council, which the P&T Branch proposes to address through the SAPT block grant, are described below.

**Workforce Development:** Prevention and Training branch prioritizes the creation of a workforce development plan to address identified service gaps related to the prevention workforce. Guam is a member of the Pacific Behavioral Health Collaborating Council (PBHCC). PBHCC’s Certification Review Board, under the IC&RC, administers certifications toward prevention specialists, mental health specialists and substance abuse treatment counselors to members in the Pacific Region (Palau, FSM, CNMI, Guam, American Samoa, and RMI). Historically there have been a total of 9 Certified Prevention Specialists (CPS) on Guam. However, because of staff turnover in the recent years, P&T now only has 1 full time staff among the 10 total that is certified;

2 are pending certification renewal. One determinant resulting in the lack of interested applicants is that there is no incentive for current employees to seek certification as a prevention specialist. Tying in certification to promotions and salary increases in the career ladder will not only address retaining qualified and competent personnel but will also attract new individuals to the field of behavioral health. Workforce Development will be strengthened by increasing the number of Certified Prevention Specialists in the P&T Branch to serve the community.

To address this gap, P&T will require staff to be CPS certified and will provide funding opportunities for the CPS certification application and renewals through SAPT block grant. In addition, while P&T will continue to collaborate with NPN, PBHCC and Guam Department of Administration in developing a job title and description for Certified Prevention Program Specialists within the Government of Guam, community partners will be given scholarships to attend trainings and conferences hosted by CADCA and NPN to build their credentials in the prevention field. Once all of these are accomplished, the next step is for the P&T to collaborate with the Guam Community College (GCC) to further the workforce development in behavioral health care services by offering behavioral health-related courses that meet the requirements for prevention specialist certification and with the issuance of CEU's and/or college credits.

**Data Infrastructure:** There are serious data gaps for Guam, and through the years, the SEOW and P&T have continued to work to address these gaps.

- Expanded youth data collection for gap years in YRBS: Out of school youth - To expand the coverage of youth data, the SEOW will facilitate an agreement between GBHWC and the Department of Youth Affairs (DYA) and Sanctuary, Inc. (a private sector provider of youth drug rehabilitation services) to administer a subset of YRBS questions to all of their clients, representing court-involved youth outside of the school. Through this agreement, data on drug consumption will be available once more for out-of-school high-risk youth. However, no new data for this group was available for the current edition of the Epi Profile. A Memorandum of Understanding (MOU) will be established between GBHWC, DYA and Sanctuary Inc. to consistently collect this data annually.
- Expanded youth data collection for youth attending schools where YRBS is not conducted – Since youth substance use data reported on the Annual Epi Profile is only based on YRBS, other youth attending private schools and charter schools do not get to contribute to the information reported by SEOW. To address this need, SAPT block grant dollars will be used to supplement other funding available to support the training, data collection, analysis and reporting of a condensed YRBS among charter schools.
- LGBTQ population – In 2015, the SEOW incorporated data from the Guam's Alternative Lifestyle Association (GALA), a PEACE Partnerships for Success Partner, into the Profile. However, no new data is available from this population subgroup for the current edition of the Profile. Funding will be allocated to address this need for consistent collection of annual data.

- Improved data infrastructure in the Pacific region – Through the Pacific Behavioral Health Collaborative Council, the P&T Branch had become a founding member of the Pacific Behavioral Health Collaborating Epidemiology Workgroup which aims to facilitate a regionwide needs assessment on its data infrastructure and, in the long term, create a standard surveillance and reporting system on the behavioral health and substance use trends among Pacific islanders.

Prevention and Training and SEOW will address these needs by strengthening data infrastructure that captures special populations. P&T will continue to collate and report an epidemiological profile for Guam annually. The SEOW will develop and implement a strategic plan for identifying and capturing data on special populations on Guam. Additionally, GBHWC in collaboration with DYA and Sanctuary Inc., will capture YRBS data annually for the two populations

**Substance use Priorities:** Examination of alcohol, tobacco, and other drug use consumption and consequence data (derived from the Youth Risk Behavior Survey (youth) and the Behavioral Risk Factor Surveillance System (adults), the Office of Vital Statistics of the Department of Public Health and Social Services, the Uniform Crime Report from the Guam Police Department, and the Guam Department of Education’s student discipline records) disaggregated for ethnicity, age, and sex revealed that Chamorro and other Micronesian (particularly the Chuukese) youth and young adults are at highest risk for increased vulnerability (high prevalence of risk factors), actual consumption and health and social consequences. According to the 2010 Guam Census, the Chuukese on Guam only accounts for 7% of the population but account for 28.8% of those seeking drug and alcohol treatment. The Chuukese population is also over-represented in Guam’s criminal justice system. Guam’s youth population, those in middle and high schools, also present with higher consumption rates for current tobacco use, current smokeless/other tobacco use, lifetime and current marijuana use, and lifetime methamphetamine use. We have identified them (youth, Chamorros, and Chuukese – Micronesian Islander) as the populations who are at most need of primary prevention services and who will be the focus of primary prevention activities under the Prevention and Training Branch as well as the Partnership for Success Grant.

Initial works to address disparities in these populations, particularly the Micronesian Islander population who are often of limited English proficiency, include the translation of prevention resources into the Chuukese language and to include cultural representatives in the substance use and suicide prevention task-force. The Branch has also been proactive in actively engaging grassroots non-profit organizations that work closely with these targeted populations to ensure that primary prevention services are delivered in a responsive and respectful manner. The Micronesian Islander population are often hard to reach not only due to language barriers but often also due to transportation issues. Working with existing grassroots organizations that already provide services to this population increases the opportunities to capture this population and overcome the language and transportation hurdles.

Collaboration and partnerships will continue with non-government organizations (NGOs) in providing prevention strategies and programs. The Prevention and Training Branch will support NGO’s activities and ensure that primary prevention services to youth are done in an efficient and effective manner.

The Prevention and Training Branch also utilizes technology in the dissemination of prevention education messages. The Branch has been active in posting positive behavioral health messages in the most popular youth social media sites and ensures that our website ([www.peaceguam.org](http://www.peaceguam.org)) is kept up to date with relevant prevention materials and information. Media campaigns targeting the prevention of underage drinking and tobacco and suicide prevention will go through focus groups to determine the best strategies to use to target our high-risk populations (youth, Chamorros, and Chuukese). The Prevention and Training Branch will continue to produce media campaigns that are responsive to the needs of our targeted populations. Realizing that substance use is associated with non-communicable diseases (NCD), the Prevention and Training Branch has been active in Guam's NCD Consortium, particularly the alcohol control and tobacco control teams of the consortium. This active participation has helped garner attention to the need for alcohol and tobacco prevention and the promotion of positive behavioral health.

**Tobacco Access:** To address this gap, P&T will continue to work on reducing youth access to tobacco/nicotine by decreasing the number of retail outlets selling tobacco to minors and increasing education and awareness of Guam's tobacco laws among tobacco/nicotine vendors. The strategies will include annually reviewing and updating the listing of new and annual renewals of tobacco/nicotine business licenses as well as improving year-round tobacco vendor education, monitoring, compliance and enforcement.

**Alcohol and Tobacco/Nicotine Consequences by Youth and Adults:** To address this gap, P&T will continue to work in decreasing the prevalence of alcohol and tobacco/nicotine consumption in youth and adults through collaborating with NGO's and other partners to provide problem identification and early intervention and referral opportunities and will increase leadership opportunities for youth and young adults influencing positive changes in themselves and the community through education and alternative strategies. SAPT partners and sub-recipients will participate in the Alcohol Prevention Workgroup and Tobacco Control Action Team in Guam's NCD Consortium, once it is activated again by the Department of Public Health and Social Services.

**Marijuana Use Among Youth:** In April of 2019, the Governor of Guam signed into law the legalization of recreational marijuana (Public Law 35-5). There is no current data collection on youth perception of harm and peer disapproval as of 2019. This gap will be identified and addressed through collection of data through collaboration with the Guam Cannabis Control Board to ensure that data collection is prioritized in the development of rules and regulations. By 2023, state added questions on marijuana youth perception of harm and disapproval will be added to the condensed YRBS, and later on the YRBS. P&T and SEOW will then develop prevention strategies to address data collected youth perception of harm and peer disapproval of marijuana use.

**Collaboration and Partnerships:** There is a need to increase the availability and accessibility of prevention programs that address substance use and mental health promotion in the community level. P&T will address this by maintaining an active and functioning PEACE Advisory Council that provides guidance in assessing and implementing the Guam Strategic Plan for Substance Misuse Prevention and Mental Health Promotion (FY2020-2024). SAPT block grant will be used to fund capacity building activities, training individuals and providing technical assistance

to organizations and government agencies on prevention skills, practices, and policies to increase their readiness and capacity to compete for federal and local grant opportunities. The block grant will also be used to offer mini-grants to non-profit organizations who will then plan, implement and evaluate primary prevention strategies within their community groups as part of their direct services. Further capacity building and sustainability efforts will include the re-establishment of the Alcohol Prevention Workgroup in Guam's NCD Consortium through active participation of SAPT partners and sub-recipients.

# Planning Tables

**Table 1 Priority Areas and Annual Performance Indicators**

**Priority #:** 1  
**Priority Area:** Workforce Development  
**Priority Type:** SAP  
**Population(s):** Other (Prevention Staff)

**Goal of the priority area:**

Strengthen Prevention Workforce Development in Guam Behavioral Health and Wellness Center (GBHWC) Prevention and Training Branch staff all SABG funded community partners.

**Strategies to attain the goal:**

- 1) Prevention and Training branch will require all staff to be CPS certified
- 2) Provide funding opportunities for CPS certification application and renewals through SAPT
- 3) Collaborate with NPN, PBHCC and Guam Department of Administration in developing a job title and description for Certified Prevention Program Specialist within the Government of Guam
- 4) Offer scholarships to attend national conferences that offer prevention leadership training, such as National Prevention Network (NPN), Community Anti-Drug Coalitions of America (CADCA), National Alliance Mental Health Institute (NAMI), for prevention staff and SABG partners.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of individuals certified as prevention specialists in GBHWC Prevention and Training Branch.  
**Baseline Measurement:** As of FY 2019 there are a total of 1 Certified Prevention Specialists on Guam; 2 staff among Prevention and Training are pending renewal.  
**First-year target/outcome measurement:** Increase the number of P&T certified prevention specialist by 50% above the baseline in FY 2022.  
**Second-year target/outcome measurement:** Increase the number of P&T certified prevention specialists by 100% above the baseline in FY 2023.

**Data Source:**

Administrative records of the Pacific Behavioral Health Collaborating Council and IC&RC Certification Board.

**Description of Data:**

Records indicating the number of individuals in GBHWC's P&T Branch who are certified.

**Data issues/caveats that affect outcome measures:**

Lack of interests and/or incentives for prevention service providers to become Prevention Specialists as there are no guaranteed career opportunities for CPS certified professionals on Guam. New prevention personnel needing required certification requirements to apply and pass examination.

**Indicator #:** 2  
**Indicator:** Number of staff and community partners who attended national conferences and trainings for prevention leadership.  
**Baseline Measurement:** In FY 2020, 4 staff and community partners attended the virtual CADCA and NPN conferences  
**First-year target/outcome measurement:** By FY 2022, at least 4 staff and 6 community partners will attend the CADCA and NPN Conference  
 DRAFT - SABG Plan FY 2022-2023

**Second-year target/outcome measurement:** By FY 2023, at least 5 staff and 10 community members will attend the CADCA and NPN Conferences

**Data Source:**

Administrative records of GBHWC P&T and Financial Office.

**Description of Data:**

Records indicating the number of scholarships awarded to staff and community partners.

**Data issues/caveats that affect outcome measures:**

Travel restrictions from Guam to the mainland US due to the pandemic.

**Priority #:** 2  
**Priority Area:** Data Infrastructure  
**Priority Type:** SAP  
**Population(s):** Other (Member organizations of SEOW )

**Goal of the priority area:**

Comprehensive annual substance abuse epidemiological report is presented to key decision leaders in the community.

**Strategies to attain the goal:**

- 1)Continued use of data by the State Epidemiological Outcomes Workgroup (SEOW) which collects and cross-examines the bi-annual Youth Risk Behavior Survey (YRBS) and annual BRFSS data, as well as other data resources contributed by its members.
- 2)Provide training and technical assistance to Guam Department of Youth Affairs and Sanctuary Inc., Guam to collect data from their youth target population.
- 3)Provide training and technical assistance to Charter Schools and Private Schools in Guam to conduct a modified YRBS among their students.
- 4)Participate in the Pacific Behavioral Health Collaborative Epidemiological Workgroup

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Guam's Annual Epidemiological (Epi) Profile  
**Baseline Measurement:** FY 2019 last published Epidemiological Report  
**First-year target/outcome measurement:** Guam's annual Epidemiological (Epi) Profile FY2022  
**Second-year target/outcome measurement:** Guam's annual Epidemiological (Epi) Profile FY2023

**Data Source:**

Guam's Annual Epidemiological (Epi) Profile.

**Description of Data:**

Epidemiological report on substance use and mental health among youth and adults on Guam.

**Data issues/caveats that affect outcome measures:**

No classified permanent employee to support SEOW's technical needs (research analyst); Potential data gaps caused by loss in face-to-face instruction time in Guam's public schools.

**Indicator #:** 2  
**Indicator:** Number of captured special population groups on Guam  
**Baseline Measurement:** 0 surveys conducted in FY 2021  
**First-year target/outcome measurement:** Needs assessment to identify data gaps through SEOW  
**Second-year target/outcome measurement:** Implementation of data collection and analysis action steps

**Data Source:**

SEOW Minutes and membership presentations.

**Description of Data:**

As of FY2021, the Health Disparities Health Impact Statement has only reported on two high-risk/high-need populations on Guam, although other special groups have been identified, no profile has been established for them nor has there been a plan to monitor their risk and needs.

**Data issues/caveats that affect outcome measures:**

No classified permanent employee to provide support to SEOW and no island-wide data sources where special groups are properly captured.

**Indicator #:**

3

**Indicator:**

Number of individuals surveyed during the gap years that YRBS does not administer in the Guam Department of Education.

**Baseline Measurement:**

None

**First-year target/outcome measurement:**

MOU with GBHWC, DYA, Sanctuary Inc. and Charter Schools in FY2022 .

**Second-year target/outcome measurement:**

All intakes at Sanctuary and DYA will include administration of the YRBS FY2023. Middle and high school students attending Charter School will complete a modified YRBS survey annually.

**Data Source:**

SEOW Minutes and membership presentations.

**Description of Data:**

As of FY2021, the Health Disparities Health Impact Statement has only reported on two high-risk/high-need populations on Guam, although other special groups have been identified, no profile has been established for them nor has there been a plan to monitor their risk and needs.

**Data issues/caveats that affect outcome measures:**

No classified permanent employee to provide support to SEOW and no island-wide data sources where special groups are properly captured.

**Priority #:**

3

**Priority Area:**

Tobacco Access

**Priority Type:**

SAP

**Population(s):**

Other (Tobacco Retail Establishments owners and staff)

**Goal of the priority area:**

Reduced youth access to tobacco/nicotine products.

**Strategies to attain the goal:**

- 1)Review and update listing of new and annual renewals of tobacco/nicotine business licenses
- 2)Continue annual tobacco vendor education, monitoring, compliance and enforcement.
- 3)Fund and provide vendor education and trainings.

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

Synar Compliance - Decrease in the number of retail outlets selling tobacco to minors; maintain over 85% compliance each year as part of its efforts to stop the illegal sales of

tobacco to minors

**Baseline Measurement:** FY2018 Youth tobacco sales for Guam reported a 12.1% Synar RVR

**First-year target/outcome measurement:** Maintain RVR rates under 10% by the end of FY2022

**Second-year target/outcome measurement:** Maintain RVR rates under 10% by the end of FY2023

**Data Source:**

Annual Synar compliance inspections.

**Description of Data:**

Synar Data Collection forms. Department of Revenue and Taxation vendor license applications and renewals.

**Data issues/caveats that affect outcome measures:**

Possible re-strategize of Synar protocols to include e-cigarette or vape shops.

**Priority #:** 4

**Priority Area:** Alcohol and Tobacco/Nicotine consequences by youth and adults

**Priority Type:** SAP

**Population(s):** Other (LGBTQ, Military Families, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Consequences of alcohol and tobacco/nicotine use by youth and adults are reduced.

**Strategies to attain the goal:**

- 1) Collaborate with NGO's and other partners to provide problem identification and early intervention and referral opportunities
- 2) Increase leadership opportunities for youth and young adults influencing positive changes in themselves and the community through education and alternatives strategies.
- 3) Collaborate with PBS Guam in facilitating education strategies among youth using substance use prevention and media literacy curricula

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Prevalence of binge drinking in youth and adults

**Baseline Measurement:** Baseline measurements for FY 2019: Adult binge drinking is 16.3% overall prevalence; Youth binge drinking is 8.2% overall prevalence in 2020

**First-year target/outcome measurement:** Decrease prevalence of binge drinking in youth and adults by 2 percentage points by the end of FY2022

**Second-year target/outcome measurement:** Decrease prevalence of binge drinking in youth and adults by another 2 percentage points by the end of FY2023

**Data Source:**

Well-established population-based surveillance systems such as the Behavioral Risk Factor Surveillance System (BRFSS) - Adults; and the Youth Risk Behavior Surveillance System (YRBS)- Youth.

**Description of Data:**

Sample population data collected by the Department of Education and Department of Public Health and Social Services, that include indicators on alcohol use

**Data issues/caveats that affect outcome measures:**

- YRBS is collected every two years and only conducted in Guam's public schools
- Other survey conducted based on the availability of funding.
- Other unknown data gaps for FY 2020 and 2021 caused by the pandemic

**Indicator #:** 2

**Indicator:** Prevalence of current smoking in youth and adults

**Baseline Measurement:** Tobacco prevalence in adults in 2018 was 21.9%. Tobacco prevalence in youth in 2017 was 13.2%.

**First-year target/outcome measurement:** Decrease prevalence of current tobacco use in youth and adults by 2 percentage points by the end of FY2022

**Second-year target/outcome measurement:** Decrease prevalence of current tobacco use in youth and adults by another 2 percentage points by the end of FY2023

**Data Source:**

Youth Risk Behavior Survey (YRBS) for Youth and Behavioral Risk Factor Surveillance System (BRFSS) for Adult.

**Description of Data:**

Sample population data collected by the Department of Education and Department of Public Health and Social Services, that include indicators on alcohol use

**Data issues/caveats that affect outcome measures:**

- YRBS is collected every two years and only conducted in Guam’s public schools
- Other survey conducted based on the availability of funding.
- Other unknown data gaps for FY 2020 and 2021 caused by the pandemic

**Priority #:** 5

**Priority Area:** Marijuana use among youth

**Priority Type:** SAP

**Population(s):** Other (Member organizations of SEOW )

**Goal of the priority area:**

Better understanding of current trends on marijuana use and perception among youth in Guam, along with community-led strategies to address emerging concerns.

**Strategies to attain the goal:**

- 1)P&T and SEOW to collect data on the perception of harm and peer disapproval of marijuana use among youth
- 2)P&T and SEOW to develop prevention strategies to address data collected on the perception of harm and peer disapproval of marijuana use among youth.
- 3)Provide ongoing marijuana prevention education and early intervention for staff, SABG partners, community outreach and school presentations.
- 4)SABG partners to address this priority area within their funded period.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Perceived risk of harm of marijuana use among youth.

**Baseline Measurement:** None

**First-year target/outcome measurement:** Identify baseline data for the perception of harm of marijuana use among youth FY2022

**Second-year target/outcome measurement:** Decrease the perception of harm of marijuana use among youth by 20% FY2023

**Data Source:**

SEOW Annual Epidemiological (Epi) report

**Description of Data:**

State added questions will be added to the YRBS; Modified YRBS collected among special populations include indicators on marijuana.

**Data issues/caveats that affect outcome measures:**  
DRAFT - SABG Plan FY 2022-2023

Gap years and obtaining Guam Department of Education's approval for state added questions; Potential delay in collecting data from special populations.

**Indicator #:** 2  
**Indicator:** Perceived peer disapproval of marijuana use among youth.  
**Baseline Measurement:** None  
**First-year target/outcome measurement:** Identify baseline data for the perception of peer disapproval of marijuana use among youth FY2022  
**Second-year target/outcome measurement:** Increased perceived peer disapproval by 2% in FY2023

**Data Source:**

SEOW Annual Epi report

**Description of Data:**

State added questions will be added to the YRBS; Modified YRBS collected among special populations include indicators on marijuana.

**Data issues/caveats that affect outcome measures:**

Approval form Guam Department of Education for state added questions.

**Priority #:** 6  
**Priority Area:** Collaboration and Partnerships  
**Priority Type:** SAP  
**Population(s):** Other (Peace Council, Government agencies, and Community partners.)

**Goal of the priority area:**

That prevention programs are led in the community by partnered NGO's, government agencies and other community organizations.

**Strategies to attain the goal:**

- 1) P&T staff and PEACE Council will review the annual SEOW Epidemiological Profile for Guam to identify gaps and needs in prevention resources
- 2) PEACE Council will submit annual report to the Governor of Guam to identify and address prevention strengths and needs and recommendations to improve Guam's prevention system.
- 3) Re-establish PEACE Council Sub-committees for ATOD, Suicide Prevention and the Suicide Task Force. Build Guam's prevention capacity by offering training, technical assistance and funding opportunities to community organizations to plan and implement prevention strategies
- 4) Fund Media Literacy curricula offered as a substance use prevention strategy in local elementary, middle and high schools.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Governor's PEACE Advisory Council participation rate.  
**Baseline Measurement:** 0 due to new government administration in 2019  
**First-year target/outcome measurement:** At least 60% of members consistently attend council meetings  
**Second-year target/outcome measurement:** At least 90% of members consistently attend council meetings

**Data Source:**

Minutes of PEACE Council Meetings

**Description of Data:**

- 1) At least 60% of the PEACE Council members consistently attend the 4 council meetings in FY2022
- 2) At least 90% of PEACE Council members consistently attend the 4 council meetings in FY2023

**Data issues/caveats that affect outcome measures:**

Appointees are not considered members until officially sworn-in by the Governor of Guam.

**Indicator #:** 2  
**Indicator:** Number of products submitted to Governor  
**Baseline Measurement:** 0 due to new government administration in 2019  
**First-year target/outcome measurement:** Governor's PEACE Council Annual Report FY2022  
**Second-year target/outcome measurement:** Governor's PEACE Council Annual Report FY2023

**Data Source:**

Record log of memo submitted via GBHWC Director and PEACE Council Chair to Governor's Office.

**Description of Data:**

Governor's PEACE Council Annual Report FY2020 and 2021 which will include resource prevention map and gap analysis, strengths and needs and recommendations for prevention system improvement.

**Data issues/caveats that affect outcome measures:**

PEACE Council will have to identify a workgroup among its members to work with P&T staff in developing technical aspects of products. There will be at least 4 quarterly meetings of the Council held in FY2023; and attended by at least 90% of appointed Council members or their designated organization representative(s).

**Indicator #:** 3  
**Indicator:** Number of organizations that serve high-need/high-risk population represented in training  
**Baseline Measurement:** 12 organizations received mini-grant from SABG in FY 2021  
**First-year target/outcome measurement:** Host a technical assistance conference to train and set up organizations to receive subgrant contracts with option to renew.  
**Second-year target/outcome measurement:** At least 12 organizations will receive a sub-grant contract funded by SABG

**Data Source:**

Record of agreements between the agencies and organizations

**Description of Data:**

Agencies and organizations will include multi-sector representation from Non-Government Organizations (faith-based, LGBTQ, Cultural, veterans), Youth-Serving organizations, Substance Use and Mental Health Care, military and organizations serving the identified high-risk/high-need populations for Guam

**Data issues/caveats that affect outcome measures:**

External factors with potential partners to include : administration priorities and other relative costs.

**Indicator #:** 4  
**Indicator:** Number of organizations providing prevention strategies/services  
**Baseline Measurement:** 3 NGO's in FY2019  
**First-year target/outcome measurement:** Maintain at least 10 NGO's providing prevention services in 2022  
**Second-year target/outcome measurement:** Maintain at least 15 NGO's providing prevention services in 2023

**Data Source:**

Newly appointed PEACE Council Members with representation from GBHWC, Guam Department of Education, Guam Police Department, Department of Youth Affairs, Sanctuary, Inc., Manelu Guam, GALA Guam, Department of Public Health and Social Services, TOHGE Guam, Youth for Youth LIVE! Guam, Grief Recovery of Guam, Guam Memorial Hospital, Guam Community College, University of Guam and other individual community representatives.

**Description of Data:**

NGO's will provide services addressing the CSAP's 6 Primary Prevention Strategies (Information Dissemination, Alternatives, Problem Identification and Referral, Community-based process and environmental strategies)

**Data issues/caveats that affect outcome measures:**

P&T Staff have to set protocols for data collection, entry and analysis for technical assistance to sub-recipients for consistency

**Indicator #:**

5

**Indicator:**

Number of organizations involved in Alcohol Prevention Workgroup (APW) of Guam NCD Consortium.

**Baseline Measurement:**

2 organizations in FY2019

**First-year target/outcome measurement:**

6 organizations represented in APW in FY2022

**Second-year target/outcome measurement:**

6 organizations represented in APW in FY2023 Data

**Data Source:**

Annual NCD progress report and sign-in sheets

**Description of Data:**

The 6 SAPT sub-recipients will be represented and involved in the implementation of APW's strategic plan.

**Data issues/caveats that affect outcome measures:**

As of 2019, the NCD Consortium is overseen by the Department of Public Health and Social Services and 2 out of the 12 per anum meetings were held.

**Priority #:**

7

**Priority Area:**

Workforce Development

**Priority Type:**

SAT

**Population(s):**

SMI, SED, PWWDC, PP, ESMI, PWID

**Goal of the priority area:**

Increase the number of SUD certified counselors on Guam by an additional 10 counselors.

**Strategies to attain the goal:**

- a) Establish an MOU with GCC to provide the SUD Certificate program for a total of 10 participants (5 per year)
- b) SSA to Provide the required supervision hours for each participant.
- c) SSA to provide the preparation and execution of the IC&RC exams for all participants in the program

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

Number of participants in the program each year

**Baseline Measurement:**

5 participants in the SUD Counseling Certificate Program

**First-year target/outcome measurement:**

Participants will have 50% of the requirements for certification completed

**Second-year target/outcome measurement:**

Participants will have completed 100% of the requirements for certification.;

**Data Source:**

Guam Community College enrollment

**Description of Data:**

DRAFT - SABG Plan FY 2022-2023

Number of participants enrolled in the Guam community College's SUD Counseling Certificate Program

**Data issues/caveats that affect outcome measures:**

The participants will be able to complete the GCC program within the first year but the supervised work experience in the field may take longer than the 2 years to complete.

**Priority #:** 8  
**Priority Area:** Workforce Development  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED, PWWDC, PP, ESMI, PWID

**Goal of the priority area:**

Additional 5 clinicians certified in SUD/Co-occurring disorder treatment

**Strategies to attain the goal:**

- a) Coordinate training for the participants to gain educational hours
- b) Provide the required educational courses for certification
- c) Provide required supervision for certification in this area
- d) Provide the IC&RC or NAADAC exam for participants in the program

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of participants in the program each year  
**Baseline Measurement:** 2 participants in the program taking the required courses  
**First-year target/outcome measurement:** Participants will have 50% of the requirements for certification completed  
**Second-year target/outcome measurement:** Participants will have completed 100% of the requirements for certification.;

**Data Source:**

The program data clerk and program coordinator

**Description of Data:**

Data on the number of participants in this specific program that will be provided by the SSA

**Data issues/caveats that affect outcome measures:**

Not to many clinicians are interested in this particular certification

**Priority #:** 9  
**Priority Area:** Integrated Services for M/SUD  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED, PWWDC, PP, ESMI, PWID

**Goal of the priority area:**

The number of persons with an SUD and co-occurring MH disorder receiving integrated services in FY 2022 will be 100.

**Strategies to attain the goal:**

- a) Identify an appropriate SUD/Co-occurring disorder Evidence-based treatment model to provide with our population in the Pacific.
- b) Training for treatment providers on the SUD/Co-occurring disorder Evidence-based treatment model

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of participants in the SUD/Co-occurring disorder treatment program each year

**Baseline Measurement:** 10 participants in the program each quarter

**First-year target/outcome measurement:** 25 participants will complete the treatment program

**Second-year target/outcome measurement:** 50 participants will complete the treatment program

**Data Source:**

Data clerk and SABG program coordinator

**Description of Data:**

The AWARDS EHR collects monthly and quarterly program data elements for consumers receiving services.

**Data issues/caveats that affect outcome measures:**

The Awards EHR collects the data and number of consumers in the program, continue working with consumers and the outcomes (effectiveness of the program) Performance indicators collected for our QIP.

**Priority #:** 10

**Priority Area:** Collaboration and Partnerships

**Priority Type:** SAT

**Population(s):** PWWDC, PP, ESMI, PWID, EIS/HIV

**Goal of the priority area:**

Available AIDS/HIV and STI Early Intervention /Education, testing and treatment services

**Strategies to attain the goal:**

Continue the partnership with the Guam Department of Public Health & Social Services to provide the AIDS/HIV/STI education, testing, early intervention, and treatment.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Increase the number consumers receiving this service

**Baseline Measurement:** FY 2020 200 consumers received education, testing and early intervention services for AIDS/HIV/STI

**First-year target/outcome measurement:** 1000 consumers will receive education, testing and early intervention services for AIDS/HIV/STI

**Second-year target/outcome measurement:** 1200 education, testing and early intervention services for AIDS/HIV/STI

**Data Source:**

SUD treatment programs and Guam DPHSS

**Description of Data:**

Data collects by the treatment providers and Guam DPHSS to provide data on the number consumers provided education, testing and early intervention services for AIDS/HIV/STI

**Data issues/caveats that affect outcome measures:**

This service is voluntary and not all consumers will chose to participate

**Priority Area:** Collaboration and Partnerships  
**Priority Type:** SAT  
**Population(s):** PWWDC, PP, ESMI, PWID, EIS/HIV

**Goal of the priority area:**

Available Prenatal and primary care services for pregnant women and women with dependent children

**Strategies to attain the goal:**

Peer Recovery workers to assist consumers with applying for health care benefits  
 Collaborate with Guam DPHSS and local primary care providers to provide medical and prenatal care for women in the SUD treatment programs.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Increase the number consumers (women and children) receiving this service  
**Baseline Measurement:** In FY 2020 10 pregnant women and 12 women with children were provided access to prenatal and primary care services  
**First-year target/outcome measurement:** 20 pregnant women will receive prenatal services and 20 women with children will receive primary care services while in SUD treatment  
**Second-year target/outcome measurement:** 20 pregnant women will receive prenatal services and 20 women with children will receive primary care services while in SUD treatment

**Data Source:**

AWARDS EHR

**Description of Data:**

Data collected quarterly in the EHR

**Data issues/caveats that affect outcome measures:**

Data will be collected at intake, at 6 months into SUD treatment and at discharge.

**Priority #:** 12  
**Priority Area:** Access to Treatment  
**Priority Type:** SAT  
**Population(s):** SMI, SED, PWWDC, PP, ESMI, PWID

**Goal of the priority area:**

Provide SBIRT at primary care facilities, emergency rooms and in the community

**Strategies to attain the goal:**

MOU with all Guam hospital emergency rooms  
 Provide SBIRT at all outreach events, home visits, and homeless count events  
 Peer Recovery Organization to utilize their warmline for emergency rooms to contact for Peer and SBIRT services

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Increase the number consumers receiving this service  
**Baseline Measurement:** In FY 2020 100 individuals received SBIRT  
**First-year target/outcome measurement:** 200 individuals to receive SBIRT and SUD treatment  
**Second-year target/outcome measurement:** 200 individuals to receive SBIRT and SUD treatment

**Data Source:**

Data Clerk and Peer Recovery Organization data collection

**Description of Data:**

The number of individuals who received and SBIRT and the outcome, referral to treatment and completion of SUD treatment

**Data issues/caveats that affect outcome measures:**

Not all those who received and SBIRT will follow through with the referral

**Priority #:** 13

**Priority Area:** Recovery Support Services -Housing

**Priority Type:** SAT

**Population(s):** PWWDC, PP, ESMI, PWID, EIS/HIV

**Goal of the priority area:**

Available Recovery Housing

**Strategies to attain the goal:**

Collaborate with Guam Housing & Urban Renewal to complete the renovations of the Recovery Housing facility

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of participants in the program each year

**Baseline Measurement:** None

**First-year target/outcome measurement:** 10 participants in the program

**Second-year target/outcome measurement:** 10 participants complete the program

**Data Source:**

Data collected on Awards EHR

**Description of Data:**

Data will be collected through the SSA EHR

**Data issues/caveats that affect outcome measures:**

First time project and outcomes may change.

**Priority #:** 14

**Priority Area:** Special Populations

**Priority Type:** SAT

**Population(s):** PWWDC, PP, ESMI, PWID

**Goal of the priority area:**

Available culturally appropriate SUD treatment services ethnic minority populations

**Strategies to attain the goal:**

Work group to identify or develop an appropriate treatment model for the FSM population

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Program identified or developed

**Baseline Measurement:** None

**First-year target/outcome measurement:** Identify work group members and start the process of identifying or developing the treatment model

**Second-year target/outcome measurement:** 10 participants complete the program

**Data Source:**

Work group outcomes and EHR on consumer data

**Description of Data:**

Data collected qualitatively by the work group and data collected from the EHR on consumers in the program and the completion

**Data issues/caveats that affect outcome measures:**

Not all consumers may complete the program, survey for those who complete may change the outcome.

**Priority #:** 15

**Priority Area:** Nutrition and Wellness

**Priority Type:** SAT

**Population(s):** SMI, SED, PWWDC, PP, ESMI, PWID, EIS/HIV

**Goal of the priority area:**

Improved Quality of life for consumers in the treatment program

**Strategies to attain the goal:**

Continue the partnership with the Guam DPHSS nutrition program and the University of Guam nutrition program  
Provide access to fitness and exercise programs

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Increase the number consumers receiving this service

**Baseline Measurement:** None

**First-year target/outcome measurement:** 25 participants will complete the treatment program

**Second-year target/outcome measurement:** 50 participants will complete the treatment program

**Data Source:**

Data clerk and program coordinator

**Description of Data:**

Data collected on the Nutrition and wellness program and outcomes

**Data issues/caveats that affect outcome measures:**

None

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**