Guam

UNIFORM APPLICATION
FY 2022/2023 Only ApplicationBehavioral Health Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 09/25/2022 3.43.14 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

State Information

State Information

Plan Year

Start Year	2022
End Year	2023

State DUNS Number

Number	855031402
Expiration Date	2/26/2022

I. State Agency to be the Grantee for the Block Grant

Agency Name	Guam Behavioral Health and Wellness Center
Organizational Unit	Drug and Alcohol Branch
Mailing Address	790 Governor Carlos G. Camacho Road
City	Tamuning
Zip Code	96931

II. Contact Person for the Grantee of the Block Grant

First Name	Theresa
Last Name	Arriola
Agency Name	Guam Behavioral Health and Wellness Center
Mailing Address	790 Governor Carlos Camacho Road
City	Tamuning
Zip Code	96913
Telephone	6714835150
Fax	671-649-6948
Email Address	theresa.arriola@gbhwc.guam.gov

III. Expenditure Period

State Expenditure Period

From	
To	

IV. Date Submitted

Submission Date	9/30/2021 11:19:53 PM
Revision Date	9/9/2022 9:26:32 AM

V. Contact Person Responsible for Application Submission

First Name	Athena
Last Name	Duenas
Telephone	6714755440
Fax	
Email Address	athena.duenas@gbhwc.guam.gov

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority

Fiscal Year 2022

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
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As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
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9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
   a. Checking the Exclusion Extract located on the System for Award Management (SAM) at http://sam.gov
   b. Collecting a certification statement similar to paragraph (a)
   c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: _____

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

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13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
   a. Checking the Exclusion Extract located on the System for Award Management (SAM) at http://sam.gov
   b. Collecting a certification statement similar to paragraph (a)
   c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: Guam

Name of Chief Executive Officer (CEO) or Designee: Theresa C. Arriola

Signature of CEO or Designee[1]:

Title: Agency Director

Date Signed: 9/28/2021

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

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

Footnotes:

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
[b] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[a] a. bid/offer/application b. initial award c. post-award	[a] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
[x] Prime [ ] Subawardee Tier _____, *if known*: **Congressional District**, *if known*: 4c	Guam Behavioral Health & Wellness Center 790 Governor Carlos Camacho Road Tamuning, Guam 96913 **Congressional District**, *if known*:
6. Federal Department/Agency:	**7. Federal Program Name/Description:**
Substance Abuse Mental Health Services Agency	Substance Abuse Block Grant CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*:	**9. Award Amount**, *if known*: $
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*):	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*):

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: [signature]
Print Name: Theresa Arriola
Title: Director
Telephone No.: 671-647-1901 Date: 9/28/21

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

UFISINAN I MAGA'HÅGA
OFFICE OF THE GOVERNOR

LOURDES A. LEON GUERRERO
MAGA'HÅGA • GOVERNOR

JOSHUA F. TENORIO
SIGUNDO MAGA'LÅHI • LIEUTENANT GOVERNOR

M'd 07/30 @ 11:19
GBHWC-DOH
07/30/19-19

Transmitted Via Central Files/GBHWC

July 12, 2019

ODESSA CROCKER
Grants Management
Division of Grant Management
OPS, SAMHSA
5600 Fishers Lane, Room 13-103
Rockville, Maryland 20857

Re: Delegation of Authority

Dear Ms. Crocker:

Buenas yan Håfa Adai!

I hereby delegate authority to the Director or Acting Director of the Guam Behavioral Health & Wellness Center to sign funding agreements and certifications. This authority is intended to provide assurance of compliance to the Secretary and perform similar acts relevant to the administration for the Substance Abuse Block Grant (SABG), Mental Health Block Grant (MHBG), and the Projects for Assistance in Transition from Homeless (PATH) Formula Grant, until such time this delegation of authority rescinds.

Senseremente,

LOURDES A. LEON GUERRERO
Maga'hågan Guåhan
Governor of Guam

cc: *Sigundo Maga'låhen Guåhan* (via email)
Director Theresa Arriola, Guam Behavioral Health & Wellness Center 8/20/19.

RICARDO J. BORDALLO GOVERNOR'S COMPLEX · HAGÅTÑA, GUAM 96910
P.O. BOX 2950 · HAGÅTÑA, GUAM 96932

SAMHSA
Office of Financial Resources, Division of Grants Management
Center for Substance Abuse Treatment, Division of States and Community Systems
Center for Substance Abuse Prevention, Division of Primary Prevention
Center for Mental Health Services, Division of State and Community Systems Development

Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

COVID-19 Award Issue Date: 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

Instructions: *Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:*

- *the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;*
- *the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and*
- *the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.*

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** *to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee's intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.*

Check One Only (✓): _____Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding
_✓__Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or **SABG Grantee Organization**	Guam Behavioral Health and Wellness Center		
B. Date of Submission of NCE Request	9/6/2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months (through 3/14/2024)

D. Name and Title of Grantee Finance Official	Odessa Crocker Grants Management Officer

Approving This NCE Request	Division of Grants Management		
E. Name and Title of Grantee Program Official Approving This NCE Request	Theresa Mitchell Hampton State Project Officer CSAT, DSCS, SSPB		
F. Name and Title of Other Grantee Official Approving This NCE Request	Susan Miller Government Project Officer Center for Substance Abuse Prevention		
G. COVID-19 Award Total $ Amount Issued in NoA of 3/11/2021	$ 1,072,119.00	H. COVID-19 Award Total $ Amount Expended as of NCE Request Date Above	$ 342,220.83
I. COVID-19 Award Total $ Amount Planned to be Expended through 3/14/2023	$ 227,455.35	J. COVID-19 Award Total $ Amount Requested for NCE	$ 421,512.08

K. Please provide a brief listing of your grantee actual itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that have been completed with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.

2021 SUBSTANCE ABUSE PREVENTION & TREATMENT (SAPT) FY21/22

GRANT 1B08T1083531-01

Period

3/15/2021-9/30/2021

Account No.

5101H212310SE115

		Appropriation	Expenditure	Available Balance
Salaries	111	$ 487,728.00	$ -	$ 487,728.00
Benefits	113	$ 260,154.00	$ -	$ 260,154.00
Contractual (2SUV Lease)	230	$ 188,574.64	$ 11,296.13	$ 168,586.27
Supplies	240	$ 76,162.36	$ 956.00	$ 70,077.01
Equipment	250	$ 50,000.00	$ 12,925.00	$ 28,723.00
Miscellaneous	290	$ 9,500.00		$ 9,500.00
Total		**$ 1,072,119.00**	**$ 25,177.13**	**$ 1,024,768.28**

2021 SUBSTANCE ABUSE PREVENTION & TREATMENT (SAPT) FY21/22

GRANT 1B08T1083531-01

Period

10/01/2021 - 8/16/2021

Account No.

5101H212310SE115

		Appropriation	Expenditure	Available Balance
Salaries	111	$ 463,817.00	$ 117,410.12	$ 346,406.88
Benefits	113	$ 248,198.00	$ 46,085.49	$ 202,112.51
Contractual (2SUV Lease)	230	$ 148,574.64	$ 39,115.08	$ 109,459.56
Supplies	240	$ 71,062.36	$ 7,301.82	$ 58,631.19
Equipment	250	$ 55,100.00	$ 53,890.00	$ 1,210.00
Miscellaneous	290	$ 85,367.00	$ 50,241.20	$ 35,125.80
				$ -
Total		**$ 1,072,119.00**	**$ 314,043.71**	**$ 752,945.94**

L. Please provide a brief listing of your grantee estimated itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are planned to be completed with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.

10/1/2022 – 3/14/2023

Personnel		
Technical Assistance Coordinator	Treatment x 2	$ 40,762.00
Technical Assistance Coordinator	Prevention x 1	$ 21,153.50
Key Family Contact Coordinator	Treatment x 2 Prevention x 1	$ 54,091.00
Fringe Benefits		
Technical Assistance Coordinator	Treatment x 2	$ 17,133.84
Technical Assistance Coordinator	Prevention x 1	$ 22,800.81
Key Family Contact Coordinator	Treatment x 2 Prevention x 1	$ 23,493.48
Contractual		
Office rental space	Treatment	$ 26,070.72
Other		
Data Entry Intern	Prevention	$ 4,950.00
Peer support stipend	Treatment	$ 16,000.00
Participant/Consumer incentive	Treatment	$ 1,000.00
		$ 227,455.35

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

Two of the major issues that contributed to our inability to fully expend the supplemental funding as initially planned are listed below. Identified with each are our approach in the coming FY during the NCE to address and eliminate these delays.

1) **Staff recruitment** – considering the impact of COVID-related lockdowns and disruptions to daily operations in the Government of Guam, it was challenging to immediately hire personnel in FYs 2020-2021. These positions were eventually filled, with the exception of a Data Entry Clerk, and onboard staff will continue their employment through March 14, 2023 using the NCE of COVID Emergency supplemental fund. The position for the Data Entry Clerk is currently in the recruitment process through GBHWC's HR Division.
2) **Procurement** – while procurement was always a hurdle for GBHWC, the pandemic had caused even greater delays to this government function. Previously budgeted items were not expended fully because it was awarded much later than expected, such as the contract with TOHGE. Since there is a contract already in place with this partner, continuing to subgrant the funds should no longer be an issue moving forward. Likewise, instead of budgeting year-long for equipment lease and supplies purchase, we shortened the expected timeframe to account for months needed for procurement.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

3/15/2023 – 3/14/2024

Personnel		
Technical Assistance Coordinator	Treatment x 2	$ 81,524.00
Key Family Contact Coordinator	Treatment x 2 Prevention x 1	$ 108,182.00
Fringe Benefits		
Technical Assistance Coordinator	Treatment x 2	$ 34,267.68
Key Family Contact Coordinator	Treatment x 2 Prevention x 1	$ 46,986.97
Equipment		
Lease for Mini-van	Treatment/Prevention	$ 25,550.00
Supplies		
Mifi device	Treatment x 1 Prevention x 1	$ 3,960.00
Contractual		
Office rental space	Treatment	$ 52,141.44
TOHGE Peer Support Training	Treatment	$ 25,000.00
Other		

Data Entry Intern	Prevention	$ 9,900.00
Peer support stipend	Treatment	$ 32,000.00
Participant/Consumer incentive	Treatment	$ 2,000.00
		$ 421,512.08

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

Most of the proposed budgeted items are the same expenditures from the previously submitted/approved project and budget narratives, with the exception of these updates (costs account for 10/1/2022 – 3/14/2024):

Personnel		
Key Family Contact Coordinator	Prevention x 1	$ 54,091.00
Fringe Benefits		
Key Family Contact Coordinator	Prevention x 1	$ 23,493.48

An additional Key Family Coordinator (employee name: Alexa Mata) will be sustained using this NCE funds. Hired personnel, Alexa Mata, previously funded under the SABG COVID Mitigation Funds set to be fully expended by 9/30/2022, will continue to oversee the in-house COVID testing and vaccination clinic for GBHWC consumers, as well as the Nicotine Cessation Clinic, an auxiliary service to be offered for GBHWC consumers in FY 2023.

Equipment		
Lease for Mini-van	Treatment/Prevention	$ 25,550.00

The two vehicles purchased under the COVID Emergency supplemental funds are currently used for community-based mobile crisis response and transportation for consumers. An issue that arose is its distinct government vehicle tag that becomes counterproductive when needed for more discreet/unmarked trips. To address this, we propose to rent a privately tagged vehicle for the duration of the NCE. Aside from more discreet transportation for consumers, this van will also be utilized during undercover inspections funded by the SAPT Block Grant.

End of NCE Request. Thank you.

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL).

Standard Form LLL (click here)

Name

Title

Organization

Signature: Date:

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Standard Form LLL is uploaded in the State Information: Chief Executive Officer's Funding Agreement form.

Planning Steps

Step 1: Assess the strengths and organizational capacity of the service system to address the specific populations.

Narrative Question:

Provide an overview of the state's M/SUD prevention, early identification, treatment, and recovery support systems of care, including the statutory criteria that must be addressed in the state's Application. Describe how the public M/SUD system of care is currently organized at the state and local levels, differentiating between child and adult systems. This description should include a discussion of the roles of the SMHA, the SSA, and other state agencies with respect to the delivery of M/SUD services. States should also include a description of regional, county, tribal, and local entities that provide M/SUD services or contribute resources that assist in providing the services. The description should also include how these systems of care address the needs of diverse racial, ethnic, and sexual and gender minorities, as well as American Indian/Alaskan Native populations in the states.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

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.

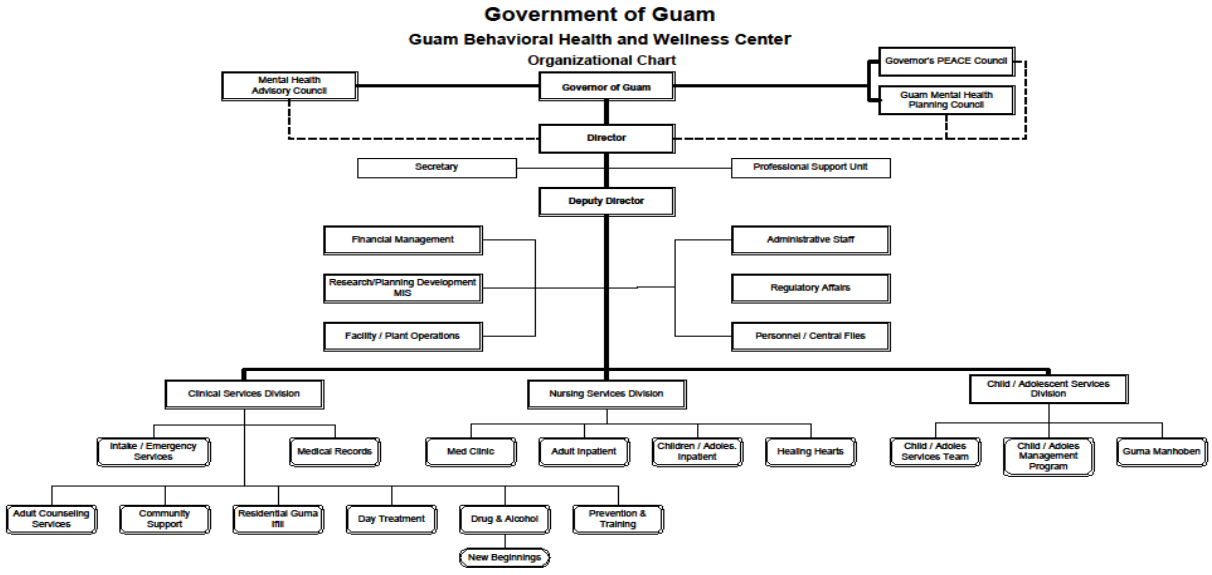
The ethnic diversity is reflected in the languages spoken at home. Twenty percent of the population (over 5 years) speaks a language as frequently as English at home, another 21% speak a language more frequently than English, and 0.5% speaks no English at all. This has a significant implication for effective 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 9th 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).

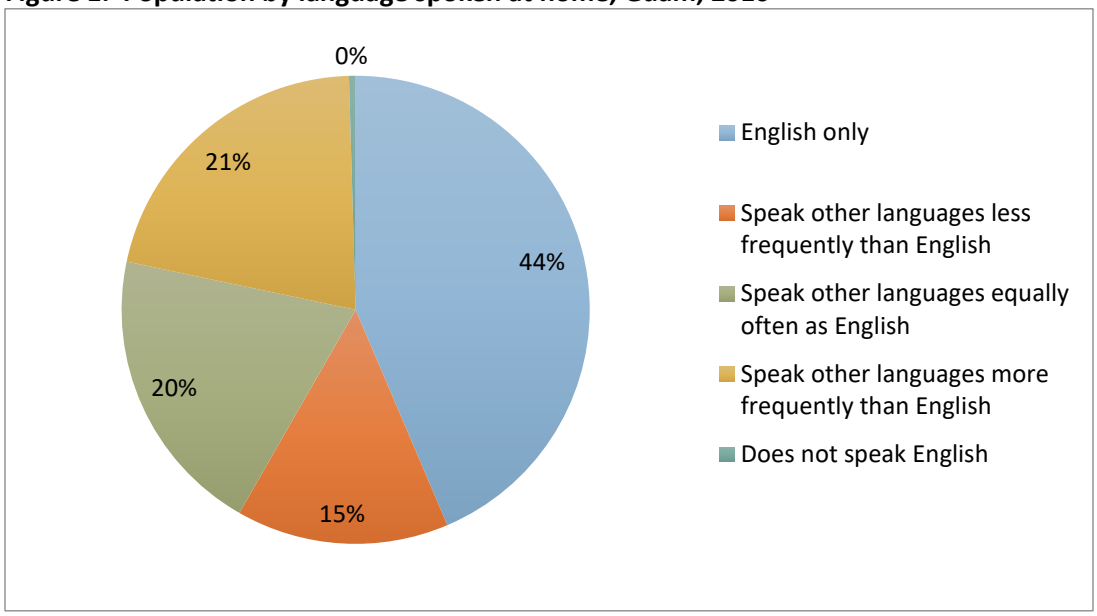
Table 2. Ethnic composition of Guam population, 2010 and 2000

ETHNICITY	2010	2000*
One Ethnic Origin or Race:	144,429	133,252
Native Hawaiian and Other Pacific Islander:	78,582	69,039
Carolinian	242	123
Chamorro	59,381	57,297
Chuukese	11,230	6,229
Kosraean	425	292
Marshallese	315	257
Palauan	2,563	2,141
Pohnpeian	2,248	1,366
Yapese	1,263	686
Other Native Hawaiian and Other Pacific Islander	915	648
Asian:	51,381	50,329
Chinese (except Taiwanese)	2,368	2,707
Filipino	41,944	40,729
Japanese	2,368	2,086
Korean	3,437	3,816
Taiwanese	249	991
Vietnamese	337	10,509
Other Asian	678	1,568
Black or African American	1,540	1,807
Hispanic or Latino	1,201	69,039
White	11,321	123
Other Ethnic Origin or Race	404	57,297
Two or More Ethnic Origins or Races	14,929	21,553
Native Hawaiian and Other Pacific Islander and other groups	11,656	
Chamorro and other groups	9,717	7,946
Asian and other groups	8,574	10,853
Total:	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 embers 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/OUD 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 **prevention**	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-perosn 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 parities 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.

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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.

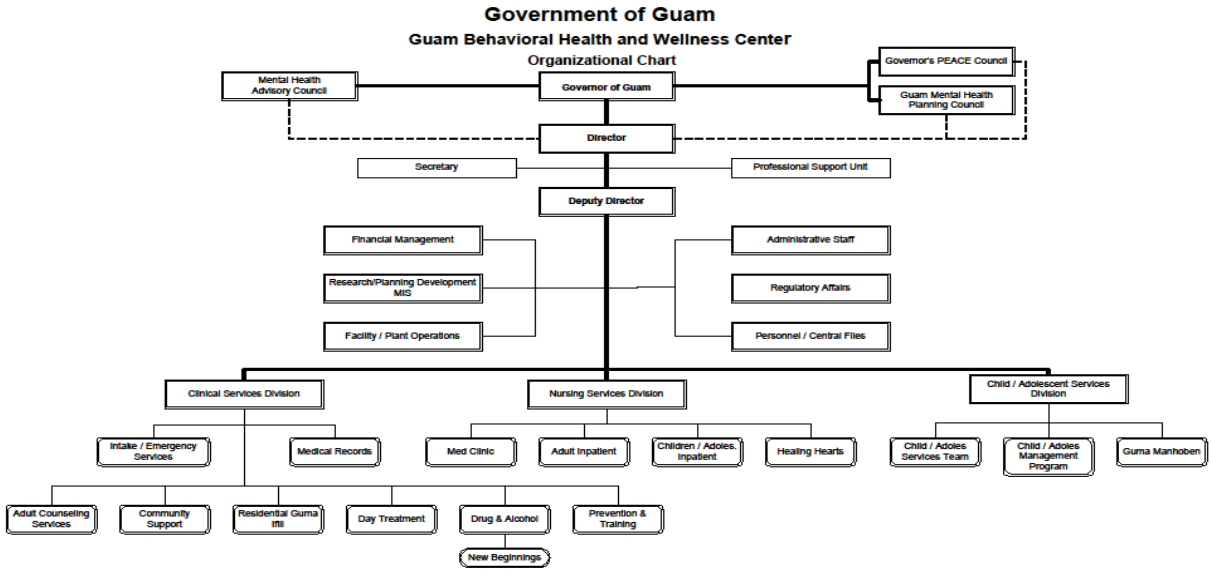
The ethnic diversity is reflected in the languages spoken at home. Twenty percent of the population (over 5 years) speaks a language as frequently as English at home, another 21% speak a language more frequently than English, and 0.5% speaks no English at all. This has a significant implication for effective 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 9th 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).

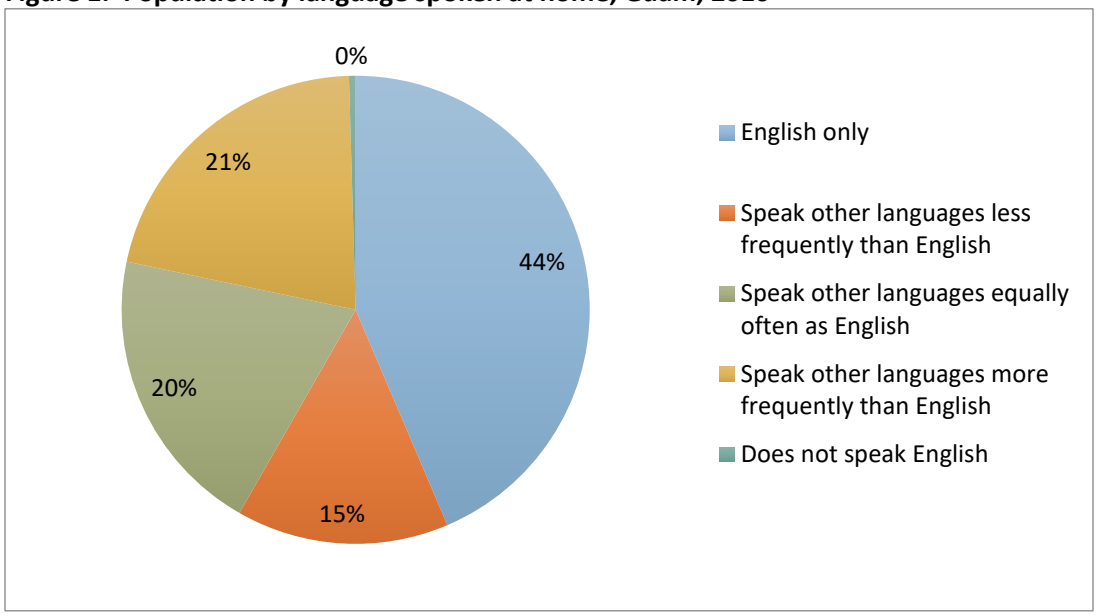
Table 2. Ethnic composition of Guam population, 2010 and 2000

ETHNICITY	2010	2000*
One Ethnic Origin or Race:	144,429	133,252
Native Hawaiian and Other Pacific Islander:	78,582	69,039
Carolinian	242	123
Chamorro	59,381	57,297
Chuukese	11,230	6,229
Kosraean	425	292
Marshallese	315	257
Palauan	2,563	2,141
Pohnpeian	2,248	1,366
Yapese	1,263	686
Other Native Hawaiian and Other Pacific Islander	915	648
Asian:	51,381	50,329
Chinese (except Taiwanese)	2,368	2,707
Filipino	41,944	40,729
Japanese	2,368	2,086
Korean	3,437	3,816
Taiwanese	249	991
Vietnamese	337	10,509
Other Asian	678	1,568
Black or African American	1,540	1,807
Hispanic or Latino	1,201	69,039
White	11,321	123
Other Ethnic Origin or Race	404	57,297
Two or More Ethnic Origins or Races	14,929	21,553
Native Hawaiian and Other Pacific Islander and other groups	11,656	
Chamorro and other groups	9,717	7,946
Asian and other groups	8,574	10,853
Total:	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 embers 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/OUD 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 **prevention**	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-perosn 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 parities 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.

Narrative Question:

This step should identify the unmet service needs and critical gaps in the state's current M/SUD system of care as well as the data sources used to identify the needs and gaps of the required populations relevant to each block grant within the state's M/SUD system of care.
States should also continue to use the prevalence formulas for adults with SMI and children with SED, as well as the prevalence estimates, epidemiological analyses, and profiles to establish mental health treatment, SUD prevention, and SUD treatment goals at the state level.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

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.

Figure 6: Age of Participants

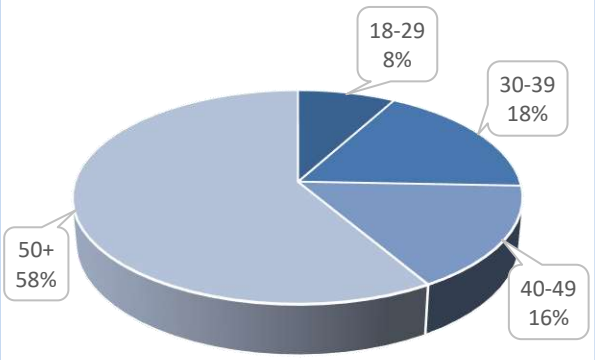
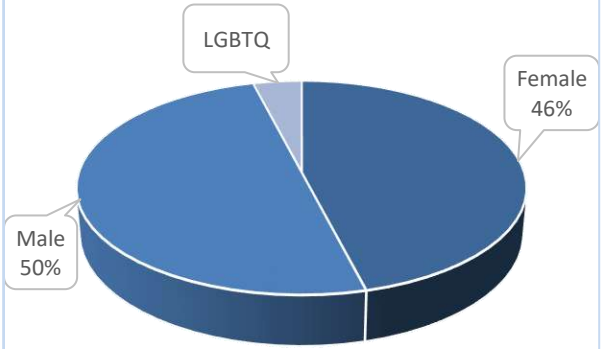
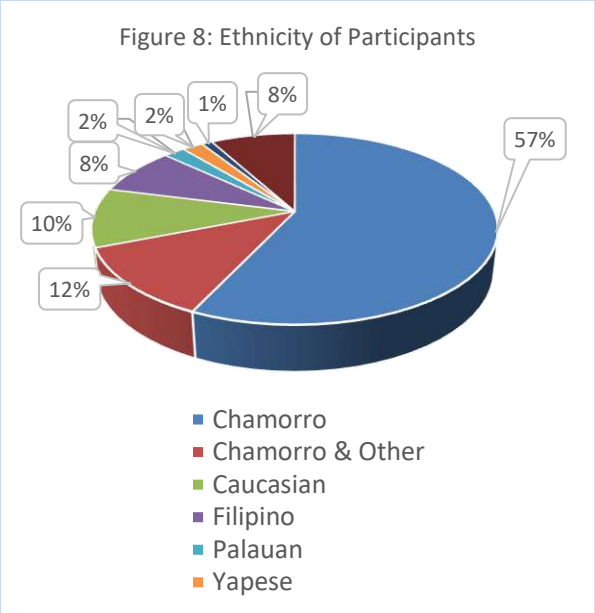


Figure 7: Gender of Participants





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
Stigma		67%
Community & family not safe		67%
Limited staff, services, resources, centers, choices	55%	67%
Lack of transportation	56%	50%
Financial problems		50%
Family in denial or not understanding (lack of family support)	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) 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 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.

Figure 6: Age of Participants

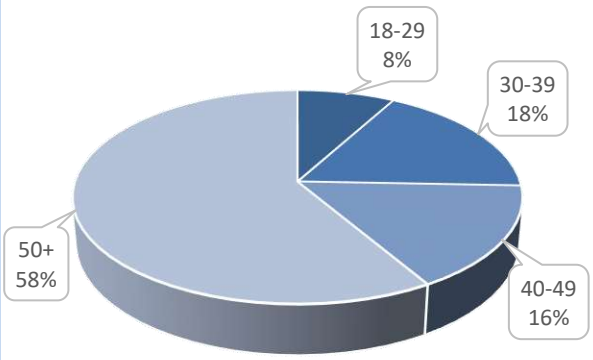
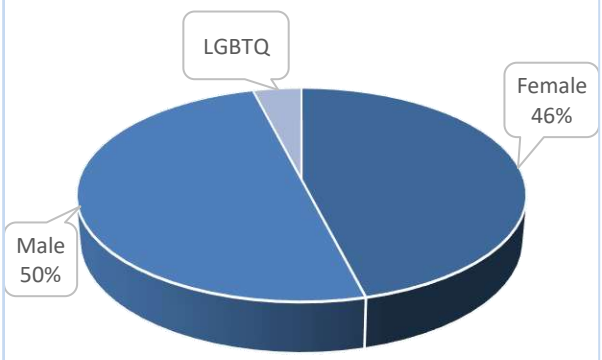
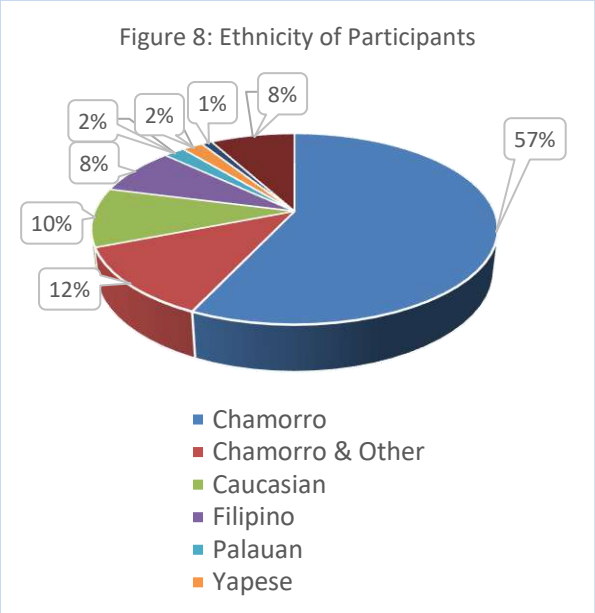


Figure 7: Gender of Participants





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
Stigma		67%
Community & family not safe		67%
Limited staff, services, resources, centers, choices	55%	67%
Lack of transportation	56%	50%
Financial problems		50%
Family in denial or not understanding (lack of family support)	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) 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): PP, 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

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): PP, 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): PP, 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): PP, 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): PP, 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:

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): PP, 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 Force4. 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 2021which 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

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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:

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 #: 11

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

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Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures

States must project how the SSA will use available funds to provide authorized services for the planning period for state fiscal years FFY 2022/2023.
ONLY include funds expended by the executive branch agency administering the SABG.

Planning Period Start Date: 7/1/2021 Planning Period End Date: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds									
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG)[a]	I. COVID-19 Relief Funds (SABG)[a]	J. ARP Funds (SABG)[b]
1. Substance Abuse Prevention[c] and Treatment	$896,045.25		$0.00	$0.00	$0.00	$2,725,821.63	$0.00		$804,089.25	$740,737.00
a. Pregnant Women and Women with Dependent Children[c]	$48,159.00					$660,000.00			$0.00	
b. All Other	$847,886.25					$2,065,821.63			$804,089.25	$740,737.00
2. Primary Prevention[d]	$238,945.40		$0.00	$0.00	$0.00	$109,687.19	$0.00		$214,423.80	$185,184.00
a. Substance Abuse Primary Prevention	$238,945.40					$109,687.19			$214,423.80	$185,184.00
b. Mental Health Primary Prevention										
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)										
4. Tuberculosis Services										
5. Early Intervention Services for HIV										
6. State Hospital										
7. Other 24-Hour Care										
8. Ambulatory/Community Non-24 Hour Care										
9. Administration (excluding program/provider level) MHBG and SABG must be reported separately	$59,736.35								$53,605.95	
10. Crisis Services (5 percent set-aside)										
11. Total	**$1,194,727.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,835,508.82**	**$0.00**	**$0.00**	**$1,072,119.00**	**$925,921.00**

[a] The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is July 1, 2021 – June 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between July 1, 2021 – March 14, 2023 should be entered in Column I.

[b] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is July 1, 2021 – June 30, 2023. For purposes of this table, all planned ARP supplemental expenditures between September 1, 2021 and June 30, 2023 should be entered in Column J.

[c] Prevention other than primary prevention

[d] The 20 percent set aside funds in the SABG must be used for activities designed to prevent substance misuse.

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Footnotes:
The planning period being used is 10.01.2019-9.30.2021

Planning Tables

Table 3 SABG Persons in need/receipt of SUD treatment

	Aggregate Number Estimated In Need	Aggregate Number In Treatment
1. Pregnant Women	50	11
2. Women with Dependent Children	100	120
3. Individuals with a co-occurring M/SUD	500	90
4. Persons who inject drugs	100	56
5. Persons experiencing homelessness	50	30

Please provide an explanation for any data cells for which the state does not have a data source.

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Planning Tables

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022 SA Block Grant Award	COVID-19 Award[1]	ARP Award[2]	FFY 2023 SA Block Grant Award	COVID-19 Award[1]	ARP Award[2]
1 . Substance Use Disorder Prevention and Treatment[3]	$896,045.25	$577,361.00	$314,754.27			
2 . Primary Substance Use Disorder Prevention	$238,945.40	$180,155.00	$103,525.73			
3 . Early Intervention Services for HIV[4]	$0.00	$0.00	$0.00			
4 . Tuberculosis Services	$0.00	$0.00	$0.00			
5 . Administration (SSA Level Only)	$59,736.35		$0.00			
6. Total	**$1,194,727.00**	**$757,516.00**	**$418,280.00**	**$0.00**	**$0.00**	**$0.00**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 –September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 – March 14, 2023 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 – September 30, 2023. For purposes of this table, all planned ARP supplemental expenditures between October 1, 2021 and September 30, 2023 should be entered in this column.

[3]Prevention other than Primary Prevention

[4]For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant (SABG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

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Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

A		B			B		
Strategy	IOM Target	FFY 2022			FFY 2023		
		SA Block Grant Award	COVID-19 Award[1]	ARP Award[2]	SA Block Grant Award	COVID-19 Award[4]	ARP Award[5]
1. Information Dissemination	Universal	$18,917	$0	$0			
	Selected						
	Indicated	$0	$0	$4,062			
	Unspecified	$0	$0	$0			
	Total	**$18,917**	**$0**	**$4,062**	**$0**	**$0**	**$0**
2. Education	Universal	$10,000	$0	$0			
	Selected						
	Indicated	$0	$0	$12,427			
	Unspecified	$15,600	$0	$0			
	Total	**$25,600**	**$0**	**$12,427**	**$0**	**$0**	**$0**
3. Alternatives	Universal	$0	$0	$0			
	Selected						
	Indicated	$0	$0	$8,365			
	Unspecified	$0	$0	$0			
	Total	**$0**	**$0**	**$8,365**	**$0**	**$0**	**$0**
4. Problem Identification and Referral	Universal	$10,000	$4,615	$0			
	Selected						
	Indicated	$0	$0	$0			
	Unspecified	$15,600	$0	$0			
	Total	**$25,600**	**$4,615**	**$0**	**$0**	**$0**	**$0**

5. Community-Based Processes	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
6. Environmental	Universal	$0	$180,155	$64,583			
	Selected						
	Indicated	$0	$0	$0			
	Unspecified	$17,600	$0	$0			
	Total	**$17,600**	**$180,155**	**$64,583**	**$0**	**$0**	**$0**
7. Section 1926 Tobacco	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
8. Other	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Prevention Expenditures		**$87,717**	**$184,770**	**$89,437**			
Total SABG Award[3]		**$1,194,727**	**$757,516**	**$418,280**			
Planned Primary Prevention Percentage		**7.34 %**	**24.39 %**	**21.38 %**			

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY

2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[3]Total SABG Award is populated from Table 4 - SABG Planned Expenditures

[4]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

[5]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Activity	FFY 2022 SA Block Grant Award	FFY 2022 COVID-19 Award[1]	FFY 2022 ARP Award[2]	FFY 2023 SA Block Grant Award	FFY 2023 COVID-19 Award[3]	FFY 2023 ARP Award[4]
Universal Direct	$28,917	$180,155	$69,199			
Universal Indirect	$90,400					
Selected						
Indicated	$0		$33,219			
Column Total	**$119,317**	**$180,155**	**$102,418**			
Total SABG Award[5]	**$1,194,727**	**$757,516**	**$418,280**			
Planned Primary Prevention Percentage	**9.99 %**	**23.78 %**	**24.49 %**			

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[3]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

[4]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

[5]Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2022 and FFY 2023 SABG awards.

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

	SABG Award	COVID-19 Award[1]	ARP Award[2]
Targeted Substances			
Alcohol	☑	☐	☑
Tobacco	☑	☑	☑
Marijuana	☑	☐	☐
Prescription Drugs	☑	☐	☐
Cocaine	☑	☐	☐
Heroin	☑	☐	☐
Inhalants	☑	☐	☐
Methamphetamine	☑	☐	☐
Bath salts, Spice, K2)	☑	☐	☐
Targeted Populations			
Students in College	☑	☐	☑
Military Families	☑	☑	☑
LGBTQ	☑	☐	☐
American Indians/Alaska Natives	☐	☐	☐
African American	☑	☐	☐
Hispanic	☐	☐	☐
Homeless	☑	☑	☑
Native Hawaiian/Other Pacific Islanders	☑	☑	☑
Asian	☑	☐	☐
Rural	☑	☑	☑

Underserved Racial and Ethnic Minorities	☑	☑	☑

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 – September 30, 2023, for most states.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 – September 30, 2023.

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Table 6 Non-Direct Services/System Development

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Activity	FFY 2022					FFY 2023				
	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated[1]	D. COVID -19[2]	E. ARP[3]	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated[1]	D. COVID -19[2]	E. ARP[3]
1. Information Systems	$0.00	$15,000.00		$0.00	$33,076.92					
2. Infrastructure Support	$98,000.00	$42,600.00		$84,603.00	$33,830.00					
3. Partnerships, community outreach, and needs assessment	$6,860.75	$34,917.00		$287,705.00	$111,260.08					
4. Planning Council Activities (MHBG required, SABG optional)	$0.00	$600.00		$0.00	$0.00					
5. Quality Assurance and Improvement	$0.00	$0.00		$0.00	$0.00					
6. Research and Evaluation	$0.00	$0.00		$0.00	$0.00					

7. Training and Education	$0.00	$31,200.00		$0.00	$2,861.54					
8. Total	**$104,860.75**	**$124,317.00**	**$0.00**	**$372,308.00**	**$181,028.54**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

[1]Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

[2]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 –September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 – March 14, 2023 should be entered in Column D.

[3]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 – September 30, 2023. For purposes of this table, all planned ARP supplemental expenditures between October 1, 2021 and September 30, 2023 should be entered in Column E.

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Environmental Factors and Plan

1. The Health Care System, Parity and Integration - Question 1 and 2 are Required

Narrative Question

Persons with mental illness and persons with substance use disorders are likely to die earlier than those who do not have these conditions.[22] Early mortality is associated with broader health disparities and health equity issues such as socioeconomic status but "[h]ealth system factors" such as access to care also play an important role in morbidity and mortality among these populations. Persons with mental illness and substance use disorders may benefit from strategies to control weight, encourage exercise, and properly treat such chronic health conditions as diabetes and cardiovascular disease.[23] It has been acknowledged that there is a high rate of co-occurring M/SUD, with appropriate treatment required for both conditions.[24]

Currently, 50 states have organizationally consolidated their mental and substance use disorder authorities in one fashion or another with additional organizational changes under consideration. More broadly, SAMHSA and its federal partners understand that such factors as education, housing, and nutrition strongly affect the overall health and well-being of persons with mental illness and substance use disorders.[25] SMHAs and SSAs may wish to develop and support partnerships and programs to help address social determinants of health and advance overall health equity.[26] For instance, some organizations have established medical-legal partnerships to assist persons with mental and substance use disorders in meeting their housing, employment, and education needs.[27]

Health care professionals and persons who access M/SUD treatment services recognize the need for improved coordination of care and integration of physical and M/SUD with other health care in primary, specialty, emergency and rehabilitative care settings in the community. For instance, the National Alliance for Mental Illness has published materials for members to assist them in coordinating pediatric mental health and primary care.[28]

SAMHSA and its partners support integrated care for persons with mental illness and substance use disorders.[29] The state should illustrate movement towards integrated systems of care for individuals and families with co-occurring mental and substance use disorders. The plan should describe attention to management, funding, payment strategies that foster co-occurring capability for services to individuals and families with co-occurring mental and substance use disorders. Strategies supported by SAMHSA to foster integration of physical and M/SUD include: developing models for inclusion of M/SUD treatment in primary care; supporting innovative payment and financing strategies and delivery system reforms such as ACOs, health homes, pay for performance, etc.; promoting workforce recruitment, retention and training efforts; improving understanding of financial sustainability and billing requirements; encouraging collaboration between M/SUD providers, prevention of teen pregnancy, youth violence, Medicaid programs, and primary care providers such as Federally Qualified Health Centers; and sharing with consumers information about the full range of health and wellness programs.

Health information technology, including EHRs and telehealth are examples of important strategies to promote integrated care.[30] Use of EHRs - in full compliance with applicable legal requirements - may allow providers to share information, coordinate care, and improve billing practices. Telehealth is another important tool that may allow M/SUD prevention, treatment, and recovery to be conveniently provided in a variety of settings, helping to expand access, improve efficiency, save time, and reduce costs. Development and use of models for coordinated, integrated care such as those found in health homes[31] and ACOs[32] may be important strategies used by SMHAs and SSAs to foster integrated care.

Training and assisting M/SUD providers to redesign or implement new provider billing practices, build capacity for third-party contract negotiations, collaborate with health clinics and other organizations and provider networks, and coordinate benefits among multiple funding sources may be important ways to foster integrated care. SAMHSA encourages SMHAs and SSAs to communicate frequently with stakeholders, including policymakers at the state/jurisdictional and local levels, and State Mental Health Planning Council members and consumers, about efforts to foster health care coverage, access and integrate care to ensure beneficial outcomes.

SMHAs and SSAs also may work with state Medicaid agencies, state insurance commissioners, and professional organizations to encourage development of innovative demonstration projects, alternative payment methodologies, and waivers/state plan amendments that test approaches to providing integrated care for persons with M/SUD and other vulnerable populations.[33] Ensuring both Medicaid and private insurers provide required preventive benefits also may be an area for collaboration.[34]

One key population of concern is persons who are dually eligible for Medicare and Medicaid.[35] Roughly, 30 percent of persons who are dually eligible have been diagnosed with a mental illness, more than three times the rate among those who are not dually eligible.[36] SMHAs and SSAs also should collaborate with state Medicaid agencies and state insurance commissioners to develop policies to assist those individuals who experience health insurance coverage eligibility changes due to shifts in income and employment.[37] Moreover, even with expanded health coverage available through the Marketplace and Medicaid and efforts to ensure parity in health care coverage, persons with M/SUD conditions still may experience challenges in some areas in obtaining care for a particular condition or in finding a provider.[38] SMHAs and SSAs should remain cognizant that health disparities may affect access, health care coverage and integrated care of M/SUD conditions and work with

partners to mitigate regional and local variations in services that detrimentally affect access to care and integration.
SMHAs and SSAs should work with partners to ensure recruitment of diverse, well-trained staff and promote workforce development and ability to function in an integrated care environment.[39] Psychiatrists, psychologists, social workers, addiction counselors, preventionists, therapists, technicians, peer support specialists, and others will need to understand integrated care models, concepts, and practices.

Parity is vital to ensuring persons with mental health conditions and substance use disorders receive continuous, coordinated, care. Increasing public awareness about MHPAEA could increase access to M/SUD services, provide financial benefits to individuals and families, and lead to reduced confusion and discrimination associated with mental illness and substance use disorders. Block grant recipients should continue to monitor federal parity regulations and guidance and collaborate with state Medicaid authorities, insurance regulators, insurers, employers, providers, consumers and policymakers to ensure effective parity implementation and comprehensive, consistent communication with stakeholders. The SSAs, SMHAs and their partners may wish to pursue strategies to provide information, education, and technical assistance on parity-related issues. Medicaid programs will be a key partner for recipients of MHBG and SABG funds and providers supported by these funds.
The SSAs and SMHAs should collaborate with their states' Medicaid authority in ensuring parity within Medicaid programs.
SAMHSA encourages states to take proactive steps to improve consumer knowledge about parity. As one plan of action, states can develop communication plans to provide and address key issues.
Another key part of integration will be defining performance and outcome measures. The Department of Health and Human Services (HHS) and partners have developed the National Quality Strategy, which includes information and resources to help promote health, good outcomes, and patient engagement. SAMHSA's National Behavioral Health Quality Framework includes core measures that may be used by providers and payers.[40]
SAMHSA recognizes that certain jurisdictions receiving block grant funds - including U.S. Territories, tribal entities and those jurisdictions that have signed a Compact of Free Association with the United States and are uniquely impacted by certain Medicaid provisions or are ineligible to participate in certain programs.[41] However, these jurisdictions should collaborate with federal agencies and their governmental and non-governmental partners to expand access and coverage. Furthermore, the jurisdiction should ensure integration of prevention, treatment, and recovery support for persons with, or at risk of, mental and substance use disorders.

[22] BG Druss et al. Understanding excess mortality in persons with mental illness: 17-year follow up of a nationally representative US survey. Med Care. 2011 Jun; 49(6):599-604; Bradley Mathers, Mortality among people who inject drugs: a systematic review and meta-analysis, Bulletin of the World Health Organization, 2013; 91:102-123 **http://www.who.int/bulletin/volumes/91/2/12-108282.pdf**; MD Hert et al., Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care, World Psychiatry. Feb 2011; 10(1): 52-77

[23] Research Review of Health Promotion Programs for People with SMI, 2012, **http://www.integration.samhsa.gov/health-wellness/wellnesswhitepaper**; About SAMHSA's Wellness Efforts, **https://www.samhsa.gov/wellness-initiative**; JW Newcomer and CH Hennekens, Severe Mental Illness and Risk of Cardiovascular Disease, JAMA; 2007; 298: 1794-1796; Million Hearts, **https://www.samhsa.gov/million-hearts-initiative**; Schizophrenia as a health disparity, **http://www.nimh.nih.gov/about/director/2013/schizophrenia-as-a-health-disparity.shtml**

[24] Comorbidity: Addiction and other mental illnesses, **http://www.drugabuse.gov/publications/comorbidity-addiction-other-mental-illnesses/why-do-drug-use-disorders-often-co-occur-other-mental-illnesses** Hartz et al., Comorbidity of Severe Psychotic Disorders With Measures of Substance Use, JAMA Psychiatry. 2014; 71 (3):248-254. doi:10.1001/jamapsychiatry.2013.3726; **https://www.samhsa.gov/find-help/disorders**

[25] Social Determinants of Health, Healthy People 2020, **http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39**; **https://www.cdc.gov/nchhstp/socialdeterminants/index.html**

[26] **https://www.samhsa.gov/behavioral-health-equity/quality-practice-workforce-development**

[27] **http://medical-legalpartnership.org/mlp-response/how-civil-legal-aid-helps-health-care-address-sdoh/**

[28] Integrating Mental Health and Pediatric Primary Care, A Family Guide, 2011. **https://www.integration.samhsa.gov/integrated-care-models/FG-Integrating_12.22.pdf**; Integration of Mental Health, Addictions and Primary Care, Policy Brief, 2011, **https://www.ahrq.gov/downloads/pub/evidence/pdf/mhsapc/mhsapc.pdf**; Abrams, Michael T. (2012, August 30). Coordination of care for persons with substance use disorders under the Affordable Care Act: Opportunities and Challenges. Baltimore, MD: The Hilltop Institute, UMBC. **http://www.hilltopinstitute.org/publications/CoordinationOfCareForPersonsWithSUDSUnderTheACA-August2012.pdf**; Bringing Behavioral Health into the Care Continuum: Opportunities to Improve Quality, Costs and Outcomes, American Hospital Association, Jan. 2012, **http://www.aha.org/research/reports/tw/12jan-tw-behavhealth.pdf**; American Psychiatric Association, **http://www.psych.org/practice/professional-interests/integrated-care**; Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series (2006), Institute of Medicine, National Affordable Care Academy of Sciences, **http://books.nap.edu/openbook.php?record_id=11470&page=210**; State Substance Abuse Agency and Substance Abuse Program Efforts Towards Healthcare Integration: An Environmental Scan, National Association of State Alcohol/Drug Abuse Directors, 2011, **http://nasadad.org/nasadad-reports**

[29] Health Care Integration, **http://samhsa.gov/health-reform/health-care-integration**; SAMHSA-HRSA Center for Integrated Health Solutions, (**http://www.integration.samhsa.gov/**)

[30] Health Information Technology (HIT), http://www.integration.samhsa.gov/operations-administration/hit; Characteristics of State Mental Health Agency Data Systems, Telebehavioral Health and Technical Assistance Series, **https://www.integration.samhsa.gov/operations-administration/telebehavioral-health**; State Medicaid Best Practice, Telemental and Behavioral Health, August 2013, American Telemedicine Association, **http://www.americantelemed.org/home**; National Telehealth Policy Resource Center, **https://www.cchpca.org/topic/overview/**;

[31] Health Homes, **http://www.integration.samhsa.gov/integrated-care-models/health-homes**

[32] New financing models, **https://www.integration.samhsa.gov/financing**

[33] Waivers, **http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html**; Coverage and Service Design Opportunities for Individuals with Mental Illness and Substance Use Disorders, CMS Informational Bulletin, Dec. 2012, **http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-12-03-12.pdf**

[34] What are my preventive care benefits? **https://www.healthcare.gov/what-are-my-preventive-care-benefits/**; Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act, 75 FR 41726 (July 19, 2010); Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act, 76 FR 46621 (Aug. 3, 2011); **http://www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html**

[35] Medicare-Medicaid Enrollee State Profiles, **http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/StateProfiles.html**; About the Compact of Free Association, **http://uscompact.org/about/cofa.php**

[36] Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spending, and Evolving Policies, CBO, June 2013, **http://www.cbo.gov/publication/44308**

[37] BD Sommers et al. Medicaid and Marketplace Eligibility Changes Will Occur Often in All States; Policy Options can Ease Impact. Health Affairs. 2014; 33(4): 700-707

[38] TF Bishop. Acceptance of Insurance by Psychiatrists and the Implications for Access to Mental Health Care, JAMA Psychiatry. 2014;71(2):176-181; JR Cummings et al, Race/Ethnicity and Geographic Access to Medicaid Substance Use Disorder Treatment Facilities in the United States, JAMA Psychiatry. 2014; 71(2):190-196; JR Cummings et al. Geography and the Medicaid Mental Health Care Infrastructure: Implications for Health Reform. JAMA Psychiatry. 2013; 70(10):1084-1090; JW Boyd et al. The Crisis in Mental Health Care: A Preliminary Study of Access to Psychiatric Care in Boston. Annals of Emergency Medicine. 2011; 58(2): 218

[39] Hoge, M.A., Stuart, G.W., Morris, J., Flaherty, M.T., Paris, M. & Goplerud E. Mental health and addiction workforce development: Federal leadership is needed to address the growing crisis. Health Affairs, 2013; 32 (11): 2005-2012; SAMHSA Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues, January 2013, **https://www.cibhs.org/sites/main/files/file-attachments/samhsa_bhwork_0.pdf**; Creating jobs by addressing primary care workforce needs, **https://obamawhitehouse.archives.gov/the-press-office/2012/04/11/fact-sheet-creating-health-care-jobs-addressing-primary-care-workforce-n**

[40] About the National Quality Strategy, **http://www.ahrq.gov/workingforquality/about.htm**;

[41] Letter to Governors on Information for Territories Regarding the Affordable Care Act, December 2012, **http://www.cms.gov/cciio/resources/letters/index.html**; Affordable Care Act, Indian Health Service, **http://www.ihs.gov/ACA/**

Please respond to the following items in order to provide a description of the healthcare system and integration activities:

1. Describe how the state integrates mental health and primary health care, including services for individuals with co-occurring mental and substance use disorders, in primary care settings or arrangements to provide primary and specialty care services in community -based mental and substance use disorders settings.

The SSA Drug & Alcohol Program integrates Mental Health/SUD and Primary care services through the assessment and treatment planning. During the each ASAM assessment the clinician will inquire about health care coverage, primary care services and any existing medical conditions. Approximately 80% of consumers in the entering the SUD treatment program do not have health care coverage, have not seen a primary care provider and are not aware of any preexisting medical conditions. The SUD provider will immediately provide the benefit application and involve a Peer Recovery Specialists in the treatment planning to assist the consumer with following through with the benefits application and with an appointment with a primary care provider.

2. Describe how the state provides services and supports towards integrated systems of care for individuals and families with co-occurring mental and substance use disorders, including management, funding, and payment strategies that foster co-occurring capability.

The SSA Drug & Alcohol program provides a system of care that involves the SUD consumers family and supportive agents in their life who support the consumers treatment and recovery. If no family or support agent is available a Peer Recovery Specialist will provide support. The SUD consumers family is invited to take part in the treatment planning and in conjoint family sessions. The family and the consumer also attends the Family Education Program together to learn about addiction and the brain and the phases of addiction and recovery. The Drug & Alcohol program also works along side the consumer and the child welfare system. The program provides advocacy and support to the consumer as they continue to work on recovery and reunite with their children.

3. **a)** Is there a plan for monitoring whether individuals and families have access to M/SUD services offered through Qualified Health Plans? (●) Yes ( ) No

b) and Medicaid? (●) Yes ( ) No

4. Who is responsible for monitoring access to M/SUD services provided by the QHP?

The SSA has a Quality Improvement Officer who monitors access to treatment.

5. Is the SSA/SMHA involved in any coordinated care initiatives in the state? (●) Yes ( ) No

6. Do the M/SUD providers screen and refer for:

a) Prevention and wellness education (●) Yes ( ) No

b) Health risks such as

ii) heart disease ◉ Yes ○ No

iii) hypertension ◉ Yes ○ No

iv) high cholesterol ◉ Yes ○ No

v) diabetes ◉ Yes ○ No

c) Recovery supports ◉ Yes ○ No

7. Is the SSA/SMHA involved in the development of alternative payment methodologies, including risk-based contractual relationships that advance coordination of care? ◉ Yes ○ No

8. Is the SSA and SMHA involved in the implementation and enforcement of parity protections for mental and substance use disorder services? ◉ Yes ○ No

9. What are the issues or problems that your state is facing related to the implementation and enforcement of parity provisions?

Guam Behavioral Health and Wellness Center in collaboration with Public Health and Social Services have provided consumer awareness about parity laws however, at a minimum and not in coordinated and consistent efforts. The SSA recognizes the need to increase awareness and education about parity, however in conjunction with the Department of Public Health and Social Services, the Governor's Health Advisor, and other pertinent government agencies. GBHWC may request for technical assistance on this area.

10. Does the state have any activities related to this section that you would like to highlight?

The SSAs Peer Recovery Support program have grown and evolved over the years. Providing Recovery Coaching, advocacy, and linking and navigating Recovery Support services in the community.

Please indicate areas of technical assistance needed related to this section

SSA request for technical assistance on the area related to the implementation and enforcement of parity provisions.

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2. Health Disparities - Requested

Narrative Question

In accordance with the **HHS Action Plan to Reduce Racial and Ethnic Health Disparities**[42], **Healthy People, 2020**[43], **National Stakeholder Strategy for Achieving Health Equity**[44], and other HHS and federal policy recommendations, SAMHSA expects block grant dollars to support equity in access, services provided, and M/SUD outcomes among individuals of all cultures, sexual/gender minorities, orientation and ethnicities. Accordingly, grantees should collect and use data to: (1) identify subpopulations (i.e., racial, ethnic, limited English speaking, tribal, sexual/gender minority groups, etc.) vulnerable to health disparities and (2) implement strategies to decrease the disparities in access, service use, and outcomes both within those subpopulations and in comparison to the general population. One strategy for addressing health disparities is use of the recently revised National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)[45].

The Action Plan to Reduce Racial and Ethnic Health Disparities, which the HHS Secretary released in April 2011, outlines goals and actions that HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to assess the impact of their policies and programs on health disparities.

The HHS Secretary's top priority in the Action Plan is to "assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits."[46]

Collecting appropriate data is a critical part of efforts to reduce health disparities and promote equity. In October 2011, HHS issued final standards on the collection of race, ethnicity, primary language, and disability status[47]. This guidance conforms to the existing Office of Management and Budget (OMB) directive on racial/ethnic categories with the expansion of intra-group, detailed data for the Latino and the Asian-American/Pacific Islander populations[48]. In addition, SAMHSA and all other HHS agencies have updated their limited English proficiency plans and, accordingly, will expect block grant dollars to support a reduction in disparities related to access, service use, and outcomes that are associated with limited English proficiency. These three departmental initiatives, along with SAMHSA's and HHS's attention to special service needs and disparities within tribal populations, LGBTQ populations, and women and girls, provide the foundation for addressing health disparities in the service delivery system. States provide M/SUD services to these individuals with state block grant dollars. While the block grant generally requires the use of evidence-based and promising practices, it is important to note that many of these practices have not been normed on various diverse racial and ethnic populations. States should strive to implement evidence-based and promising practices in a manner that meets the needs of the populations they serve.

In the block grant application, states define the populations they intend to serve. Within these populations of focus are subpopulations that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in insurance coverage, language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, lack of Spanish primary care services may contribute to a heightened risk for metabolic disorders among Latino adults with SMI; and American Indian/Alaska Native youth may have an increased incidence of underage binge drinking due to coping patterns related to historical trauma within the American Indian/Alaska Native community. While these factors might not be pervasive among the general population served by the block grant, they may be predominant among subpopulations or groups vulnerable to disparities.

To address and ultimately reduce disparities, it is important for states to have a detailed understanding of who is and is not being served within the community, including in what languages, in order to implement appropriate outreach and engagement strategies for diverse populations. The types of services provided, retention in services, and outcomes are critical measures of quality and outcomes of care for diverse groups. For states to address the potentially disparate impact of their block grant funded efforts, they will address access, use, and outcomes for subpopulations.

[42] **http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf**

[43] **http://www.healthypeople.gov/2020/default.aspx**

[44] **https://www.minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_07_Section3.pdf**

[45] **http://www.ThinkCulturalHealth.hhs.gov**

[46] http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf

[47] https://aspe.hhs.gov/basic-report/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status

[48] https://www.whitehouse.gov/wp-content/uploads/2017/11/Revisions-to-the-Standards-for-the-Classification-of-Federal-Data-on-Race-and-Ethnicity-October30-1997.pdf

Please respond to the following items:

1. Does the state track access or enrollment in services, types of services received and outcomes of these services by: race, ethnicity, gender, sexual orientation, gender identity, and age?

a) Race	(•) Yes ( ) No
b) Ethnicity	(•) Yes ( ) No
c) Gender	(•) Yes ( ) No
d) Sexual orientation	(•) Yes ( ) No
e) Gender identity	(•) Yes ( ) No
f) Age	(•) Yes ( ) No

2. Does the state have a data-driven plan to address and reduce disparities in access, service use and outcomes for the above sub-population? ( ) Yes (•) No

3. Does the state have a plan to identify, address and monitor linguistic disparities/language barriers? (•) Yes ( ) No

4. Does the state have a workforce-training plan to build the capacity of M/SUD providers to identify disparities in access, services received, and outcomes and provide support for improved culturally and linguistically competent outreach, engagement, prevention, treatment, and recovery services for diverse populations? (•) Yes ( ) No

5. If yes, does this plan include the Culturally and Linguistically Appropriate Services(CLAS) Standards? (•) Yes ( ) No

6. Does the state have a budget item allocated to identifying and remediating disparities in M/SUD care? ( ) Yes (•) No

7. Does the state have any activities related to this section that you would like to highlight?

Not at this time.

Please indicate areas of technical assistance needed related to this section

Technical Assistance on addressing treatment outcomes and how to develop a data driven plan to address and reduce disparities in access, services and outcomes for specific populations.

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3. Innovation in Purchasing Decisions - Requested

Narrative Question

While there are different ways to define value-based purchasing, its purpose is to identify services, payment arrangements, incentives, and players that can be included in directed strategies using purchasing practices that are aimed at improving the value of health care services. In short, health care value is a function of both cost and quality:

Health Care Value = Quality ÷ Cost, (**V = Q ÷ C**)

SAMHSA anticipates that the movement toward value based purchasing will continue as delivery system reforms continue to shape states systems. The identification and replication of such value-based strategies and structures will be important to the development of M/SUD systems and services.

There is increased interest in having a better understanding of the evidence that supports the delivery of medical and specialty care including M/SUD services. Over the past several years, SAMHSA has collaborated with CMS, HRSA, SMAs, state M/SUD authorities, legislators, and others regarding the evidence of various mental and substance misuse prevention, treatment, and recovery support services. States and other purchasers are requesting information on evidence-based practices or other procedures that result in better health outcomes for individuals and the general population. While the emphasis on evidence-based practices will continue, there is a need to develop and create new interventions and technologies and in turn, to establish the evidence. SAMHSA supports states' use of the block grants for this purpose. The NQF and the IOM recommend that evidence play a critical role in designing health benefits for individuals enrolled in commercial insurance, Medicaid, and Medicare.

To respond to these inquiries and recommendations, SAMHSA has undertaken several activities. SAMHSA's Evidence Based Practices Resource Center assesses the research evaluating an intervention's impact on outcomes and provides information on available resources to facilitate the effective dissemination and implementation of the program. SAMHSA's Evidence-Based Practices Resource Center provides the information & tools needed to incorporate evidence-based practices into communities or clinical settings.

SAMHSA reviewed and analyzed the current evidence for a wide range of interventions for individuals with mental illness and substance use disorders, including youth and adults with chronic addiction disorders, adults with SMI, and children and youth with SED. The evidence builds on the evidence and consensus standards that have been developed in many national reports over the last decade or more. These include reports by the Surgeon General,[49] The New Freedom Commission on Mental Health,[50] the IOM,[51] NQF,and the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC).[52]. The activity included a systematic assessment of the current research findings for the effectiveness of the services using a strict set of evidentiary standards. This series of assessments was published in "Psychiatry Online."[53] SAMHSA and other federal partners, the HHS' Administration for Children and Families, Office for Civil Rights, and CMS, have used this information to sponsor technical expert panels that provide specific recommendations to the M/SUD field regarding what the evidence indicates works and for whom, to identify specific strategies for embedding these practices in provider organizations, and to recommend additional service research.

In addition to evidence-based practices, there are also many promising practices in various stages of development. Anecdotal evidence and program data indicate effectiveness for these services. As these practices continue to be evaluated, the evidence is collected to establish their efficacy and to advance the knowledge of the field.

SAMHSA's Treatment Improvement Protocol Series **(TIPS)**[54] are best practice guidelines for the SUD treatment. SAMHSA draws on the experience and knowledge of clinical, research, and administrative experts to produce the TIPS, which are distributed to a growing number of facilities and individuals across the country. The audience for the TIPS is expanding beyond public and private SUD treatment facilities as alcohol and other drug disorders are increasingly recognized as a major health problem.

SAMHSA's Evidence-Based Practice Knowledge Informing Transformation **(KIT)**[55] was developed to help move the latest information available on effective M/SUD practices into community-based service delivery. States, communities, administrators, practitioners, consumers of mental health care, and their family members can use KIT to design and implement M/SUD practices that work. KIT covers getting started, building the program, training frontline staff, and evaluating the program. The KITs contain information sheets, introductory videos, practice demonstration videos, and training manuals. Each KIT outlines the essential components of the evidence-based practice and provides suggestions collected from those who have successfully implemented them.

SAMHSA is interested in whether and how states are using evidence in their purchasing decisions, educating policymakers, or supporting providers to offer high quality services. In addition, SAMHSA is concerned with what additional information is needed by SMHAs and SSAs in their efforts to continue to shape their and other purchasers' decisions regarding M/SUD services.

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[49] United States Public Health Service Office of the Surgeon General (1999). Mental Health: A Report of the Surgeon General. Rockville, MD: Department of Health and Human Services, U.S. Public Health Service

[50] The President's New Freedom Commission on Mental Health (July 2003). Achieving the Promise: Transforming Mental Health Care in America. Rockville, MD: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

[51] Institute of Medicine Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders (2006). Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series. Washington, DC: National Academies Press.

[52] National Quality Forum (2007). National Voluntary Consensus Standards for the Treatment of Substance Use Conditions: Evidence-Based Treatment Practices. Washington, DC: National Quality Forum.

[53] **http://psychiatryonline.org/**

[54] **http://store.samhsa.gov**

[55] **https://store.samhsa.gov/sites/default/files/d7/priv/ebp-kit-how-to-use-the-ebp-kit-10112019_0.pdf**

Please respond to the following items:

1. Is information used regarding evidence-based or promising practices in your purchasing or policy decisions? ○ Yes ○ No

2. Which value based purchasing strategies do you use in your state (check all that apply):

- **a)** ☐ Leadership support, including investment of human and financial resources.
- **b)** ☐ Use of available and credible data to identify better quality and monitored the impact of quality improvement interventions.
- **c)** ☐ Use of financial and non-financial incentives for providers or consumers.
- **d)** ☐ Provider involvement in planning value-based purchasing.
- **e)** ☐ Use of accurate and reliable measures of quality in payment arrangements.
- **f)** ☐ Quality measures focused on consumer outcomes rather than care processes.
- **g)** ☐ Involvement in CMS or commercial insurance value based purchasing programs (health homes, accountable care organization, all payer/global payments, pay for performance (P4P)).
- **h)** ☐ The state has an evaluation plan to assess the impact of its purchasing decisions.

3. Does the state have any activities related to this section that you would like to highlight?

Please indicate areas of technical assistance needed related to this section.

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6. Program Integrity - Required

Narrative Question

SAMHSA has placed a strong emphasis on ensuring that block grant funds are expended in a manner consistent with the statutory and regulatory framework. This requires that SAMHSA and the states have a strong approach to assuring program integrity. Currently, the primary goals of SAMHSA program integrity efforts are to promote the proper expenditure of block grant funds, improve block grant program compliance nationally, and demonstrate the effective use of block grant funds.

While some states have indicated an interest in using block grant funds for individual co-pays deductibles and other types of co-insurance for M/SUD services, SAMHSA reminds states of restrictions on the use of block grant funds outlined in 42 U.S.C. §§ 300x-5 and 300x-31, including cash payments to intended recipients of health services and providing financial assistance to any entity other than a public or nonprofit private entity. Under 42 U.S.C. § 300x-55(g), SAMHSA periodically conducts site visits to MHBG and SABG grantees to evaluate program and fiscal management. States will need to develop specific policies and procedures for assuring compliance with the funding requirements. Since MHBG funds can only be used for authorized services made available to adults with SMI and children with SED and SABG funds can only be used for individuals with or at risk for SUD. SAMHSA guidance on the use of block grant funding for co-pays, deductibles, and premiums can be found at: **http://www.samhsa.gov/sites/default/files/grants/guidance-for-block-grant-funds-for-cost-sharing-assistance-for-private-health-insurance.pdf**. States are encouraged to review the guidance and request any needed technical assistance to assure the appropriate use of such funds.

The MHBG and SABG resources are to be used to support, not supplant, services that will be covered through the private and public insurance. In addition, SAMHSA will work with CMS and states to identify strategies for sharing data, protocols, and information to assist our program integrity efforts. Data collection, analysis, and reporting will help to ensure that MHBG and SABG funds are allocated to support evidence-based, culturally competent programs, substance use disorder prevention, treatment and recovery programs, and activities for adults with SMI and children with SED.

States traditionally have employed a variety of strategies to procure and pay for M/SUD services funded by the MHBG and SABG. State systems for procurement, contract management, financial reporting, and audit vary significantly. These strategies may include: (1) appropriately directing complaints and appeals requests to ensure that QHPs and Medicaid programs are including essential health benefits (EHBs) as per the state benchmark plan; (2) ensuring that individuals are aware of the covered M/SUD benefits; (3) ensuring that consumers of M/SUD services have full confidence in the confidentiality of their medical information; and (4) monitoring the use of M/SUD benefits in light of utilization review, medical necessity, etc. Consequently, states may have to become more proactive in ensuring that state-funded providers are enrolled in the Medicaid program and have the ability to determine if clients are enrolled or eligible to enroll in Medicaid. Additionally, compliance review and audit protocols may need to be revised to provide for increased tests of client eligibility and enrollment.

Please respond to the following items:

1. Does the state have a specific policy and/or procedure for assuring that the federal program requirements are conveyed to intermediaries and providers? (●) Yes ( ) No

2. Does the state provide technical assistance to providers in adopting practices that promote compliance with program requirements, including quality and safety standards? (●) Yes ( ) No

3. Does the state have any activities related to this section that you would like to highlight?

- Contracts include clause on pass-through of restrictions from grantors to subgrantees
- Technical assistance meetings and coaching with subgrantees highlight the strict compliance to federal grant requirements
- Government of Guam's procurement law includes guidance on the entire procurement process, including complaints and appeals
- Consumers receive sufficient information upon intake about service coverage
- Policies are in place within GBHWC regarding HIPAA and 42 CFR Part 2, which protect consumers' medical information especially as it pertains to mental health and substance use disorders
- Our state agency and service providers are enrolled in Medicare program. Consumers are assisted by GBHWC staff in the Medicaid enrollment process if they are not already receiving benefits.

Please indicate areas of technical assistance needed related to this section

Not at this time

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7. Tribes - Requested

Narrative Question

The federal government has a unique obligation to help improve the health of American Indians and Alaska Natives through the various health and human services programs administered by HHS. Treaties, federal legislation, regulations, executive orders, and Presidential memoranda support and define the relationship of the federal government with federally recognized tribes, which is derived from the political and legal relationship that Indian tribes have with the federal government and is not based upon race. SAMHSA is required by the **2009 Memorandum on Tribal Consultation**[56] to submit plans on how it will engage in regular and meaningful consultation and collaboration with tribal officials in the development of federal policies that have tribal implications.

Improving the health and well-being of tribal nations is contingent upon understanding their specific needs. Tribal consultation is an essential tool in achieving that understanding. Consultation is an enhanced form of communication, which emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties, which leads to mutual understanding and comprehension. Consultation is integral to a deliberative process that results in effective collaboration and informed decision-making with the ultimate goal of reaching consensus on issues.

In the context of the block grant funds awarded to tribes, SAMHSA views consultation as a government-to-government interaction and should be distinguished from input provided by individual tribal members or services provided for tribal members whether on or off tribal lands. Therefore, the interaction should be attended by elected officials of the tribe or their designees and by the highest possible state officials. As states administer health and human services programs that are supported with federal funding, it is imperative that they consult with tribes to ensure the programs meet the needs of the tribes in the state. In addition to general stakeholder consultation, states should establish, implement, and document a process for consultation with the federally recognized tribal governments located within or governing tribal lands within their borders to solicit their input during the block grant planning process. Evidence that these actions have been performed by the state should be reflected throughout the state's plan. Additionally, it is important to note that approximately 70 percent of American Indians and Alaska Natives do not live on tribal lands. The SMHAs, SSAs and tribes should collaborate to ensure access and culturally competent care for all American Indians and Alaska Natives in the states.

States shall not require any tribe to waive its sovereign immunity in order to receive funds or for services to be provided for tribal members on tribal lands. If a state does not have any federally recognized tribal governments or tribal lands within its borders, the state should make a declarative statement to that effect.

[56] **https://www.energy.gov/sites/prod/files/Presidential%20Memorandum%20Tribal%20Consultation%20%282009%29.pdf**

Please respond to the following items:

1. How many consultation sessions has the state conducted with federally recognized tribes?
2. What specific concerns were raised during the consultation session(s) noted above?
3. Does the state have any activities related to this section that you would like to highlight?

   Please indicate areas of technical assistance needed related to this section.

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8. Primary Prevention - Required SABG

Narrative Question

SABG statute requires states to spend not less than 20 percent of their SABG allotment on primary prevention strategies directed at individuals not identified to be in need of treatment. While primary prevention set-aside funds must be used to fund strategies that have a positive impact on the prevention of substance use, it is important to note that many evidence-based substance use disorder prevention strategies also have a positive impact on other health and social outcomes such as education, juvenile justice involvement, violence prevention, and mental health. The SABG statute requires states to develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance misuse. The program must include, but is not limited to, the following strategies:

1. ***Information Dissemination*** providing awareness and knowledge of the nature, extent, and effects of alcohol, tobacco, and drug use, abuse, and addiction on individuals families and communities;
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6. ***Environmental Strategies*** that establish or change written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population.

In implementing the comprehensive primary prevention program, states should use a variety of strategies that target populations with different levels of risk, including the IOM classified universal, selective, and indicated strategies.

Please respond to the following items

Assessment

1. Does your state have an active State Epidemiological and Outcomes Workgroup(SEOW)? (●) Yes ( ) No

2. Does your state collect the following types of data as part of its primary prevention needs assessment process? (check all that apply) ( ) Yes ( ) No

- **a)** [x] Data on consequences of substance-using behaviors
- **b)** [x] Substance-using behaviors
- **c)** [x] Intervening variables (including risk and protective factors)
- **d)** [ ] Other (please list)

3. Does your state collect needs assesment data that include analysis of primary prevention needs for the following population groups? (check all that apply)

- [ ] Children (under age 12)
- [x] Youth (ages 12-17)
- [x] Young adults/college age (ages 18-26)
- [x] Adults (ages 27-54)
- [x] Older adults (age 55 and above)
- [x] Cultural/ethnic minorities
- [x] Sexual/gender minorities
- [ ] Rural communities
- [ ] Others (please list)

4. Does your state use data from the following sources in its Primary prevention needs assesment? (check all that apply)

- [ ] Archival indicators (Please list)

- [ ] National survey on Drug Use and Health (NSDUH)
- [x] Behavioral Risk Factor Surveillance System (BRFSS)
- [x] Youth Risk Behavioral Surveillance System (YRBS)
- [ ] Monitoring the Future
- [ ] Communities that Care
- [x] State - developed survey instrument
- [x] Others (please list)

Guam's SEOW collects outcome data through National (BRFSS, YRBSS) and state added reports: Guam Global Youth Tobacco Survey, Guam Vital Statistics, Guam Police Department, Guam Memorial Hospital Data, Guam Community Health Assessment, reports from the Guam Statistical Yearbook, and the Suicide Mortality Report. These findings are reported and updated annually in the Guam Epidemiological Profile.

5. Does your state use needs assesment data to make decisions about the allocation SABG primary prevention funds? (●) Yes ( ) No

If yes, (please explain)

The priorities included in the SABG primary prevention plan took into consideration recommendations by the Governor's PEACE Advisory Council and the State Epidemiological Outcomes Workgroup. Needs assessment data collected and analyzed by Guam's SEOW is presented to the Governor's PEACE Advisory Council to drive and guide the work of the Prevention and Training Branch. Guidance provided by the PEACE Council include recommendations on effective programs, policies, and practices that address priorities identified by SEOW as well as recommendations on resource allocation for these priorities. GBHWC provides leadership in obtaining state and federal funding to support comprehensive prevention services on Guam.

GBHWC's P&T Branch provides direct community-based prevention services that incorporate CSAP's six primary prevention strategies – (1) information dissemination, (2) problem identification and referral, (3) education, (4) alternatives, (5) community-based process, and (6) environmental strategies. The P&T Branch monitors GBHWC's prevention systems and processes as part of an ongoing quality control assessment of the Department's prevention service delivery. In addition, the P&T Branch maintains the GBHWC's prevention website (www.peaceguam.org), conducts information dissemination and mass media campaigns, manages the various prevention grants of the GBHWC, and provides community-based and stakeholder training and technical assistance.

If no, (please explain) how SABG funds are allocated:

Narratve Question

SABG statute requires states to spend not less than 20 percent of their SABG allotment on primary prevention strategies directed at individuals not identified to be in need of treatment. While primary prevention set-aside funds must be used to fund strategies that have a positive impact on the prevention of substance use, it is important to note that many evidence-based substance use disorder prevention strategies also have a positive impact on other health and social outcomes such as education, juvenile justice involvement, violence prevention, and mental health. The SABG statute requires states to develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance misuse. The program must include, but is not limited to, the following strategies:

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In implementing the comprehensive primary prevention program, states should use a variety of strategies that target populations with different levels of risk, including the IOM classified universal, selective, and indicated strategies.

Capacity Building

1. Does your state have a statewide licensing or certification program for the substance use disorder prevention workforce? (●) Yes ( ) No

If yes, please describe

IC&RC's Certification for Prevention Specialist, which is also supported by the Pacific Behavioral Health Collaboration Council, is encouraged among Prevention staff. By 2024, the Prevention and Training Branch staff are targeted to be Certified Prevention Specialists, and certified as trainers, consulting trainers and/or master-level trainers in evidence-based prevention programs: SAPST, ASIST, safeTALK for suicide prevention, Connect suicide postvention, Brief Tobacco Cessation Interventions, etc. provided to community-based coalitions, grant sub-recipients, and the community at large. TA is also available via SAMHSA, PTTC and CADCA.

2. Does your state have a formal mechanism to provide training and technical assistance to the substance use disorder prevention workforce? (●) Yes ( ) No

If yes, please describe mechanism used

Trainings are scheduled throughout the year, offered to GBHWC staff willing to acquire prevention skills, community partners who use the Strategic Prevention Framework in facilitating primary prevention initiatives and college students pursuing careers in the health and social sciences.

3. Does your state have a formal mechanism to assess community readiness to implement prevention strategies? (●) Yes ( ) No

If yes, please describe mechanism used

Proposed prevention strategies - in the form of a 5-year strategic action plan for prevention - are presented to the Governor's PEACE Advisory Council for feedback and input. The Advisory Council is comprised of community sector representatives that informs the Prevention team whether the proposed strategies are relevant to the communities they represent, as well as whether they are to be offered in timely manner.

Narratve Question

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Planning

1. Does your state have a strategic plan that addresses substance use disorder prevention that was developed within the last five years? (●) Yes ( ) No

If yes, please attach the plan in BGAS by going to the **Attachments Page** and upload the plan

The Guam Strategic Action Plan for Substance Misuse Prevention and Mental Health Promotion (FY 2020 - FY 2024) is attached

2. Does your state use the strategic plan to make decisions about use of the primary prevention set-aside of the SABG? (N/A - no prevention strategic plan) (●) Yes ( ) No ( ) N/A

3. Does your state's prevention strategic plan include the following components? (check all that apply):

- **a)** ☑ Based on needs assessment datasets the priorities that guide the allocation of SABG primary prevention funds
- **b)** ☑ Timelines
- **c)** ☑ Roles and responsibilities
- **d)** ☑ Process indicators
- **e)** ☑ Outcome indicators
- **f)** ☑ Cultural competence component
- **g)** ☑ Sustainability component
- **h)** ☐ Other (please list):
- **i)** ☐ Not applicable/no prevention strategic plan

4. Does your state have an Advisory Council that provides input into decisions about the use of SABG primary prevention funds? (●) Yes ( ) No

5. Does your state have an active Evidence-Based Workgroup that makes decisions about appropriate strategies to be implemented with SABG primary prevention funds? (●) Yes ( ) No

If yes, please describe the criteria the Evidence-Based Workgroup uses to determine which programs, policies, and strategies are evidence based

The Governor's Prevention Education and Community Empowerment (PEACE) Advisory Council are appointed member representatives from the executive, legislative and judicial branches of government, the private sector and community-based prevention advocates charged with the development of policies, programs and practices to address Guam's substance abuse and suicide problems, and to include planning, implementing, and evaluating comprehensive evidenced-based prevention strategies that result in positive environment changes.

The PEACE Council currently has the workgroup included in its by-laws, but will need to assign its members to it. However, the Prevention and Training Branch staff continue to actively support its stated mission to implement promising practices and

evidence-based prevention and early intervention practices, policies and programs in schools, workplaces and other community-based settings for the island of Guam.

Narratve Question

SABG statute requires states to spend not less than 20 percent of their SABG allotment on primary prevention strategies directed at individuals not identified to be in need of treatment. While primary prevention set-aside funds must be used to fund strategies that have a positive impact on the prevention of substance use, it is important to note that many evidence-based substance use disorder prevention strategies also have a positive impact on other health and social outcomes such as education, juvenile justice involvement, violence prevention, and mental health. The SABG statute requires states to develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance misuse. The program must include, but is not limited to, the following strategies:

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In implementing the comprehensive primary prevention program, states should use a variety of strategies that target populations with different levels of risk, including the IOM classified universal, selective, and indicated strategies.

Implementation

1. States distribute SABG primary prevention funds in a variety of different ways. Please check all that apply to your state:

- **a)** ☑ SSA staff directly implements primary prevention programs and strategies.
- **b)** ☑ The SSA has statewide contracts (e.g. statewide needs assessment contract, statewide workforce training contract, statewide media campaign contract).
- **c)** ☐ The SSA funds regional entities that are autonomous in that they issue and manage their own sub-contracts.
- **d)** ☑ The SSA funds regional entities that provide training and technical assistance.
- **e)** ☑ The SSA funds regional entities to provide prevention services.
- **f)** ☐ The SSA funds county, city, or tribal governments to provide prevention services.
- **g)** ☑ The SSA funds community coalitions to provide prevention services.
- **h)** ☑ The SSA funds individual programs that are not part of a larger community effort.
- **i)** ☐ The SSA directly funds other state agency prevention programs.
- **j)** ☐ Other (please describe)

2. Please list the specific primary prevention programs, practices, and strategies that are funded with SABG primary prevention dollars in each of the six prevention strategies. Please see the introduction above for definitions of the six strategies:

a) Information Dissemination:

1) www.peaceguam.org website
2) Annual updates of Guam Epidemiological Profiles on Substance Abuse and Suicide
3) Educational Fact Sheets on Alcohol, Tobacco and Other Drugs, and Mental Health
4) Guam Public Policies Relative to Alcohol, Tobacco and Other Drugs
6) Alcohol, tobacco and marijuana Prevention Campaigns
7) Suicide Prevention Campaigns

b) Education:

1) Youth for Youth Leadership Program
2) Substance Abuse Prevention Skills Training (SAPST)
3) Suicide Prevention and Intervention Training
4) Connect Post-Vention
5) Culture and Linguistically Appropriate Services (CLAS) Training
6) Health Literacy
7) Screening Brief Intervention, Referral and Treatment (SBIRT)
8) safeTALK Training

9) Applied Intervention Skills Training (ASIST)
10) Grief Talk
10) Brief Tobacco Intervention (BTI)
11) Ethics in Prevention
12) Team Awareness Stress Management
13) Data Collection and Evaluation

c) Alternatives:

1) Rotaract Youth Leadership Program
2) Youth for Youth LIVE! Hacks
3) Too Cool to Do Drugs Conference
4) Summer Youth Prevention Programs through subgrantees
5) Youth Sports Events
6) Project YOU Summer program
7) Breaking Wave Theater Company's Unspoken

d) Problem Identification and Referral:

1) Team Awareness
2) Applied Suicide Intervention Skills Training (ASIST)
3) Brief Tobacco Intervention (BTI)
4) Screening Brief Intervention, Referral and Treatment (SBIRT)
5) Grief Talk

e) Community-Based Processes:

1) PEACE Advisory Council Meetings
2) SEOW Meetings
3) GBHWC Mental Health Planning Council
4) Red Ribbon Campaign
5) Pacific Behavioral Health Collaborative Epidemiology Workgroup

f) Environmental:

1) Tobacco Vendor Education
2) Tobacco Synar Inspections

3. Does your state have a process in place to ensure that SABG dollars are used only to fund primary prevention services not funded through other means? (●) Yes ( ) No

If yes, please describe

P&T Branch staff evaluates our prevention systems and processes as part of ongoing quality control assessment of the Department. GBHWC will continue to work in collaboration with other partnering agencies – majority of which are already represented on the Governor's PEACE Council – to develop and implement the SAPT BG and PEACE Partnerships for Success. The Prevention and Training Branch, inclusive of all prevention programs and strategies implemented, is currently guided by the PEACE Council - a multi-sectoral, state-level representative of the three branches of government and other leaders from the private sector, cultural, faith-based and non-governmental community-based provider organizations. This Council composition reflects the ethnic and cultural make-up of the community at large. The Council and community were instrumental in the development of Guam's State Prevention Enhancement (SPE) Comprehensive Strategic Plan (2014-2018) which outlines the Prevention and Training Branch's goals and objectives for prevention on Guam. Programs, strategies, and interventions that are implemented and are funded by SAPT BG must adhere to this strategic prevention plan.

Staff of the Prevention and Training Branch will devote 100% of their time to working with program activities under the SAPT Block Grant and Partnerships for Success Grant. Altogether, staff members possess a combined total of over 30 years of prevention work experience and are invaluable to Guam's ATOD and suicide prevention and early intervention teamwork. In-kind services will include coordinating T/TA services throughout the life of each grant. These staff members are responsible for the implementation of prevention services on Guam focusing on the goals and objectives respective of each grant while ensuring that all work accomplished abides by the prevention strategic plan. Also, the Branch has an assigned Administrative Officer that manages the Branch's financial and procurement tasks to determine if costs and services are allowable and eligible; and to verify funding compliance. Program planning and monitoring clearly identify what specific programs and strategies are funded by the SAPT BG versus other funding streams. SABG funded programs are separate from the Partnerships for Success program; however, where appropriate, all prevention staff and PFS partners are included in training and technical assistance events funded through partnerships for Success as a key opportunity for prevention workforce development and capacity building.

Narratve Question

SABG statute requires states to spend not less than 20 percent of their SABG allotment on primary prevention strategies directed at individuals not identified to be in need of treatment. While primary prevention set-aside funds must be used to fund strategies that have a positive impact on the prevention of substance use, it is important to note that many evidence-based substance use disorder prevention strategies also have a positive impact on other health and social outcomes such as education, juvenile justice involvement, violence prevention, and mental health. The SABG statute requires states to develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance misuse. The program must include, but is not limited to, the following strategies:

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Evaluation

1. Does your state have an evaluation plan for substance use disorder prevention that was developed within the last five years? (●) Yes ( ) No

If yes, please attach the plan in BGAS by going to the **Attachments Page** and upload the plan

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2. Does your state's prevention evaluation plan include the following components? (check all that apply):

- **a)** [x] Establishes methods for monitoring progress towards outcomes, such as targeted benchmarks
- **b)** [x] Includes evaluation information from sub-recipients
- **c)** [ ] Includes SAMHSA National Outcome Measurement (NOMs) requirements
- **d)** [ ] Establishes a process for providing timely evaluation information to stakeholders
- **e)** [ ] Formalizes processes for incorporating evaluation findings into resource allocation and decision-making
- **f)** [ ] Other (please list:)
- **g)** [ ] Not applicable/no prevention evaluation plan

3. Please check those process measures listed below that your state collects on its SABG funded prevention services:

- **a)** [x] Numbers served
- **b)** [ ] Implementation fidelity
- **c)** [x] Participant satisfaction
- **d)** [x] Number of evidence based programs/practices/policies implemented
- **e)** [x] Attendance
- **f)** [x] Demographic information
- **g)** [ ] Other (please describe):

4. Please check those outcome measures listed below that your state collects on its SABG funded prevention services:

- **a)** [x] 30-day use of alcohol, tobacco, prescription drugs, etc
- **b)** [x] Heavy use
- [x] Binge use
- [x] Perception of harm

c) ☑ Disapproval of use

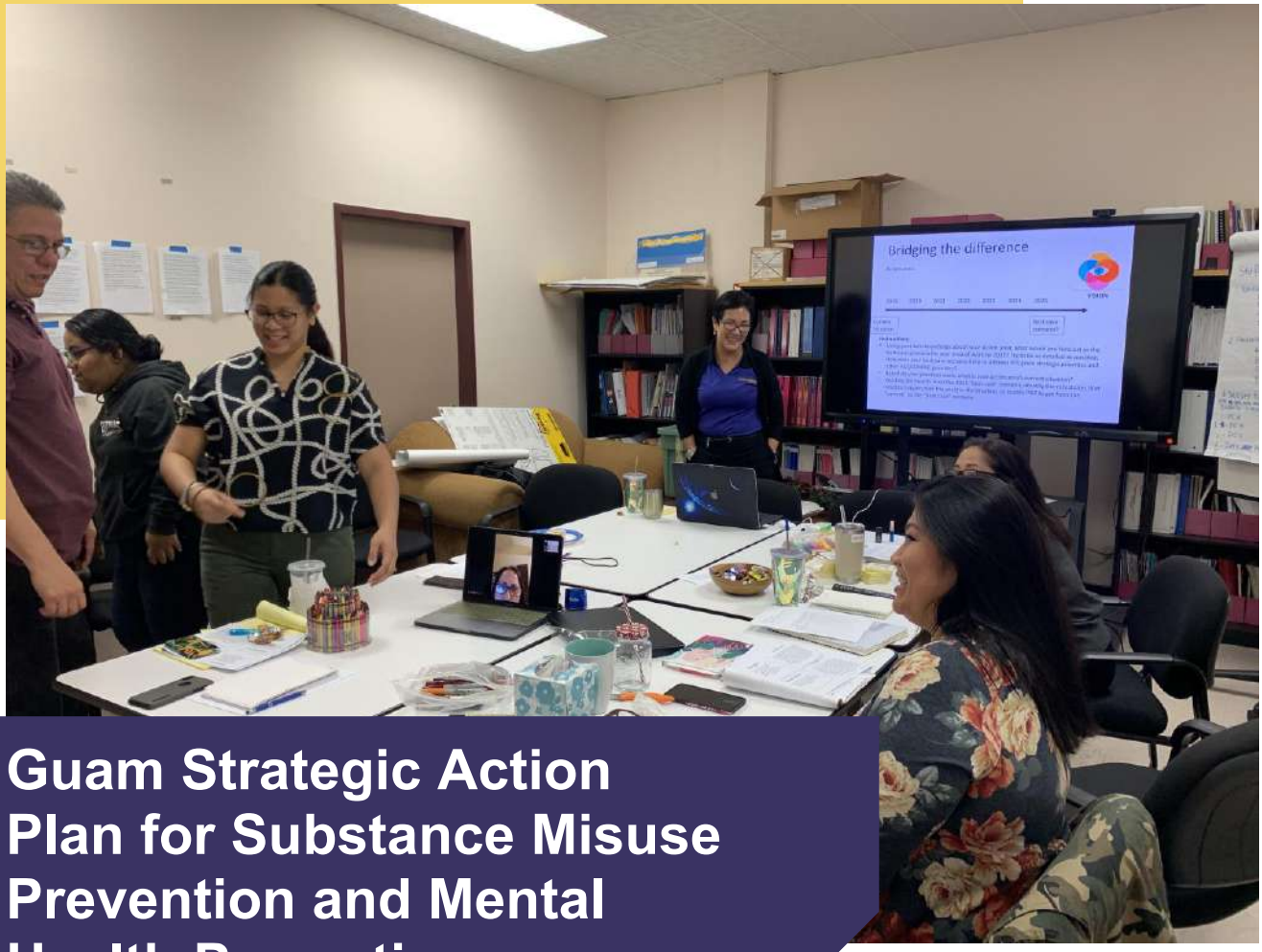
d) ☑ Consequences of substance use (e.g. alcohol-related motor vehicle crashes, drug-related mortality)

e) ☑ Other (please describe):

State added questions into the BRFSS systematically collects data on adult alcohol, tobacco, and illicit drug use as well as mental health status on Guam. 29 added indicators on Alcohol indicators, Tobacco indicators, Illicit Drug indicators, Prescription Drug Use indicators, Perception of Workplace Policy indicator, Family Communication Around Drug Use indicator, Betel Nut indicators, Sexual Orientation and Gender Identity indicators, and Mental Health and Stigma indicators. State added questions for youth marijuana perception of harm and peer disapproval will be recommended by the SEOW to be included in YRBS.

Footnotes:

GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER



Guam Strategic Action Plan for Substance Misuse Prevention and Mental Health Promotion FY 2020 thru FY 2024

Guam Behavioral Health and Wellness Center, Prevention & Training Branch

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EXECUTIVE SUMMARY

FOREWORD

(INSERT Foreword from Director and/or Governor here)

Theresa C. Arriola
Director, GBHWC

Lourdes A. Leon Guerrero
Governor of Guam

PEACE stands for Prevention Education and Community Empowerment. To attain its vision, the PEACE office identifies valuable key stakeholders within the community, and partners with them in planning and carrying out culturally relevant, community-involved prevention initiatives.

BACKGROUND

Guam Behavioral Health and Wellness Center envisions a healthy island, committed to promoting and improving the behavioral health and well-being of our community.

While Guam has made strides in reducing tobacco use among youth and adults, and harmful alcohol use rates among youth, tobacco and harmful alcohol use continue to be higher in Guam compared to the United States, and the prevalence of suicide and its attendant mental health risk factors are significantly elevated. The distribution of risk demonstrates significant inequity across socio-economic groups.

The Guam State Epidemiological Outcomes Workgroup (SEOW) reviewed local substance misuse and suicide data and used an incremental process that weighted magnitude (high prevalence), burden, vulnerability (high risk, low protective factors), capacity and the presence or absence of other programs and funding support to identify prevention priorities and high-need groups. Underage drinking, tobacco use and suicide prevention emerged as the priorities. Examination of data disaggregated for ethnicity, age, and sex revealed that Chamorro and other Micronesian youth and young adults are at highest risk for increased vulnerability (high prevalence of risk factors), actual consumption and health and social consequences. Increased use and lower perception of harm were correlated with lower income and education levels.

"…it made me realize that we (Prevention &Training branch) make such a difference in many lives by the coordination and provision of prevention services."

Guam Behavioral Health and Wellness Center's Prevention and Training Branch (P&T) currently receives support from local and multiple federal grant sources, but these various funding sources have different priorities, and are time-limited. Thus far, implementation of the various activities under these diverse grants has occurred largely independently of each other.

Funding sources for P&T:

- Local funding - Focus on Life Suicide Prevention (FOL)
- Federal funding
  - Partnerships for Success grant (PFS)
  - Garrett Lee Smith State/Tribal Youth Suicide Prevention grant (Guam Focus on Life)
  - Substance Abuse Prevention and Treatment block grant (SAPT)
  - State Tobacco Enforcement (FDA)

Prevention priorities:

- Substance misuse prevention
- Mental health promotion
- Suicide prevention
- Wellness promotion (staff)

Moreover, staff turnaround has been considerable at the Branch and within the GBHWC. Some staff, including interns, are new to prevention practice. Continuous development of the skills set of the current P&T team is necessary. At present, transitions in the prevention field and staff loss and turnover contributed to limited clarity about duties, roles and expectations for each individual staff member. Identified staffing gaps include the need for health educators and a mental health training coordinator. There was consensus on the need to create a safe and healthy working environment where:

- Decision making is transparent and participatory;
- Open communication is fostered;
- Individual roles and team expectations (including contractors, partners and sub-grantees) are clearly delineated;
- Staff skills and competencies are periodically upgraded; and,
- Organizational structure is explicitly defined.

Previously, P&T was guided by the 2014-2018 State Prevention Enhancement (SPE) Comprehensive Strategic Plan and the 2016-2020 Suicide Prevention, Early Intervention, Postvention and Referrals Plan for Guam. The team identified the need

and opportunity to embark on a new strategic planning process, consolidating the various prevention priorities into one integrated plan, the Guam Strategic Plan for Substance Misuse Prevention and Mental Health Promotion (referred to in the remaining document as the Guam Strategic Plan). This plan will direct the targeted application for P&T's grant funding.

The development of this Guam Strategic Plan for Substance Misuse Prevention and Mental Health Promotion (FY 2020 thru FY 2024) was funded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention and Treatment (SAPT) Block Grant.

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 and 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 completion and endorsement of this strategic action plan.

METHODOLOGY

This Guam Strategic 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.

Prevention and Training (P&T) staff undertook a 3-day retreat to reflect upon the branch's previous work and future directions and collaboratively delineated the new vision, goals, strategic objectives and actions for the next five years. With the help of consultant Dr. Annette M. David from Health Partners, LLC, the P & T team created and wrote the plan and disseminated it to a broader stakeholder audience for public review and comment. Due to the island being placed in PCOR 1 as a direct result of the global pandemic, the Guam Strategic Plan was finalized by incorporating relevant feedback from the Prevention Education and Community Empowerment (PEACE) Advisory Council in early 2021. The Guam Behavioral Health and Wellness Center (GBHWC) and the PEACE Advisory Council approved the final plan on May 5, 2021. The Office of the Governor officially endorsed the final plan on _____, 2021.

"…prevention is essential. Creating more community support will reinforce our island's commitment to making informed decisions towards a healthier future."

PRINCIPLES

In developing this strategic action plan, these overarching principles are recognized:

- **Using existing evidence while nurturing new evidence**

  Sufficient local data exists to guide the initial actions in the Guam Strategic Plan in addressing tobacco, alcohol and other drug use, suicide and mental health. However, evidence gaps persist, particularly in evaluated programs and interventions developed and implemented for and by Pacific Islanders. Thus, the P&T team recognizes the value in fully utilizing the existing data for effective action while exploring and documenting potential new evidence for action within our community of Pacific islanders.

- **Fostering multisectoral collaboration, partnerships and networking at all levels**

  Effective prevention necessitates multisectoral participation, strong partnerships and networking. The P&T staff recognize the vital need to engage with other government agencies, higher learning institutions, faith-based organizations, the PEACE Council and political leaders to fully address the comprehensive nature of prevention. At the societal level, the team needs to work collaboratively with relevant community stakeholders and individuals for effective education and community mobilization to support prevention policies and programs**.** Effective collaboration is also necessary at the national, regional and global levels, to accelerate capacity building and leverage these networks to support the work in Guam. Mechanisms to foster these types of creative partnerships are essential for successful implementation of the Guam Strategic Plan.

- **Guam's prevention stakeholders are the driving force to the success of the Action Plan**

  The process that underpins this Plan of Action is an iterative one; that is, it continues the Strategic Prevention Framework (SPF) which includes assessment, capacity building, planning, implementation, and evaluation, while ensuring that sustainability and cultural competence are integrated in each step. Stakeholders are included in the planning, implementation and evaluation of the strategies and interventions. The Plan of Action also recognizes that community groups and partners are at different stages of capacity for prevention. Thus, partners and sub-grantees may need

additional training and technical assistance that allows them to gradually build up prevention capacity and resources. Fundamental to this Plan is the aspiration to create a “Prevention Resource Center” as the embodiment of a prevention “learning community” that would facilitate the diffusion of lessons learned, and potentially create a pool of island-wide prevention technical assistance resources.

- **Tailoring prevention practice to acknowledge both strengths and needs of the diverse cultures in Guam, with specific inclusion of its vulnerable populations**

  Local culture, language preferences and other unique characteristics of specific populations are taken into consideration when designing the approaches and formats for implementation. Prevention interventions should be made as inclusive and accessible as possible for the vulnerable populations in our island community. The P&T team intends to incorporate the principles of Culturally and Linguistically Appropriate Services (CLAS) promoted by the Office of Minority Services (OMH) of the US Centers for Disease Control and Prevention (CDC), to include the practice of cultural humility as prevention professionals.

- **Strengthening local prevention infrastructure that thrives through the changes in the field**

  Shifts in federal leadership in the past years have impacted resources prioritized for prevention initiatives in Guam. The P & T recognizes this Action Plan as an opportunity to increase the self-sufficiency of Guam’s prevention infrastructure, so that it can better withstand current and future changes in its environment. Key to this shift is the re-commitment of local support and funding to programs, staff and resources maintained within the Guam Behavioral Health and Wellness Center.

- **Recognizing and addressing social inequity and the social determinants of tobacco, alcohol and other drug use and suicide**

  Finally, this Plan of Action requires P&T staff and their partners to systematically address social inequities that directly or indirectly impact on tobacco, alcohol and other drug consumption and exposure to suicide and other mental health risk factors. Incorporating a perspective that considers gender, ethnicity, religion, culture and other socio-economic determinants is critical, if Guam's community is to build capacity to resolve the fundamental causes of poor health and elevated risks among those groups with increased vulnerabilities to substance misuse and poor mental health, and the adverse health effects accompanying these.

"…throughout my almost 15 years in Prevention/PEACE, when people approach me and tell me that I made an impact in their lives---my passion cup overflows for our work!"

VISION, MISSION AND GOALS

Vision:

We envision an island community where prevention and the value of Inafa' Maolek (pronounced e-na-fah-mao-lek) to make the island good by restoring harmony is a priority. There is island-wide support for prevention. It is normal and natural for people who need help to seek help, and people who can help are willing to give help. There is no gap between prevention and treatment. Prevention services are fully guided by cultural values. Everyone has access to behavioral health services and care.

Families, individuals and the community choose to be alcohol, tobacco and other drug free. There are no substance use related crimes.

There are no suicides in Guam. Our people are liberated from the stigma of mental health issues, suicidal thoughts and substance use addiction.

Prevention professionals model health, wellness and selfcare every day.

Mission

Our mission is 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.

Goals

We have established five goals for the next five years that address five key areas of 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 prevention	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.

"…(P&T) showed compassion at my most vulnerable moment--this quality is needed when in the business of saving lives."

SPECIFIC GOALS, OBJECTIVES AND ACTIONS

STRATEGIC ACTION AREA: Sustainability

GOAL 1

By 2024, 85% of prevention programs, including suicide prevention, substance misuse prevention, and mental health promotion will be locally funded.

Strategy: Link tobacco, alcohol and marijuana taxes, licensing fees and penalties to prevention funding

Baseline: In 2019, ~15% of prevention programs are locally funded

SPECIFIC OBJECTIVES:

1.1 By 2020, the Alcohol Prevention Team (NCD Consortium) will be fully operational.
Baseline: currently inactive

1.2 By 2021, alcohol taxes will be increased by at least 300%.
Baseline: malted beverages – 7 cents/12 ounces, distilled spirits -$18/gallon, wine - $4.95/wine gallon

1.3 By 2022, law passed to appropriate tobacco, alcohol and marijuana taxes, licensing fees and penalties to GBHWC Prevention and Training.
Baseline: no appropriations for prevention from alcohol and marijuana taxes

Specific Objective 1.1: By 2020, the Alcohol Prevention team (NCD Consortium) will be fully operational. *Baseline:* currently inactive			
Activity	**Responsible party**	**Time frame**	**Outcome Product Result**
DESIGNATE a P&T staff who will lead the APT within the NCD Consortium.	P&T staff	1st Q 2020	APT Chairperson identified
Recruit additional members for the APT	Designee/Chair	2-3 Q, 2020	Membership list
Review NCD Alcohol prevention and control priorities in NCD Strategic Plan	APT	2-3 Q, 2020	
Align APT goals, objectives and strategic actions with state strategic plan	APT	4 Q 2020	APT workplan adopted by P&T
Implement strategic actions in workplan	APT	2020-2024	

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Specific Objective 1.3: By 2022, law passed to appropriate tobacco, alcohol, and marijuana taxes, licensing fees and penalties to Prevention. *Baseline*: no appropriations for prevention from alcohol and marijuana taxes			
Activity	**Responsible party**	**Time frame**	**Outcome Product Result**
Identify existing laws related to GBHWC Prevention and Training appropriations	P&T	1-2 Q, 2020	Inventory of existing laws
Map GBHWC Prevention and Training funding and resource needs and existing local allotments	P&T	1-2 Q, 2020	Budget gap analysis
Present budget gap to GBHWC leadership and ensure inclusion in overall GBHWC budget for presentation at annual budget hearing	P&T Supervisor	3-4 Q, 2020	P&T budget within GBHWC budget increased
Coordinate and provide data to prevention champions in legislature to assist them in identifying additional appropriations to cover the prevention budget gap	P&T	4 Q, 2020; 1 Q, 2021	
Provide information to legislature for potential sources for additional revenue for prevention through taxation of alcohol, tobacco, and marijuana	P&T	2 Q-4Q; 2021	Additional revenue to prevention

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STRATEGIC ACTION AREA: Community empowerment

GOAL 2

By 2024, A fully functional community prevention resource center structure will be operated by GBHWC Prevention and Training branch for building community capacity to carry out and sustain prevention programs. This resource center will include, but not limited to, training rooms for community trainings, Council meetings, prevention planning and access to prevention resources for community members.

Strategy: Ensure P&T's inclusion in GBHWC Expansion Plan

Baseline: In 2019, no physical space allotted to P&T for community capacity building and education activities.

SPECIFIC OBJECTIVES:

2.1 By 2020, the GBHWC expansion plan will include the creation of a community prevention resource center operated by Prevention and Training branch.

Baseline: P & T not explicitly allotted a portion of the expansion plan

2.2 By 2023, the P&T Prevention Center will be built.

Baseline: none

2.3 By 2024, the P&T Prevention Center will be operational.

Baseline: none

Specific Objectives:
2.1 By 2020, the GBHWC expansion will include Prevention and Training branch.
2.2 By 2023, the P&T Prevention Center will be built.
2.3 By 2024, the P&T Prevention Center will be operational.

Activity	Responsible party	Time frame	Outcome Product Result
Ensure P&T community prevention resource center is included in GBHWC expansion planning	P&T Supervisor	1 Q, 2020	
Conduct mapping of current and future prevention program functions, funding and resources to determine future infrastructure needs	P&T	1-2 Q, 2020	Infrastructure recommendations

Incorporate P&T recommendations into overall expansion plan and timeline	P&T supervisor	2020-2024	
Continuously monitor/ follow-up with expansion progress plan	P&T supervisor	2020-2024	Prevention Resource Center

1

STRATEGIC ACTION AREA: Substance misuse prevention

GOAL 3

By 2024, substance use rates will have been reduced by 50% from baseline.

Strategies:

- Strengthen enforcement of existing ATOD laws and policies
- Expand alcohol-free public places to de-normalize alcohol use in public
- Fully implement the Partnerships for Success (PFS) project plan

Baseline: (insert 2019 rates here)

SPECIFIC OBJECTIVES:

3.1 By 2024, enforcement of tobacco and alcohol laws will be strengthened.

3.1.a By 2024, there will be zero Synar violations.

Baseline: 2019 Synar retail violation rate - 12.1%

3.1.b By 2023, GDOE will reduce its alcohol and tobacco related offenses by 10%

Baseline: tobacco-related offenses (2019); alcohol-related offenses (2019)

3.2 By 2022, public parks and beaches will be alcohol free.

Baseline: In 2019, ___ out of ____ parks and beaches are designated as alcohol-free

3.3 By 2023, GDOE middle and high school students in PFS-participating schools will have an increased perception of harm towards tobacco, alcohol and nicotine by 10%.

Baseline: Baseline figures will be determined by PEACE PFS sub-grantees during their required school-based needs assessment at select GDOE school sites in FY2020. The following indicators for attitudes and perceptions on youth substance use will be collected and monitored:

- Perceived availability of alcohol, electronic vapor products, marijuana and other drugs to youth
- Peer disapproval of underage use of alcohol, electronic vapor products, alcohol, marijuana and other drugs

- Parental disapproval of underage use of alcohol, electronic vapor products, alcohol, marijuana and other drugs
- Perceived risk of harm of alcohol, electronic vapor products, alcohol, marijuana and other drug use.

3.4 By 2023, GDOE will increase its in-school early intervention screening/assessment among students by 10%, to identify and refer youth with increased risk for alcohol, tobacco and nicotine use to appropriate behavioral health care services.

Baseline: As of date, GDOE does not utilize a universal, evidence-based process for screening, brief intervention and referral for capturing students with increased risk for substance use.

Specific Objective 3.1: By 2024, enforcement of tobacco and alcohol laws will be strengthened.
3.1.a: By 2024, there will be zero Synar violations.
Baseline: 2019 Synar retail violation rate - 12.1%
3.1.b: By 2023, GDOE will reduce its alcohol and tobacco related offenses by 10%
Baseline: tobacco-related offenses (2019); alcohol-related offenses (2019)

Activity	Responsible party	Time frame	Outcome Product Result
Re-establish PEACE Council	P&T	1-2 Q, 2020	PEACE Council
Create ATOD Prevention Taskforce to address enforcement	P&T; PEACE Council	1 Q, 2021	Taskforce
Conduct education outreach for tobacco and alcohol vendors	SAPT; P&T; Partners	2020-2024	
Re-strategize Synar inspections	P&T; SAPT	2 Q, 2020	Revised protocol
Implement and evaluate new Synar protocol to increase frequency of inspections	P&T; SAPT	2021-2024	Decreased Synar violations
Implement PEACE Partnerships for Success grant (PFS) action plan	P&T; PFS project director	2020-2023	Reduced Alcohol and Tobacco offenses in GDOE

1

Specific Objective 3.2: By 2022, public parks, sports facilities and beaches will be alcohol free. *Baseline:* In 2019, Public Law designates that up to 15% of parks and beaches are designated as alcohol-free.			
Activity	**Responsible party**	**Time frame**	**Outcome Product Result**
Conduct environmental scan with SAPT partners to document visually the adverse impact of alcohol use in parks, sports facilities and beaches (Photovoice)	P&T; SAPT partners; RCUOG/Cooperative Extension; APT	1- 4 Q, 2021	Findings/report
Conduct policy and literature review of states with existing alcohol-free parks, sports facilities and beaches	P&T; RCUOG/Cooperative Extension Taskforce	1-4 Q, 2021	Findings/report
Present environmental scan findings to Parks & Rec	P&T; SAPT partners, APT	1 Q, 2022	Presentation/meeting
Collaborate with Parks & Rec to expand alcohol-free zone policies to 100%	P&T; Parks & Rec, APT	2022-2024	MOU
Implement and enforce alcohol-free zone policy	Parks & Rec	2022-2024	
Monitor and evaluate policy through periodic environmental scan (photovoice)	P&T; SAPT partners; RCUOG/Cooperative Extension; APT	2022-2024	Annual Report

2

Specific Objective 3.3: By 2023, GDOE middle school students will have an increased perception of harm towards tobacco, alcohol and marijuana by 10%.

Baseline: Baseline figures will be determined by PEACE PFS sub-grantees during their required school-based needs assessment at select GDOE school sites in FY2020. The following indicators for attitudes and perceptions on youth substance use will be collected and monitored:

- *Perceived availability of alcohol, electronic vapor products, marijuana and other drugs to youth*
- *Peer disapproval of underage use of alcohol, electronic vapor products, alcohol, marijuana and other drugs*

- *Parental disapproval of underage use of alcohol, electronic vapor products, alcohol, marijuana and other drugs*
- *Perceived risk of harm of alcohol, electronic vapor products, alcohol, marijuana and other drug use*

Activity	Responsible party	Time frame	Outcome Product Result
Implement PEACE PFS action steps (Please refer to PEACE PFS action plan.)	P&T; PFS Staff	2020-2023	Progress report

Specific Objective 3.4: By 2023, GDOE will increase its in-school early intervention screening/assessment among students by 10%, to identify and refer youth with increased risk for alcohol, tobacco and nicotine use to appropriate behavioral health care services.

Baseline: As of date, GDOE does not utilize a universal, evidence-based process for screening, brief intervention and referral for capturing students with increased risk for substance use

Activity	Responsible party	Time frame	Outcome Product Result
Implement PEACE PFS action steps (Please refer to PEACE PFS action plan.)	P&T; PFS Staff	2020-2023	Progress report

STRATEGIC ACTION AREA: Suicide prevention

GOAL 4

By 2024, no suicide deaths will occur among individuals who seek and receive behavioral health services from GBHWC.

Baseline: 2018 crude suicide rate – 26.6/100,000

Strategy: Fully implement the Zero Suicide Framework in GBHWC and provide Mental Health First Aid Trainings to local prevention partners and community NGO's.

SPECIFIC OBJECTIVE:

4.1 By 2024, the Zero Suicide framework will be fully implemented.

Baseline: In 2019, implementation of the Zero Suicide framework has not yet started.

Specific Objective 4.1: By 2024, the Zero Suicide framework will be fully implemented in primary and behavioral health care providers. *Baseline:* In 2019, Zero Suicide framework has not been adopted.			
Activity	**Responsible party**	**Time frame**	**Outcome Product Result**
Seek technical assistance in Zero Suicide Framework (ZSF) from PTTC and other partners	P&T	1 Q, 2020	
Introduce and mobilize support for ZSF among divisions of GBWHC	P&T	2-3 Q, 2020	
Adopt zero suicide framework within GBHWC	P&T; GBHWC	2021	
Revise MOU between community healthcare providers and GBHWC to include adoption of ZSF, program evaluation, and community outreach & training	P&T	2021	MOU
Establish Suicide Prevention taskforce within the PEACE Council to liaise with external partners	P&T	1 Q, 2023	Taskforce
Develop MOU between DPHSS and GBHWC to implement ZSF	P&T	2 Q, 2023	MOU
Develop MOU between ED and GBHWC to implement ZSF	P&T	2 Q, 2023	MOU
Continue Suicide prevention trainings (START, ASIST, safeTALK, Connect, Grief Talk)	P&T	2020-2024	

STRATEGIC ACTION AREA: Mental health promotion

GOAL 5

By 2024, mental health promotion activities and holistic services will be included in the GovGuam Worksite Wellness program.

Baseline: 2019 – Worksite Wellness consists of physical wellness activities only

Strategy: Expand Worksite Wellness to include mental health promotion and overall behavioral and physical wellness.

SPECIFIC OBJECTIVE:

5.1 By 2023, an Executive Order to expand Worksite Wellness activities to include mental health promotion, overall wellness and selfcare activities will be issued.

5.2 By 2023, The Executive Order will identify the Worksite Wellness to be monitored and evaluated by both GBHWC and DPHSS.

Baseline: 2019 – none

Specific Objective 5.1: By 2023, an Executive Order to expand Worksite Wellness activities to include mental health promotion will be issued.
Baseline: 2019 – none

Activity	Responsible party	Time frame	Outcome Product Result
Review Worksite wellness executive order to identify wellness activities that relate to mental health	P&T Staff, GBHWC Health Coach	3-4 Q, 2021	List of mental health activities
Present mental health promotion as part of an NCD priority for wellness	P&T	4 Q, 2021	presentation
Collaborate with DPHSS, Worksite wellness committee and health coaches to revise current executive order and incorporate mental health promotion activities into Worksite wellness options	P&T	1-4 Q, 2022	Executive order
Provide TA in monitoring and evaluating mental health activities reported as part of worksite wellness	P&T; DPHSS	2023-2024	Findings/report

THE WAY FORWARD

This Guam Strategic Plan for Substance Misuse Prevention and Mental Health Promotion (FY 2020 thru FY 2024) builds on the previous Strategic Prevention Framework and former P&T action plans to provide the strategic guidance to the branch and its partners and stakeholders in their efforts to promote the policy and program interventions for achieving a resilient community freed from substance misuse, suicide and other mental health issues.

The Guam Strategic Plan emphasizes evidence-based, collaborative and participatory approaches towards preventing/controlling current and emerging substance misuse and mental health risks with a view towards reducing health inequities among the diverse groups that comprise our island community. Its objectives are aligned with or complement other existing strategic action plans, such as those of SAMHSA, existing P&T grants, and relevant NCD community action plans while actions address specific prevention priorities and issues.

We realize that there are formidable barriers, but we are optimistic about the impact and potential achievements when our community is mobilized to act strategically in advocating for our vision and goals. We intend to monitor progress periodically and agree that our Guam strategic plan is a “living” document that may need to change as we go through the next five years. We will learn as we go.

Ultimately, Guam’s development rests upon the health and well-being of its people. We anticipate that this Guam Strategic Plan will empower P&T, GBHWC and its community partners to focus on pivotal issues, use resources judiciously, build on ongoing efforts, prevent overlap, learn from each other’s experiences and expand institutional and individual capacities to ensure a community that is free from substance misuse and suicide and empowered to promote mental health with the Guam Behavioral Health and Wellness Center taking the lead for this action plan. By doing so, a future of sustainable development for all of us in this island community can be assured.

REFERENCE:

CDC: Center for Disease Control
CLAS: Culturally and Linguistically Appropriate Services
CME: Chief Medical Examiner
ED: Emergency Departments
FDA: Food and Drug Administration
FOL: Focus on Life (Grant)
GBHWC: Guam Behavioral Health and Wellness Center
MOU: Memorandum of Understanding
NCD: Non-communicable Diseases
OMH: Office of Minority Services
P&T: Prevention and Training Branch
PEACE: Prevention Education and Community Empowerment
PFS: Partnership for Success (Grant)
SAMHSA: Substance Abuse and Mental Health Services Administration
SAPT: Substance Abuse Prevention and Treatment (Block Grant)
SEOW: Guam State Epidemiological Outcomes Workgroup
SPE: State Prevention Enhancement
SPF: Strategic Prevention Framework
WHO: World Health Organization
ZSF: Zero Suicide Framework

Environmental Factors and Plan

10. Substance Use Disorder Treatment - Required SABG

Narrative Question

Criterion 1: Prevention and Treatment Services - Improving Access and Maintaining a Continuum of Services to Meet State Needs

Criterion 1

Improving access to treatment services

1. Does your state provide:

a) A full continuum of services

i)	Screening	(•) Yes ( ) No
ii)	Education	(•) Yes ( ) No
iii)	Brief Intervention	(•) Yes ( ) No
iv)	Assessment	(•) Yes ( ) No
v)	Detox (inpatient/social)	(•) Yes ( ) No
vi)	Outpatient	(•) Yes ( ) No
vii)	Intensive Outpatient	(•) Yes ( ) No
viii)	Inpatient/Residential	(•) Yes ( ) No
ix)	Aftercare; Recovery support	(•) Yes ( ) No

b) Services for special populations:

Targeted services for veterans?	( ) Yes (•) No
Adolescents?	(•) Yes ( ) No
Other Adults?	(•) Yes ( ) No
Medication-Assisted Treatment (MAT)?	(•) Yes ( ) No

Criterion 2: Improving Access and Addressing Primary Prevention -See Narrative 8. Primary Prevention-Required SABG.

Criterion 2

Criterion 3

1. Does your state meet the performance requirement to establish and/or maintain new programs or expand programs to ensure treatment availability? (•) Yes ( ) No

2. Does your state make prenatal care available to PWWDC receiving services, either directly or through an arrangement with public or private nonprofit entities? (•) Yes ( ) No

3. Have an agreement to ensure pregnant women are given preference in admission to treatment facilities or make available interim services within 48 hours, including prenatal care? (•) Yes ( ) No

4. Does your state have an arrangement for ensuring the provision of required supportive services? (•) Yes ( ) No

5 Has your state identified a need for any of the following:

a) Open assessment and intake scheduling (•) Yes ( ) No

b) Establishment of an electronic system to identify available treatment slots (•) Yes ( ) No

c) Expanded community network for supportive services and healthcare (•) Yes ( ) No

d) Inclusion of recovery support services (•) Yes ( ) No

e) Health navigators to assist clients with community linkages (•) Yes ( ) No

f) Expanded capability for family services, relationship restoration, and custody issues? (•) Yes ( ) No

g) Providing employment assistance (•) Yes ( ) No

h) Providing transportation to and from services (•) Yes ( ) No

i) Educational assistance (•) Yes ( ) No

6. States are required to monitor program compliance related to activities and services for PWWDC. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.

The SSA made sure there are provisions in the contract with the NGO (Non Government Organization) to ensure that pregnant women are admitted to treatment within 48 hours. The NGO must comply with the scope of service to ensure pregnant women are admitted to treatment within 48 hours. SSA has had the same NGO providing substance treatment for women since FY 2005 and there is not one complaint regarding a pregnant woman not getting services in a timely manner. The SSA also monitors the NGO through site visits or by scheduled program reviews. Thus far, pregnant women needing services were always admitted in treatment within the 48 hours' time span.

Guam always had low numbers of pregnant women coming into treatment. Should there be a time where residential services are full the SSA will work with the NGO on an alternative for the pregnant woman in need. Guam is a small island where families are still closely knit no matter what severe difficulties they are going through. To provide intensive case management and to look for extended family has been an option for shelter as the pregnant woman receives substance abuse treatment on outpatient basis.

The Drug and Alcohol Supervisor is responsible to monitor the NGO contracted to serve women who are pregnant and women with dependents. Monitoring is done at least quarterly. The NGO must provide quarterly report that shows how many pregnant women were served or women with dependents. Thus far, its been low numbers for those women in treatment who are pregnant. The Supervisor communicates on a regular basis with the Director of the NGO on a monthly basis by phone call or via face to face meeting in the Community Substance Abuse Development Group. Issues in regards to pregnant women and other treatment issues are discussed for resolution. The Drug and Alcohol Supervisor and his staff would also conduct a program review at least once a year with follow-ups. The review is going over the scope of services to ensure that NGO contracted has been provided the services on a continual basis and at fidelity level. There is only one program on Guam, namely the Oasis Empowerment Center on a residential basis.

Criterion 4,5&6

Persons Who Inject Drugs (PWID)

1. Does your state fulfill the:

a)	90 percent capacity reporting requirement	○ Yes ◉ No
b)	14-120 day performance requirement with provision of interim services	○ Yes ◉ No
c)	Outreach activities	◉ Yes ○ No
d)	Syringe services programs, if applicable	○ Yes ◉ No
e)	Monitoring requirements as outlined in the authorizing statute and implementing regulation	◉ Yes ○ No

2. Has your state identified a need for any of the following:

a)	Electronic system with alert when 90 percent capacity is reached	○ Yes ◉ No
b)	Automatic reminder system associated with 14-120 day performance requirement	◉ Yes ○ No
c)	Use of peer recovery supports to maintain contact and support	◉ Yes ○ No
d)	Service expansion to specific populations (e.g., military families, veterans, adolescents, older adults)?	◉ Yes ○ No

3. States are required to monitor program compliance related to activites and services for PWID. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.

The SSA made sure there are provisions in the contract with the NGO to ensure that PWID are admitted to treatment within 24 hours. The NGO must comply with the scope of service to ensure PWID are admitted to treatment within 48 hours. GBHWC has had the same NGO providing substance treatment since FY 2005 and there is not one complaint regarding a PWID not getting services in a timely manner. The SSA also monitors the NGO through site visits or by scheduled program reviews. Thus far, PWID needing services were always admitted in treatment within the 24 hours or less time span.
The SSA provides semi-annual evaluations on each contracted provider to determine if the provider is meeting the quality and safety standards set by the SSA through the Contracts. PWID and PWWDC are priority populations for admissions to any SUD programs on Guam.
The current programs in the state have been compliant with this policy.

Tuberculosis (TB)

1. Does your state currently maintain an agreement, either directly or through arrangements with other public and nonprofit private entities to make available tuberculosis services to individuals receiving SUD treatment and to monitor the service delivery? ◉ Yes ○ No

2. Has your state identified a need for any of the following:

a)	Business agreement/MOU with primary healthcare providers	○ Yes ◉ No
b)	Cooperative agreement/MOU with public health entity for testing and treatment	◉ Yes ○ No
c)	Established co-located SUD professionals within FQHCs	○ Yes ◉ No

3. States are required to monitor program compliance related to tuberculosis services made available to individuals receiving SUD treatment. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.

SSA consumers are referred to the Department of Public Health and Social Services for TB clearance and treatment when needed. At present these services are free to the consumers.
SSA consumers and consumers of contracted providers are referred to the Department of Public Health and Social Services and must present their TB clearance upon admission to the programs.

Early Intervention Services for HIV (for "Designated States" Only)

1. Does your state currently have an agreement to provide treatment for persons with substance use disorders with an emphasis on making available within existing programs early intervention services for HIV in areas that have the greatest need for such services and monitoring the service delivery? ◉ Yes ○ No

2. Has your state identified a need for any of the following:

a)	Establishment of EIS-HIV service hubs in rural areas	○ Yes	◉ No
b)	Establishment or expansion of tele-health and social media support services	◉ Yes	○ No
c)	Business agreement/MOU with established community agencies/organizations serving persons with HIV/AIDS	◉ Yes	○ No

Syringe Service Programs

1.	Does your state have in place an agreement to ensure that SABG funds are NOT expended to provide individuals with hypodermic needles or syringes(42 U.S.CÂ§ 300x-31(a)(1)(F)?	◉ Yes	○ No
2.	Do any of the programs serving PWID have an existing relationship with a Syringe Services (Needle Exchange) Program?	○ Yes	◉ No
3.	Do any of the programs use SABG funds to support elements of a Syringe Services Program?	○ Yes	◉ No

If yes, plese provide a brief description of the elements and the arrangement

Criterion 8,9&10

Service System Needs

1. Does your state have in place an agreement to ensure that the state has conducted a statewide assessment of need, which defines prevention and treatment authorized services available, identified gaps in service, and outlines the state's approach for improvement — ○ Yes ◉ No

2. Has your state identified a need for any of the following:

- **a)** Workforce development efforts to expand service access — ◉ Yes ○ No
- **b)** Establishment of a statewide council to address gaps and formulate a strategic plan to coordinate services — ◉ Yes ○ No
- **c)** Establish a peer recovery support network to assist in filling the gaps — ◉ Yes ○ No
- **d)** Incorporate input from special populations (military families, service memebers, veterans, tribal entities, older adults, sexual and gender minorities) — ◉ Yes ○ No
- **e)** Formulate formal business agreements with other involved entities to coordinate services to fill gaps in the system, i.e. primary healthcare, public health, VA, community organizations — ◉ Yes ○ No
- **f)** Explore expansion of services for:
  - **i)** MAT — ◉ Yes ○ No
  - **ii)** Tele-Health — ◉ Yes ○ No
  - **iii)** Social Media Outreach — ◉ Yes ○ No

Service Coordination

1. Does your state have a current system of coordination and collaboration related to the provision of person -centered and person-directed care? — ◉ Yes ○ No

2. Has your state identified a need for any of the following:

- **a)** Identify MOUs/Business Agreements related to coordinate care for persons receiving SUD treatment and/or recovery services — ◉ Yes ○ No
- **b)** Establish a program to provide trauma-informed care — ◉ Yes ○ No
- **c)** Identify current and perspective partners to be included in building a system of care, such as FQHCs, primary healthcare, recovery community organizations, juvenile justice systems, adult criminal justice systems, and education — ◉ Yes ○ No

Charitable Choice

1. Does your state have in place an agreement to ensure the system can comply with the services provided by nongovernment organizations (42 U.S.C.§ 300x-65, 42 CF Part 54 (§54.8(b) and §54.8(c)(4)) and 68 FR 56430-56449)? — ◉ Yes ○ No

2. Does your state provide any of the following:

- **a)** Notice to Program Beneficiaries — ◉ Yes ○ No
- **b)** An organized referral system to identify alternative providers? — ◉ Yes ○ No
- **c)** A system to maintain a list of referrals made by religious organizations? — ◉ Yes ○ No

Referrals

1. Does your state have an agreement to improve the process for referring individuals to the treatment modality that is most appropriate for their needs? — ◉ Yes ○ No

2. Has your state identified a need for any of the following:

- **a)** Review and update of screening and assessment instruments — ◉ Yes ○ No
- **b)** Review of current levels of care to determine changes or additions — ◉ Yes ○ No
- **c)** Identify workforce needs to expand service capabilities — ◉ Yes ○ No

d) Conduct cultural awareness training to ensure staff sensitivity to client cultural orientation, environment, and background — (●) Yes ( ) No

Patient Records

1. Does your state have an agreement to ensure the protection of client records? — (●) Yes ( ) No

2. Has your state identified a need for any of the following:

a) Training staff and community partners on confidentiality requirements — (●) Yes ( ) No

b) Training on responding to requests asking for acknowledgement of the presence of clients — (●) Yes ( ) No

c) Updating written procedures which regulate and control access to records — (●) Yes ( ) No

d) Review and update of the procedure by which clients are notified of the confidentiality of their records including the exceptions for disclosure: — (●) Yes ( ) No

Independent Peer Review

1. Does your state have an agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers? — (●) Yes ( ) No

2. Section 1943(a) of Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C.§ 300x-52(a)) and 45 § CFR 96.136 require states to conduct independent peer review of not fewer than 5 percent of the block grant sub-recipients providing services under the program involved.

Please provide an estimate of the number of block grant sub-recipients identified to undergo such a review during the fiscal year(s) involved.

1. Salvation Army Light House Recovery Center
2. Oasis Empowerment Center
3. Sanctuary Inocrporated

3. Has your state identified a need for any of the following:

a) Development of a quality improvement plan — (●) Yes ( ) No

b) Establishment of policies and procedures related to independent peer review — (●) Yes ( ) No

c) Development of long-term planning for service revision and expansion to meet the needs of specific populations — (●) Yes ( ) No

4. Does your state require a block grant sub-recipient to apply for and receive accreditation from an independent accreditation organization, such as the Commission on the Accreditation of Rehabilitation Facilities (CARF), The Joint Commission, or similar organization as an eligibility criterion for block grant funds? — ( ) Yes (●) No

If Yes, please identify the accreditation organization(s)

i) ☐ Commission on the Accreditation of Rehabilitation Facilities

ii) ☐ The Joint Commission

iii) ☐ Other (please specify)

Criterion 7&11

Group Homes

1. Does your state have an agreement to provide for and encourage the development of group homes for persons in recovery through a revolving loan program? ○ Yes ○ No

2. Has your state identified a need for any of the following:

a) Implementing or expanding the revolving loan fund to support recovery home development as part of the expansion of recovery support service ○ Yes ◉ No

b) Implementing MOUs to facilitate communication between block grant service providers and group homes to assist in placing clients in need of housing ○ Yes ◉ No

Professional Development

1. Does your state have an agreement to ensure that prevention, treatment and recovery personnel operating in the state's substance use disorder prevention, treatment and recovery systems have an opportunity to receive training on an ongoing basis, concerning:

a) Recent trends in substance use disorders in the state ◉ Yes ○ No

b) Improved methods and evidence-based practices for providing substance use disorder prevention and treatment services ◉ Yes ○ No

c) Performance-based accountability: ◉ Yes ○ No

d) Data collection and reporting requirements ◉ Yes ○ No

2. Has your state identified a need for any of the following:

a) A comprehensive review of the current training schedule and identification of additional training needs ◉ Yes ○ No

b) Addition of training sessions designed to increase employee understanding of recovery support services ◉ Yes ○ No

c) Collaborative training sessions for employees and community agencies' staff to coordinate and increase integrated services ◉ Yes ○ No

d) State office staff training across departments and divisions to increase staff knowledge of programs and initiatives, which contribute to increased collaboration and decreased duplication of effort ◉ Yes ○ No

3. Has your state utilized the Regional Prevention, Treatment and/or Mental Health Training and Technical Assistance Centers (TTCs)?

a) Prevention TTC? ◉ Yes ○ No

b) Mental Health TTC? ◉ Yes ○ No

c) Addiction TTC? ◉ Yes ○ No

d) State Targeted Response TTC? ◉ Yes ○ No

Waivers

Upon the request of a state, the Secretary may waive the requirements of all or part of the sections 1922(c), 1923, 1924. and 1928 (42 U.S.C.§ 300x-32 (f)).

1. Is your state considering requesting a waiver of any requirements related to:

a) Allocations regarding women ○ Yes ◉ No

2. Requirements Regarding Tuberculosis Services and Human Immunodeficiency Virus:

a) Tuberculosis ○ Yes ◉ No

b) Early Intervention Services Regarding HIV ○ Yes ◉ No

3. Additional Agreements

a) Improvement of Process for Appropriate Referrals for Treatment ○ Yes ◉ No

b) Professional Development ○ Yes ◉ No

c) Coordination of Various Activities and Services ○ Yes ◉ No

Please provide a link to the state administrative regulations that govern the Mental Health and Substance Use Disorder Programs.

Not sure if this exists.

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11. Quality Improvement Plan- Requested

Narrative Question

In previous block grant applications, SAMHSA asked states to base their administrative operations and service delivery on principles of Continuous Quality Improvement/Total Quality Management (CQI/TQM). These CQI processes should identify and track critical outcomes and performance measures, based on valid and reliable data, consistent with the NBHQF, which will describe the health and functioning of the mental health and addiction systems. The CQI processes should continuously measure the effectiveness of services and supports and ensure that they continue to reflect this evidence of effectiveness. The state's CQI process should also track programmatic improvements using stakeholder input, including the general population and individuals in treatment and recovery and their families. In addition, the CQI plan should include a description of the process for responding to emergencies, critical incidents, complaints, and grievances.

Please respond to the following items:

1. Has your state modified its CQI plan from FFY 2020-FFY 2021? (●) Yes ( ) No

Please indicate areas of technical assistance needed related to this section.

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12. Trauma - Requested

Narrative Question

Trauma [57] is a widespread, harmful, and costly public health problem. It occurs because of violence, abuse, neglect, loss, disaster, war and other emotionally harmful and/or life threatening experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation. It is an almost universal experience of people with mental and substance use difficulties. The need to address trauma is increasingly viewed as an important component of effective M/SUD service delivery. Additionally, it has become evident that addressing trauma requires a multi-pronged, multi-agency public health approach inclusive of public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment. To maximize the impact of these efforts, they need to be provided in an organizational or community context that is trauma-informed.

Individuals with experiences of trauma are found in multiple service sectors, not just in M/SUD services. People in the juvenile and criminal justice system have high rates of mental illness and substance use disorders and personal histories of trauma. Children and families in the child welfare system similarly experience high rates of trauma and associated M/SUD problems. Many patients in primary, specialty, emergency and rehabilitative health care similarly have significant trauma histories, which has an impact on their health and their responsiveness to health interventions. Schools are now recognizing that the impact of exposure to trauma and violence among their students makes it difficult to learn and meet academic goals. Communities and neighborhoods experience trauma and violence. For some these are rare events and for others these are daily events that children and families are forced to live with. These children and families remain especially vulnerable to trauma-related problems, often are in resource poor areas, and rarely seek or receive M/SUD care. States should work with these communities to identify interventions that best meet the needs of these residents.

In addition, the public institutions and service systems that are intended to provide services and supports for individuals are often re-traumatizing, making it necessary to rethink doing ?business as usual.? These public institutions and service settings are increasingly adopting a trauma-informed approach. A trauma-informed approach is distinct from trauma-specific assessments and treatments. Rather, trauma-informed refers to creating an organizational culture or climate that realizes the widespread impact of trauma, recognizes the signs and symptoms of trauma in clients and staff, responds by integrating knowledge about trauma into policies and procedures, and seeks to actively resist re-traumatizing clients and staff. This approach is guided by key principles that promote safety, trustworthiness and transparency, peer support, empowerment, collaboration, and sensitivity to cultural and gender issues. A trauma-informed approach may incorporate trauma-specific screening, assessment, treatment, and recovery practices or refer individuals to these appropriate services.

It is suggested that states refer to SAMHSA's guidance for implementing the trauma-informed approach discussed in the Concept of Trauma[58] paper.

57 Definition of Trauma: *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*
58 *Ibid*

Please consider the following items as a guide when preparing the description of the state's system:

1. Does the state have a plan or policy for M/SUD providers that guide how they will address individuals with trauma-related issues? (●) Yes ( ) No

2. Does the state provide information on trauma-specific assessment tools and interventions for M/SUD providers? (●) Yes ( ) No

3. Does the state have a plan to build the capacity of M/SUD providers and organizations to implement a trauma-informed approach to care? (●) Yes ( ) No

4. Does the state encourage employment of peers with lived experience of trauma in developing trauma-informed organizations? (●) Yes ( ) No

5. Does the state have any activities related to this section that you would like to highlight.

The Guam SSA provides Helping Women Recover and Helping Men Recover curriculum in the SUD treatment programs. Both curriculum are for individuals with an SUD and trauma.

Please indicate areas of technical assistance needed related to this section.

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13. Criminal and Juvenile Justice - Requested

Narrative Question

More than half of all prison and jail inmates meet criteria for having mental health problems, six in ten meet criteria for a substance use problem, and more than one-third meet criteria for having co-occurring mental and substance use problems. Youth in the juvenile justice system often display a variety of high-risk characteristics that include inadequate family support, school failure, negative peer associations, and insufficient use of community-based services. Most adjudicated youth released from secure detention do not have community follow-up or supervision; therefore, risk factors remain unaddressed.[59]

Successful diversion of adults and youth from incarceration or re-entering the community from detention is often dependent on engaging in appropriate M/SUD treatment. Some states have implemented such efforts as mental health, veteran and drug courts, Crisis Intervention Training (CIT) and re-entry programs to help reduce arrests, imprisonment and recidivism.[60]
A diversion program places youth in an alternative program, rather than processing them in the juvenile justice system. States should place an emphasis on screening, assessment, and services provided prior to adjudication and/or sentencing to divert persons with M/SUD from correctional settings. States should also examine specific barriers such as a lack of identification needed for enrollment Medicaid and/or the Health Insurance Marketplace; loss of eligibility for Medicaid resulting from incarceration; and care coordination for individuals with chronic health conditions, housing instability, and employment challenges. Secure custody rates decline when community agencies are present to advocate for alternatives to detention.

The MHBG and SABG may be especially valuable in supporting care coordination to promote pre-adjudication or pre-sentencing diversion, providing care during gaps in enrollment after incarceration, and supporting other efforts related to enrollment.

[59] Journal of Research in Crime and Delinquency: *: Identifying High-Risk Youth: Prevalence and Patterns of Adolescent Drug Victims, Judges, and Juvenile Court Reform Through Restorative Justice.*Dryfoos, Joy G. 1990, Rottman, David, and Pamela Casey, McNiel, Dale E., and Ren?e L. Binder. **OJJDP Model Programs Guide**

[60] **http://csgjusticecenter.org/mental-health/**

Please respond to the following items

1. Does the state (SMHA and SSA) have a plan for coordinating with the criminal and juvenile justice systems on diversion of individuals with mental and/or substance use disorders from incarceration to community treatment, and for those incarcerated, a plan for re-entry into the community that includes connecting to M/SUD services? (●) Yes ( ) No

2. Does the state have a plan for working with law enforcement to deploy emerging strategies (e.g. civil citations, mobile crisis intervention, M/SUD provider ride-along, CIT, linkage with treatment services, etc.) to reduce the number of individuals with mental and/or substance use problems in jails and emergency rooms? (●) Yes ( ) No

3. Does the state provide cross-trainings for M/SUD providers and criminal/juvenile justice personnel to increase capacity for working with individuals with M/SUD issues involved in the justice system? (●) Yes ( ) No

4. Does the state have an inter-agency coordinating committee or advisory board that addresses criminal and juvenile justice issues and that includes the SMHA, SSA, and other governmental and non-governmental entities to address M/SUD and other essential domains such as employment, education, and finances? (●) Yes ( ) No

5. Does the state have any activities related to this section that you would like to highlight?

The collaboration with the SSA and all treatment court at the Judiciary of Guam has improved. The Drug & Alcohol program has been instrumental in the planning and implementation of the DWITC-Driving While Intoxicated Treatment Court, the Re-entry Court and the Guam Family Drug Court. The SSA is involved in the clinical staffing for all treatment courts mentioned above and for the Adult Drug Court and the Mental Health court. We also contract with the Judiciary of Guam to provide Peer Support Services for the DWITC-Driving While Intoxicated Treatment Court, and Guam Family Drug Court.

Please indicate areas of technical assistance needed related to this section.

None at this time.

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14. Medication Assisted Treatment - Requested (SABG only)

Narrative Question

There is a voluminous literature on the efficacy of medication-assisted treatment (MAT); the use of FDA approved medication; counseling; behavioral therapy; and social support services, in the treatment of substance use disorders. However, many treatment programs in the U.S. offer only abstinence-based treatment for these conditions. The evidence base for MAT for SUDs is described in SAMHSA TIPs 40[1], 43[2], 45[3], 49 [4], and 63[5].

SAMHSA strongly encourages that the states require treatment facilities providing clinical care to those with substance use disorders demonstrate that they both have the capacity and staff expertise to use MAT or have collaborative relationships with other providers that can provide the appropriate MAT services clinically needed.

Individuals with substance use disorders who have a disorder for which there is an FDA-approved medication treatment should have access to those treatments based upon each individual patient's needs.

In addition, SAMHSA also encourages states to require the use of MAT for substance use disorders for opioid use, alcohol use, and tobacco use disorders where clinically appropriate.

SAMHSA is asking for input from states to inform SAMHSA's activities.

TIP 40 - https://www.ncbi.nlm.nih.gov/books/NBK64245/ [ncbi.nlm.nih.gov]

TIP 43 - https://www.ncbi.nlm.nih.gov/books/NBK64164/ [ncbi.nlm.nih.gov]

TIP 45 - https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4131.pdf [store.samhsa.gov]

TIP 49 - https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4380.pdf [store.samhsa.gov]

TIP 63 - https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-006_508.pdf [store.samhsa.gov]

Please respond to the following items:

1. Has the state implemented a plan to educate and raise awareness within SUD treatment programs regarding MAT for substance use disorders? (●) Yes ( ) No

2. Has the state implemented a plan to educate and raise awareness of the use of MAT within special target audiences, particularly pregnant women? (●) Yes ( ) No

3. Does the state purchase any of the following medication with block grant funds? ( ) Yes (●) No

- **a)** ☐ Methadone
- **b)** ☐ Buprenophine, Buprenorphine/naloxone
- **c)** ☐ Disulfiram
- **d)** ☐ Acamprosate
- **e)** ☐ Naltrexone (oral, IM)
- **f)** ☐ Naloxone

4. Does the state have an implemented education or quality assurance program to assure that evidence-based MAT with the use of FDA-approved medications for treatment of substance abuse use disorders are used appropriately*? (●) Yes ( ) No

5. Does the state have any activities related to this section that you would like to highlight?

None at this time.

**Appropriate use is defined as use of medication for the treatment of a substance use disorder, combining psychological treatments with approved medications, use of peer supports in the recovery process, safeguards against misuse and/or diversion of controlled substances used in treatment of substance use disorders, and advocacy with state payers.*

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15. Crisis Services - Required for MHBG

Narrative Question

In the on-going development of efforts to build an robust system of evidence-based care for persons diagnosed with SMI, SED and SUD and their families via a coordinated continuum of treatments, services and supports, growing attention is being paid across the country to how states and local communities identify and effectively respond to, prevent, manage and help individuals, families, and communities recover from M/SUD crises. SAMHSA has recently released a publication, Crisis Services Effectiveness, Cost Effectiveness and Funding Strategies that states may find helpful.[61] SAMHSA has taken a leadership role in deepening the understanding of what it means to be in crisis and how to respond to a crisis experienced by people with M/SUD conditions and their families. According to SAMHSA's publication, **Practice Guidelines: Core Elements for Responding to Mental Health Crises**[62],

"Adults, children, and older adults with an SMI or emotional disorder often lead lives characterized by recurrent, significant crises. These crises are not the inevitable consequences of mental disability, but rather represent the combined impact of a host of additional factors, including lack of access to essential services and supports, poverty, unstable housing, coexisting substance use, other health problems, discrimination, and victimization."

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-prevention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources. The following are an array of services and supports used to address crisis response.

[61] **http://store.samhsa.gov/product/Crisis-Services-Effective-Cost-Effectiveness-and-Funding-Strategies/SMA14-4848**

[62] Practice Guidelines: Core Elements for Responding to Mental Health Crises. HHS Pub. No. SMA-09-4427. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2009. **http://store.samhsa.gov/product/Core-Elements-for-Responding-to-Mental-Health-Crises/SMA09-4427**

Please check those that are used in your state:

1. Crisis Prevention and Early Intervention

- **a)** ☑ Wellness Recovery Action Plan (WRAP) Crisis Planning
- **b)** ☐ Psychiatric Advance Directives
- **c)** ☑ Family Engagement
- **d)** ☑ Safety Planning
- **e)** ☑ Peer-Operated Warm Lines
- **f)** ☐ Peer-Run Crisis Respite Programs
- **g)** ☑ Suicide Prevention

2. Crisis Intervention/Stabilization

- **a)** ☑ Assessment/Triage (Living Room Model)
- **b)** ☐ Open Dialogue
- **c)** ☐ Crisis Residential/Respite
- **d)** ☑ Crisis Intervention Team/Law Enforcement
- **e)** ☑ Mobile Crisis Outreach
- **f)** ☑ Collaboration with Hospital Emergency Departments and Urgent Care Systems

3. Post Crisis Intervention/Support

- **a)** ☑ Peer Support/Peer Bridgers
- **b)** ☑ Follow-up Outreach and Support
- **c)** ☑ Family-to-Family Engagement
- **d)** ☑ Connection to care coordination and follow-up clinical care for individuals in crisis
- **e)** ☑ Follow-up crisis engagement with families and involved community members

f) ☑ Recovery community coaches/peer recovery coaches

g) ☑ Recovery community organization

4. Does the state have any activities related to this section that you would like to highlight?

Guam SSA initiated the only Peer Recovery Organization on Guam called TOHGE (Transforming Ourselves through Healing, Growth and Enrichment) through the BRSS TACS grant in 2016. It has been running successfully since then.

Please indicate areas of technical assistance needed related to this section.

None at this time

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16. Recovery - Required

Narrative Question

The implementation of recovery supports and services are imperative for providing comprehensive, quality M/SUD care. The expansion in access to and coverage for health care compels SAMHSA to promote the availability, quality, and financing of vital services and support systems that facilitate recovery for individuals. Recovery encompasses the spectrum of individual needs related to those with mental disorders and/or substance use disorders. Recovery is supported through the key components of: health (access to quality health and M/SUD treatment); home (housing with needed supports), purpose (education, employment, and other pursuits); and community (peer, family, and other social supports). The principles of recovery guide the approach to person-centered care that is inclusive of shared decision-making. The continuum of care for these conditions includes psychiatric and psychosocial interventions to address acute episodes or recurrence of symptoms associated with an individual's mental or substance use disorder. Because mental and substance use disorders are chronic conditions, systems and services are necessary to facilitate the initiation, stabilization, and management of long-term recovery.

SAMHSA has developed the following working definition of recovery from mental and/or substance use disorders:

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life to the greatest extent possible, and strive to reach their full potential.

In addition, SAMHSA identified 10 guiding principles of recovery:

- Recovery emerges from hope;
- Recovery is person-driven;
- Recovery occurs via many pathways;
- Recovery is holistic;
- Recovery is supported by peers and allies;
- Recovery is supported through relationship and social networks;
- Recovery is culturally-based and influenced;
- Recovery is supported by addressing trauma;
- Recovery involves individuals, families, community strengths, and responsibility;
- Recovery is based on respect.

Please see **SAMHSA's Working Definition of Recovery from Mental Disorders and Substance Use Disorders.**

States are strongly encouraged to consider ways to incorporate recovery support services, including peer-delivered services, into their continuum of care. Technical assistance and training on a variety of such services are available through the SAMHSA supported Technical Assistance and Training Centers in each region. SAMHSA strongly encourages states to take proactive steps to implement recovery support services. To accomplish this goal and support the wide-scale adoption of recovery supports in the areas of health, home, purpose, and community, SAMHSA has launched Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS). BRSS TACS assists states and others to promote adoption of recovery-oriented supports, services, and systems for people in recovery from substance use and/or mental disorders.

Because recovery is based on the involvement of consumers/peers/people in recovery, their family members and caregivers, SMHAs and SSAs can engage these individuals, families, and caregivers in developing recovery-oriented systems and services. States should also support existing and create resources for new consumer, family, and youth networks; recovery community organizations and peer-run organizations; and advocacy organizations to ensure a recovery orientation and expand support networks and recovery services. States are strongly encouraged to engage individuals and families in developing, implementing and monitoring the state M/SUD treatment system.

Please respond to the following:

1. Does the state support recovery through any of the following:

a) Training/education on recovery principles and recovery-oriented practice and systems, including the role of peers in care? (●) Yes ( ) No

b) Required peer accreditation or certification? (●) Yes ( ) No

c) Block grant funding of recovery support services. (●) Yes ( ) No

d) Involvement of persons in recovery/peers/family members in planning, implementation, or evaluation of the impact of the state's M/SUD system? (●) Yes ( ) No

2. Does the state measure the impact of your consumer and recovery community outreach activity? (●) Yes ( ) No

3. Provide a description of recovery and recovery support services for adults with SMI and children with SED in your state.

These are mentioned in the MHBG.

4. Provide a description of recovery and recovery support services for individuals with substance use disorders in your state.

Recovery is a person who has completed a treatment program and is in continued care services to maintain their sobriety. Recovery Support Services are services a person serviced is engaged in that supports or enhances their recovery from an SUD. Recovery Support Services is Peer Support services (Mentoring, Advocacy, education, wellness), Housing services, health care benefits & services, employment services, childcare, education services, and transportation are a few examples of Recovery Support services.

5. Does the state have any activities that it would like to highlight?

Our Peer Recovery Support program has been in existence since 2011. It has grown and improved over the years. Guam has approximately 40 certified Peer Recovery Specialists.

Please indicate areas of technical assistance needed related to this section.

None at this time

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17. Community Living and the Implementation of Olmstead - Requested

Narrative Question

The integration mandate in Title II of the Americans with Disabilities Act (ADA) and the Supreme Court's decision in **Olmstead v. L.C., 527 U.S. 581 (1999)**, provide legal requirements that are consistent with SAMHSA's mission to reduce the impact of M/SUD on America's communities. Being an active member of a community is an important part of recovery for persons with M/SUD conditions. Title II of the ADA and the regulations promulgated for its enforcement require that states provide services in the most integrated setting appropriate to the individual and prohibit needless institutionalization and segregation in work, living, and other settings. In response to the 10th anniversary of the Supreme Court's Olmstead decision, the Coordinating Council on Community Living was created at HHS. SAMHSA has been a key member of the council and has funded a number of technical assistance opportunities to promote integrated services for people with M/SUD needs, including a policy academy to share effective practices with states.

Community living has been a priority across the federal government with recent changes to section 811 and other housing programs operated by the Department of Housing and Urban Development (HUD). HUD and HHS collaborate to support housing opportunities for persons with disabilities, including persons with behavioral illnesses. The Department of Justice (DOJ) and the HHS Office for Civil Rights **(OCR)** cooperate on enforcement and compliance measures. DOJ and OCR have expressed concern about some aspects of state mental health systems including use of traditional institutions and other settings that have institutional characteristics to serve persons whose needs could be better met in community settings. More recently, there has been litigation regarding certain evidenced-based supported employment services such as sheltered workshops. States should ensure block grant funds are allocated to support prevention, treatment, and recovery services in community settings whenever feasible and remain committed, as SAMHSA is, to ensuring services are implemented in accordance with Olmstead and Title II of the ADA.

It is requested that the state submit their Olmstead Plan as a part of this application, or address the following when describing community living and implementation of Olmstead:

Please respond to the following items

1. Does the state's Olmstead plan include :

Housing services provided.	○ Yes ○ No
Home and community based services.	○ Yes ○ No
Peer support services.	○ Yes ○ No
Employment services.	○ Yes ○ No

2. Does the state have a plan to transition individuals from hospital to community settings? ○ Yes ○ No

Please indicate areas of technical assistance needed related to this section.

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18. Children and Adolescents M/SUD Services - Required MHBG, Requested SABG

Narrative Question

MHBG funds are intended to support programs and activities for children and adolescents with SED, and SABG funds are available for prevention, treatment, and recovery services for youth and young adults with substance use disorders. Each year, an estimated 20 percent of children in the U.S. have a diagnosable mental health condition and one in 10 suffers from a serious emotional disturbance that contributes to substantial impairment in their functioning at home, at school, or in the community.[63]. Most mental disorders have their roots in childhood, with about 50 percent of affected adults manifesting such disorders by age 14, and 75 percent by age 24.[64]. For youth between the ages of 10 and 24, suicide is the third leading cause of death and for children between 12 and 17, the second leading cause of death.[65].

It is also important to note that 11 percent of high school students have a diagnosable substance use disorder involving nicotine, alcohol, or illicit drugs, and nine out of 10 adults who meet clinical criteria for a substance use disorder started smoking, drinking, or using illicit drugs before the age of 18. Of people who started using before the age of 18, one in four will develop an addiction compared to one in twenty-five who started using substances after age 21.[66]. Mental and substance use disorders in children and adolescents are complex, typically involving multiple challenges. These children and youth are frequently involved in more than one specialized system, including mental health, substance abuse, primary health, education, childcare, child welfare, or juvenile justice. This multi-system involvement often results in fragmented and inadequate care, leaving families overwhelmed and children's needs unmet. For youth and young adults who are transitioning into adult responsibilities, negotiating between the child- and adult-serving systems becomes even harder. To address the need for additional coordination, SAMHSA is encouraging states to designate a point person for children to assist schools in assuring identified children are connected with available mental health and/or substance abuse screening, treatment and recovery support services.

Since 1993, SAMHSA has funded the Children's Mental Health Initiative (CMHI) to build the system of care approach in states and communities around the country. This has been an ongoing program with 173 grants awarded to states and communities, and every state has received at least one CMHI grant. Since then SAMHSA has awarded planning and implementation grants to states for adolescent and transition age youth SUD treatment and infrastructure development. This work has included a focus on financing, workforce development and implementing evidence-based treatments.

For the past 25 years, the system of care approach has been the major framework for improving delivery systems, services, and outcomes for children, youth, and young adults with mental and/or SUD and co-occurring M/SUD and their families. This approach is comprised of a spectrum of effective, community-based services and supports that are organized into a coordinated network. This approach helps build meaningful partnerships across systems and addresses cultural and linguistic needs while improving the child, youth and young adult functioning in home, school, and community. The system of care approach provides individualized services, is family driven; youth guided and culturally competent; and builds on the strengths of the child, youth or young adult and their family to promote recovery and resilience. Services are delivered in the least restrictive environment possible, use evidence-based practices, and create effective cross-system collaboration including integrated management of service delivery and costs.[67].

According to data from the 2015 Report to Congress[68] on systems of care, services:

1. reach many children and youth typically underserved by the mental health system;
2. improve emotional and behavioral outcomes for children and youth;
3. enhance family outcomes, such as decreased caregiver stress;
4. decrease suicidal ideation and gestures;
5. expand the availability of effective supports and services; and
6. save money by reducing costs in high cost services such as residential settings, inpatient hospitals, and juvenile justice settings.

SAMHSA expects that states will build on the well-documented, effective system of care approach to serving children and youth with serious M/SUD needs. Given the multi- system involvement of these children and youth, the system of care approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources. The array of services and supports in the system of care approach includes:

- non-residential services (e.g., wraparound service planning, intensive case management, outpatient therapy, intensive home-based services, SUD intensive outpatient services, continuing care, and mobile crisis response);
- supportive services, (e.g., peer youth support, family peer support, respite services, mental health consultation, and supported education and employment); and

- residential services (e.g., like therapeutic foster care, crisis stabilization services, and inpatient medical detoxification).

[63]Centers for Disease Control and Prevention, (2013). Mental Health Surveillance among Children ? United States, 2005-2011. MMWR 62(2).

[64]Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 593-602.

[65]Centers for Disease Control and Prevention. (2010). National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2010). Available from www.cdc.gov/injury/wisqars/index.html.

[66]The National Center on Addiction and Substance Abuse at Columbia University. (June, 2011). Adolescent Substance Abuse: America's #1 Public Health Problem.

[67]Department of Mental Health Services. (2011) The Comprehensive Community Mental Health Services for Children and Their Families Program: Evaluation Findings. Annual Report to Congress. Available from **https://store.samhsa.gov/product/Comprehensive-Community-Mental-Health-Services-for-Children-and-Their-Families-Program-Evaluation-Findings-Executive-Summary/PEP12-CMHI0608SUM**

[68] **http://www.samhsa.gov/sites/default/files/programs_campaigns/nitt-ta/2015-report-to-congress.pdf**

Please respond to the following items:

1. Does the state utilize a system of care approach to support:

a) The recovery and resilience of children and youth with SED? ○ Yes ○ No

b) The recovery and resilience of children and youth with SUD? ○ Yes ○ No

2. Does the state have an established collaboration plan to work with other child- and youth-serving agencies in the state to address M/SUD needs:

a) Child welfare? ○ Yes ○ No

b) Juvenile justice? ○ Yes ○ No

c) Education? ○ Yes ○ No

3. Does the state monitor its progress and effectiveness, around:

a) Service utilization? ○ Yes ○ No

b) Costs? ○ Yes ○ No

c) Outcomes for children and youth services? ○ Yes ○ No

4. Does the state provide training in evidence-based:

a) Substance misuse prevention, SUD treatment and recovery services for children/adolescents, and their families? ○ Yes ○ No

b) Mental health treatment and recovery services for children/adolescents and their families? ○ Yes ○ No

5. Does the state have plans for transitioning children and youth receiving services:

a) to the adult M/SUD system? ○ Yes ○ No

b) for youth in foster care? ○ Yes ○ No

6. Describe how the state provide integrated services through the system of care (social services, educational services, child welfare services, juvenile justice services, law enforcement services, substance use disorders, etc.)

7. Does the state have any activities related to this section that you would like to highlight?

Please indicate areas of technical assistance needed related to this section.

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Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States MUST identify the individuals who are representing these state agencies.

State Education Agency
State Vocational Rehabilitation Agency
State Criminal Justice Agency
State Housing Agency
State Social Services Agency
State Health (MH) Agency.

Start Year: 2022 End Year: 2023

Name	Type of Membership	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Peter Barcinas	State Employees	University of Guam Cooperative Extension Service	GU, PH: 671-735-2214	pbarcinas@uguam.uog.edu
Melanie Brennan	State Employees	Guam Department of Youth Affairs	P.O. Box 23672 GMF PH: 671-735-5010	lani62@gmail.com
Victor Camacho	Providers	Sanctuary Guam, Inc.	GU, PH: 671-475-7101 FX: 671-477-3117	vcamacho@sanctuaryguam.com
Catherine Castro	Others (Advocates who are not State employees or providers)	Guam Chamber of Commerce	372 Soledad West Avenue Hagatna GU, 96913 PH: 671-472-6311	ccastro@guamchamber.com.gu
Deanna Crisostomo	State Employees	Guam Army National Guard	PH: 671-735-3814	deana.crisostomo@dystech.com
Tim Dela Cruz	Others (Advocates who are not State employees or providers)	GALA Guam	GU, PH: 671-969-5843	galaguam.ed@gmail.com
Jon Fernandez	State Employees	Guam Department of Education	PO Box DE Hagatna GU, 96932 PH: 671-300-1536 FX: 671-472-5003	jonfernandez@gdoe.net
Brian Hahn	Others (Advocates who are not State employees or providers)	Tohge Inc,	PH: 671-989-6687	tohgepscf@gmail.com
Robert Hoffman	State Employees	Mayors Council of Guam	GU, PH: 671-472-6940 FX: 671-477-8777	guammayor@gmail.com
Stephen Ignacio	State Employees	Guam Police Department	GU, PH: 671-472-8911 FX: 671-472-4036	stephen.ignacio@gpd.gov
Angelina Lape	State Employees	GDOE Head Start Program	PH: 671-475-0484 FX: 671-477-1355	aclape@gdoe.net
Bernice McGill	Others (Advocates who are not State employees or providers)	GameTime Inc.	PH: 671-747-5655	gametime671@gmail.com
Andresina McManus	Others (Advocates who are not State employees or providers)	Southern Christian Academy	PH: 671-565-7020	andresinamacmanus@yahoo.com
			424 West O'Brien	

Jesrae Moylan	Others (Advocates who are not State employees or providers)	Community Member	Drive Ste 200 Hagatna GU, 96910 PH: 671-486-2315	jesrae.moylan@gmail.com
Joachim Peter Roberto	Others (Advocates who are not State employees or providers)	Guam Community College	PH: 671-735-5531	joachim.roberto@guamcc.edu
Sean Rupley	Others (Advocates who are not State employees or providers)	Youth For Youth LIVE! Guam		youthforyouthliveguam@gmail.com
Gianna Sgambelluri	Others (Advocates who are not State employees or providers)	Community Member	PH: 671-685-0558	ghsgambelluri@gmail.com
Therese Terlaje	State Employees	Guam Legislature	Guam Congress Building 163 Chalan Santo Papa Hagatna GU, 96910 PH: 671-472-3586	speaker@guamlegislature.org
Vacant Vacant	State Employees	Guam Department of Public Health & Social Services	PH: 671-735-7173 FX: 671-734-5910	
Vacant Vacant	State Employees	Guam Memorial Hospital	PH: 647-647-6330	

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Advisory Council Composition by Member Type

Start Year: 2022 End Year: 2023

Type of Membership	Number	Percentage
Total Membership	**20**	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	0	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	0	
Parents of children with SED/SUD*	0	
Vacancies (Individuals and Family Members)	0	
Others (Advocates who are not State employees or providers)	9	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	0	
Total Individuals in Recovery, Family Members & Others	**9**	**45.00%**
State Employees	10	
Providers	1	
Vacancies	0	
Total State Employees & Providers	**11**	**55.00%**
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	**0**	
Youth/adolescent representative (or member from an organization serving young people)	0	

* States are encouraged to select these representatives from state Family/Consumer organizations.

Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?

1. All primary prevention strategies are derived from the 5-Year Guam Strategic Action Plan for Substance Misuse Prevention and Mental Health Promotion (FY2020-FY2024), which was reviewed, edited and endorsed by the Governor's PEACE Advisory Council in May 2021.
2. The Mental Health Planning Council are able to review and comment on the SABG plan (FY2022-2023) via the GBHWC website. The link is indicated on Table 22: Public Comment on the State Plan.

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22. Public Comment on the State Plan - Required

Narrative Question

Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. § 300x-51) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

a) Public meetings or hearings? (●) Yes ( ) No

b) Posting of the plan on the web for public comment? ( ) Yes ( ) No

If yes, provide URL:

For the SABG 2022-2023 plan, go to: https://gbhwc.guam.gov//sites/default/files/Draft%20-%20SABG%20Plan%202022-2023_0.pdf

For the Guam Strategic Action Plan for Substance Misuse Prevention and Mental Health Promotion (2020-2024), this version was endorsed by the PEACE Advisory Council in June 2021: https://gbhwc.guam.gov/sites/default/files/Draft%20-%20Guam%20Prevention%20Plan%202020-2024.pdf

c) Other (e.g. public service announcements, print media) ( ) Yes (●) No

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23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction[1,2] on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the **Consolidated Appropriations Act**, 2018 (P.L. 115-141) signed by President Trump on March 23, 2018[3].

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers[4]. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs[5]: These documents can be found on the Hiv.gov website: **https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs**,

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy **https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf ,**

2. **Centers for Disease Control and Prevention (CDC)Program Guidance for Implementing Certain Components of Syringe ServicesPrograms,2016** The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention **http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf,**

3. **The Substance Abuse and Mental Health Services Administration (SAMHSA)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf ,**

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
  - Include proposed protocols, timeline for implementation, and overall budget
  - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

End Notes

[1] Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds ***only*** and is consistent with guidance issued by SAMHSA.

[2] Section 1931(a(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C.§ 300x-31(a)(1)(F)) and 45 CFR § 96.135(a)(6) explicitly prohibits the use of SABG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

[3] Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

[4] Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set- aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

[5]***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a **description of the elements of an SSP** that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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Footnotes:

The Guam SSA does not provide nor does it fund Syringe Services Program-SSP.

Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table A

If the state is planning to expend funds from the COVID-19 award, please enter the total planned amount in the footnote section.

Syringe Services Program SSP Agency Name	Main Address of SSP	Planned Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

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Footnotes:

The Guam SSA does not provide nor does it fund Syringe Services Program-SSP.