

# SANCTUARY, INCORPORATED



"Helping Youth and Families Help Themselves" since 1971 Address: 406 Maimai Rd., Chalan Pago, Guam 96910 \* Tel: 475-7101 \* Fax: 477-3117 \* Crisis Hotline: 475-7100 Website: www.sanctuaryguam.org \* E-mail: inquiries@sanctuaryguam.org

April 15, 2013

Honorable Judith Won Pat Speaker 32<sup>nd</sup> Guam Legislature 155 Hessler Place Hagatna, GU 96910

Office of the Speaker Judith T. Won Pat, Ed. D. 15, 12, APri Date 7 PM attypen Reached by-

Hafa Adai Speaker Won Pat,

In compliance with Public Law 28-150, please find herein reports for all our programs which receive funding through a Government of Guam agency. Section 7 specifically states: All non-profit organizations funded by this Act shall maintain financial records that accurately account for appropriated funds and shall provide a budgetary breakdown by object category to the department or agency overseeing the appropriation. Sanctuary, Incorporated has existing contracts with the following Government of Guam agencies: Department of Labor, Department of Public Health and Social Services, Department of Mental Health and Substance Abuse, and Department of Youth Affairs. Submitted herewith are copies of the programmatic and financial reports that the agency submitted to the various entities for the period from January 1 through March 31, 2013.

Please note that the current law does not require non-profits to submit reports directly to the Legislature and Public Auditor. However, we are providing such for your information and records.

For additional information or further clarification, please do not hesitate to contact me via telephone at 475-7101.

Mås Rikuetdo,

Mudred & Sujan Mildred Q. Lujan

Executive Director



0284

#### Attachment 1

### Sanctuary, Incorporated of Guam AmeriCorps Program

Reporting Agency Department of Labor Serve Guam! Commission

#### **Reports**

- 1. Quarterly financial expenditures and obligation
- 2. Program progress report



# Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971 406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • Email: inquiries@sanctuaryguam.org www.sanctuaryguam.org



April 08, 2013



Mr. George A Santos Director, Department of Labor Serve Guam! Commission Guam Capital Investment Corporation 414 West Soledad Avenue Hagatña, Guam 96932

Dear Mr. Santos:

Attached for your review is the 1<sup>st</sup> Quarter Federal Financial Report for Sanctuary, Incorporated AmeriCorps Program for quarter ending March 31, 2013 for Grant Year 2012-2013.

Should you have any questions or comments, please feel free to contact me at 475-7101, fax me at 477-3117, or email at <u>millielujan@sanctuaryguam.org</u>.

Sincerely,

Mildred D. Sujan Mildred Lujan

Executive Director Sanctuary, Incorporated

| FEDERAL | FINANCIAL | REPORT |
|---------|-----------|--------|
|         |           |        |

|  |                                  |  | (F0               | ollow form ins                | structions  |                 |                  |                      |  |            |                    |  |  |
|--|----------------------------------|--|-------------------|-------------------------------|-------------|-----------------|------------------|----------------------|--|------------|--------------------|--|--|
| 1  | ency and Orga<br>Report is Submi | nizational Element<br>tted                       | 2. Federal Gra    | ant or Other I                | dentifying  | Number Assig    | ned by Fed       | leral Agency         | Pag  | 9<br>1     | of<br><b>1</b>     |  |  |
| Corporatio   | on for Nationa                   | I and Community Service                          |                   | 10AC12007                     | 5           |                 |                  |                      |  |            | 2200               |  |  |
| 3. Recipient (   | Organization (N                  | lame and complete address includ                 | ing Zip code)     |                               |             |                 |                  |                      |  | L          | pages              |  |  |
|  | SANCTUARY                        | , INCORPORATED - AYUDA PAR                       |                   | r                             |             |                 |                  |                      |  |            |                    |  |  |
| 4a. DUNS NU  | umber                            | 4b. EIN  | 5. Recipient A    | ccount Numb                   | per or Idei | ntifying Numbe  | er 6. R          | eport Type           | 7. Basis of  | Accou      | nting              |  |  |
| 855025284  |                                  | 96-0002543                                       | 11                | AFHGU0010                     | 009         |                 |                  |                      | □ Cash X/  | Accrual    | 1                  |  |  |
| 8. Project/Gra   |                                  |  | -                 |                               |             |                 |                  | ng Period End Date   |  |            |                    |  |  |
| From: (Mo  | onth, Day, Year                  | )  | To: (Month, D     | • •                           |             |                 |                  | , Day, Year)         |  |            |                    |  |  |
|  | 1-Oct-12                         |  |                   | 30-Sep-13                     |             |                 | Janu             | uary 01, 2013 - Mar  | and the second | ******     |                    |  |  |
| 10. Transact   |                                  |  |                   |                               |             |                 |                  |                      | Cumulative   |            |                    |  |  |
|  |                                  | ultiple grant reporting)                         |                   |                               |             |                 |                  |                      |  |            |                    |  |  |
| Federal Cas  |                                  |  |                   |                               |             |                 |                  | T                    |  |            |                    |  |  |
| a. Cash F  | Receipts<br>Disbursements        |  |                   |                               |             |                 |                  |                      | and a second   |            | \$0.00             |  |  |
| Pression and and and and and and and and and an  | n Hand (line a                   | minus b)   |                   |                               |             |                 |                  |                      |  |            | \$0.00             |  |  |
|  | for single grar                  |  |                   |                               |             |                 | <del></del>      |                      |  |            |                    |  |  |
| Federal Exp  | enditures and                    | Unobligated Balance:                             |                   | · · · · · · · · · · · · · · · |             |                 |                  |                      |  |            |                    |  |  |
| and a second sec | ederal funds a                   |  |                   |                               |             |                 |                  |                      |  |            | 9,943.00           |  |  |
| e. Federa  | I share of expe                  | nditures   |                   |                               |             |                 |                  |                      |  | \$9        | 5,383.23           |  |  |
|  |                                  | uidated obligations<br>um of lines e and f)      |                   |                               |             |                 |                  |                      |  | 0.9        | \$0.00<br>5.383.23 |  |  |
|  |                                  | of Federal funds (line d minus g)                |                   |                               |             |                 |                  |                      |  |            | 4,559.77           |  |  |
| Recipient S  |                                  |  |                   |                               |             |                 |                  |                      |  | <u>+10</u> | 1,000.77           |  |  |
|  | cipient share r                  |  |                   |                               |             |                 |                  |                      |  | \$17       | 0,478.00           |  |  |
|  | ent share of exp                 |  |                   |                               |             |                 | ·····            |                      |  |            | \$0.00             |  |  |
| R. Remain  |                                  | are to be provided (line i minus j)              |                   |                               |             |                 |                  | 1                    |  | \$17       | 0,478.00           |  |  |
|  |                                  | ncome earned                                     |                   |                               |             |                 |                  | T                    |  |            | \$0.00             |  |  |
| m. Prograi   | m income expe                    | nded in accordance with the deduc                |                   |                               |             |                 |                  |                      |  |            | \$0.00             |  |  |
|  |                                  | nded in accordance with the addition             |                   |                               |             |                 |                  |                      |  |            | \$0.00             |  |  |
| o. Unexpe  | nded program<br>a. Type          | income (line I minus line m or line r<br>b. Rate | c. Period From    | Derind To                     | d. Base     |                 | e. Amount        | Charaed              | f. Federal S   | horo       | \$0.00             |  |  |
| 11. Indirect   | N/A                              | N/A  | N/A               | N/A                           |             | N/A             | e. Anoun         | Charged              | 0  | inale      | 0                  |  |  |
| Expense  |                                  |  |                   |                               |             |                 |                  |                      |  |            |                    |  |  |
|  |                                  |  |                   | g. Totals:                    |             |                 | <u> </u>         |                      |  |            |                    |  |  |
| 12. Remarks:   | · Attach anγ ex                  | planations deemed necessary or in                | nformation requir | ed by Federa                  | l sponsor   | ing agency in ( | compliance       | with governing legi  | slation;   |            |                    |  |  |
| 13. Certificat   | tion: By signi                   | ng this report, I certify that it is t           | rue, complete, a  | ind accurate                  | to the be   | est of my know  | wledge. I a      | am aware that        |  |            |                    |  |  |
| any false  | , fictitious, or                 | fraudulent information may subj                  | ect me to crimin  | al, civil, or a               | dministra   | ative penalties | s. (U.S. Coo     | de, Title 18, Sectio | n 1001)  |            | :                  |  |  |
| a. Typed or P  | rinted Name a                    | nd Title of Authorized Certifying Off            | icial             |                               |             |                 | c. Teleph        | one (Area code, nu   | mber and extens  | sion)      |                    |  |  |
|  |                                  |  |                   |                               |             |                 |                  | (671) 475-7101       |  |            |                    |  |  |
|  |                                  |  |                   |                               |             |                 | d. Email address |                      |  |            |                    |  |  |
| Mildred Q Luj  |                                  |  | ·····             |                               |             |                 | - Data D         | inquiries@sanctua    |  | ```        |                    |  |  |
| b. Signature c   |                                  | ertifying Official                               |                   |                               |             |                 | e. Date R        | eport Submitted (N   | ionth, Day, Year   | )          |                    |  |  |
| NU   | llona                            | V. Hejan   |                   |                               |             |                 | North            | 0810-Apr-13          |  |            |                    |  |  |
|  |                                  |  |                   |                               |             |                 |                  | y use only:          |  |            |                    |  |  |
|  |                                  | V  |                   |                               |             |                 |                  |                      |  |            |                    |  |  |
|  |                                  |  |                   |                               |             |                 | 04               | dord Form 405        |  |            |                    |  |  |
|  |                                  |  |                   |                               |             |                 |                  | dard Form 425        |  |            |                    |  |  |
|  |                                  |  |                   |                               |             |                 | OMB              | Approval Number:     | 0348-0061  |            |                    |  |  |

Expiration Date: 10/31/2011

#### Paperwork Burden Statement

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According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control Number is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.







# REIMBURSEMENT REQUEST FORM

FROM:

1

AC PROGRAM NAME: ADDRESS:

SANCTUARY, INCORPOATED AYUDA PARA I KOMUNIDAT

406 MAI MAI ROAD CHALAN PAGO, 96910

| GRANT AWARD<br>NUMBER:<br>11AFHGU0010009   | GRANT<br>NUMB<br>12AC14 | ER:                       | DOA<br>VENDO<br>NUMBE<br><b>S145600</b>            | R  | DOA<br>CONTRACT<br>NUMBER<br><b>C130600430</b>                  | EMPL(<br>ID<br><b>96-00</b> 0  | ):                         | DUNNS<br>NUMBER:<br><b>855025284</b>                  |
|--|-------------------------|---------------------------|--|--|---|--------------------------------|----------------------------|---|
| PROGRAM PERIOD:<br>2012-2013   |                         |                           | ł  |  | PERIOD CLAIM<br>MARCH 2013                                      | ING FOR                        | •                          | L   |
| REQUEST NUMBER:<br>2012-03   |                         |                           | FINAL CL   | LAIM:  |   |                                |                            | NO  |
| FUNDS REQUESTED  |                         |                           |  |  | \$ 29,532.84  |                                | L                          | 944   |
| GRANT AWARD  |                         |                           |  |  | \$ 359,943.00   |                                |                            |   |
| LESS: PREVIOUSLY REQUES  | TED:                    |                           |  |  | <u>\$ 65,850.39</u>   |                                |                            |   |
| SUB-TOTAL  |                         |                           |  |  | <u>\$ 294,092.61</u>  |                                |                            |   |
| LESS: AMOUNT OF THIS REP   | PORT                    |                           |  |  | <u>S(29,532,84)</u>   |                                |                            |   |
| GRANT BALANCE:   |                         |                           |  |  | <u>\$ 264,559.77</u>  |                                |                            |   |
| Certification: I certify to the best of m<br>award. I understand that failure to sub<br>include possible withholding of paymen<br>PROGRAM DIRECTOR:<br>CERTIFYING OFFICER: | mit on time due i       | Whis report<br>Mate and d | t is correct and the chronic reporting DATE: DATE: | hat expensively will result of the second se | nditures are approved an<br>It off one warning notice<br>5/2013 | nd signed for<br>e, suspension | purposes se<br>of contract | t forth and in the Grant<br>and corrective actions to |
|  |                         |                           |  |  |   |                                |                            |   |
| GDOL and COMMISSION U  | SE ONLY – I             |                           | •  |  |   | ORT (PER                       | ) by:                      |   |
| TIFFANY SAN NICOLAS<br>SGC ADMINISTRATIVE AIDE<br>(RECEIVING REPORTS: FISCAL   |                         |                           | DATE: 18/13<br>TIME: 10: 1/an                      | DOL.   | IELITA O'BRIEN<br>4DMINISTRATIVE AS<br>REIMBURSEMENT)           | ESISTANT                       |                            | DATE:<br>TIME:  |
| DARREL WILKERSON<br>SGC PROGRAM OFFICER<br>(AC PROGRAM REPORTS)  |                         |                           | DATE:<br>TIME:                                     | DOA  | - HHS   |                                |                            | DATE:   |
| GDOL/SGC – ASSURANCE   | E & CERTIF              | FICATIO                   | DN:  |  |   |                                |                            |   |
| SGC EXECUTIVE DIRECT   | OR:                     | <u></u>                   | oris Aguon   |  |   | _ Date:                        |                            | 1981 Male of American Processor                       |
| DOL CERTIFYING OFFIC   | ER:                     |                           | or is rightin                                      |  |   | Date:                          |                            |   |
|  |                         | Aı                        | raceli Cruz  |  |   |                                |                            |   |

|      | CHECK                 | REC'D  | DESCRIPTION OF DOCUMENTS TO BE SUBMITTED   |
|------|-----------------------|--|--|
| NOS  | MARK                  | BY   | SGC/ AC FISCAL & PROGRAM DOCUMENTS   |
|      | <ul> <li>✓</li> </ul> |  | (ELECTONIC & HARD COPY) print & submit every 10 <sup>th</sup> of Month in program <u>dol email account.</u><br>FISCAL GMR: MODULE C/ F/ H -                          |
|      |                       |  | □ Financial & Grants Management  |
|      |                       |  | Equipment Inventory – Close Out  |
|      |                       |  | □ Residual Supplies – Close Out  |
|      | $\checkmark$          |  | PERIODIC EXPENSE REPORT (PER): CNCS: Due 10th - Monthly & Supporting Documents; receipts, invoice,   |
|      | *                     |  | bank cancelled checks and/or bank stmts., (e.g. QuickBooks summary, EFT summary from bank)   |
|      | $\checkmark$          |  | PER MATCH: (MODULE J)  |
|      |                       |  | Due 10 <sup>th</sup> - Monthly & Supporting Documents; receipts, invoice, bank cancelled checks and/or bank stmts., (e.g. QuickBooks summary, EFT summary from bank) |
|      |                       |  | BUDGET MODIFICATION – 10% SGC approval   |
|      | √                     |  | FFR (CNCS and GUAM LEGISLATURE Submitted quarterly with attached organization letter)  |
|      | Y                     | ang pang bang sa | TTR (CNCS and ODAM ELOISEATORE Submitted quarterly with attached organization inter)   |
|      |                       |  | A-133 (External Audit for all programs)  |
|      |                       |  | - submit eCopy   |
|      |                       |  | GUAM AMERICORPS PORTAL SYSTEM (GAPS) vs. eGRANTS   |
|      |                       |  | <ul> <li>Member Checklist (1<sup>st</sup> Reimbursement)</li> <li>Monthly Member Service Schedule (Satellites – Members site location)</li> </ul>                    |
|      |                       |  | <ul> <li>Monthly Member Service Schedule (Satellites – Members site location)</li> <li>Monthly Service Log (MSL's and 2 Volunteer Recruitment)</li> </ul>            |
|      |                       |  | □ Member Time Log (w/member file)  |
|      |                       |  | Member Roster Summary  |
|      |                       |  | eGrants; within 3 days Enrollment/     Detention ( Full Ammanul  |
|      |                       | 1  | Retention/ Exit Approval AMERICORPS PROGRAMS   |
|      |                       |  |  |
|      |                       |  | Program No Cost Extension  |
|      |                       |  | Member Checklist   |
|      |                       |  | <ul> <li>Program Management Checklist</li> <li>Policies &amp; Procedure</li> </ul>   |
|      |                       |  | □ Provisions & CFR   |
|      |                       |  | Blue Print   |
|      |                       |  | Grants Management Review (GMR)   |
|      |                       |  | <ul> <li>Financial &amp; Grants Management</li> <li>Impact &amp; Accountability</li> </ul>   |
|      | THEO                  | RY OF C  | HANGE (TOC) : PERFORMANCE MEASURES ( MONTHLY & QUARTERLY) –  |
|      |                       | •  | Submit eCopy (Monthly & Quarterly) to program DOL acet   |
|      |                       |  | COMMUNITY NEED)  |
|      | $\checkmark$          |  |  |
|      | Ŧ                     |  | OUTPUT/ INTERVENTION   |
|      |                       |  | <pre>EVIDENCE (RESEARCH BASED) INTERMEDIATE OUTCOME (MEETING GOALS &amp; OBJECTIVES)</pre>   |
|      |                       |  | INTERMEDIATE OUTCOME (MEETING GOALS & OBJECTIVES) END OUTCOME (FINAL MEASUREMENT OF ATTITUDE, KNOWLEDGE, BEHAVIOR OR   |
|      |                       |  | CONDITION - 12 MOS)  |
|      |                       |  | MONTHLY RISK ASSESSMENT: FISCAL & PROGRAM – (10 <sup>th</sup> of each month)   |
|      |                       |  | CLOSE OUT OF PROGRAMS  |
|      |                       | - International Action                               |  |
|      |                       |  | Program  |
| L    |                       | 1  |  |
| Comm | ents/ Remai           | ·ks:   |  |

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| Section I                    | CNCS SHARE        | JAN               | FEB          | MAR          | APR          | ΜΑΥ           | JUNE          | JULY | AUG           | SEPT         | ост          | NOV  | DEC  | PROGRAM<br>TOTAL  | CNCS<br>BUDGET YTD BAL |
|------------------------------|-------------------|-------------------|--------------|--------------|--------------|---------------|---------------|------|---------------|--------------|--------------|------|------|-------------------|------------------------|
| A Personnel                  |                   |                   |              |              |              |               |               |      |               |              |              |      |      | _                 |                        |
| Program Director             | 23,223. <b>00</b> | 2,858.24          | 3,036.88     | 3,215.52     |              |               |               |      |               |              |              |      |      | 9,110.64          | 14,112.36              |
| Program Coordinator          | 13,094.00         | 1, <b>6</b> 11.52 | 1,712.24     | 1,812.96     |              |               |               |      |               |              |              |      |      | 5,136.72          | 7,957.28               |
| Accounting Asst II           | 14,248.00         | 1,972.80          | 2,192.00     | 2,192.00     |              |               |               |      |               |              |              |      |      | 6,3 <b>56</b> .80 | 7,891.20               |
| Admin Asst                   | 10,816.00         | 1,331.20          | 1,331.20     | 1,331.20     |              |               |               |      |               |              |              |      |      | 3,993.60          | 6,822.40               |
| Total - Personnel            | 61,381.00         | 7,773.76          | 8,272.32     | 8,551.68     | 0. <b>00</b> | 0.00          | 0.00          | 0.00 | 0.00          | 0.00         | 0.00         | 0.00 | 0.00 | 24,597.76         | 36,783.24              |
| B Fringe                     |                   |                   |              |              |              |               |               |      |               |              |              |      |      |                   |                        |
| FICA                         | 4,696.00          | 594.69            | 632.83       | 654.20       |              |               |               |      |               |              |              |      |      | 1,881.73          | 2,814.27               |
| Health Insurance             | 2,700.00          | 474.40            | 0.00         | 355.80       |              |               |               |      |               |              |              |      |      | 830.20            | 1,869.8 <b>0</b>       |
| Worker's Compensation        | 184.00            | 47.33             | 0.00         | 47.33        |              |               |               |      |               |              |              | T    |      | 94.66             | 89.34                  |
| Total - Fringe               | 7,580.00          | 1,11 <b>6</b> .42 | 632.83       | 1,057.33     | <b>0</b> .00 | 0.00          | 0.00          | 0.00 | <b>0</b> .00  | 0.00         | 0.00         | 0.00 | 0.00 | 2,806.59          | 4,773.41               |
| S/Total (A/B)                | 68,961.00         | 8,890.18          | 8,905.15     | 9,609.01     | 0.00         | 0.00          | 0.00          | 0.00 | 0.00          | 0.00         | 0.00         | 0.00 | 0.00 | 27,404.35         | 41,556.65              |
| C Staff Travel               |                   |                   |              |              |              |               |               |      |               |              |              | 1    |      |                   |                        |
| National Volunteer Conf      | 3,95 <b>0.0</b> 0 | 0.00              | 0.00         | <b>0</b> .00 |              |               |               |      |               |              |              |      | T    | 0.00              | 3,950.00               |
| MYSN                         | 400.00            | 0.00              | 0.00         | 0.00         |              |               |               |      |               |              |              | 1    | 1    | 0.00              | 400.00                 |
| Local Mileage                | 0.00              | 0.00              | 0.00         | 0.00         |              |               |               |      |               |              |              |      | T    | 0.00              | 0.00                   |
| S/Total - staff travel       | 4,350.00          | 0.00              | 0.00         | 0.00         | 0.00         | 0. <b>0</b> 0 | 0 <b>.0</b> 0 | 0.00 | <b>0</b> .00  | <b>0.0</b> 0 | 0 <b>.00</b> | 0.00 | 0.00 | 0 <b>.00</b>      | 4,350.00               |
| C Member Travel              |                   |                   |              |              |              |               |               |      |               |              |              |      |      |                   |                        |
| MYSN                         | 0.00              | 0.00              | 0.0 <b>0</b> | 0.0 <b>0</b> |              |               |               |      |               |              |              |      |      | D.00              | 0.00                   |
| Local Mileage                | 0.00              | 0.00              | 0.00         | 0.00         |              |               |               |      |               |              |              |      |      | 0.00              | 0.00                   |
| S/Total - member travel      | 0.00              | 0.00              | 0.00         | 0.00         | 0.00         | 0.00          | 0.00          | 0.00 | 0.00          | 0.00         | 0.00         | 0.00 | 0.00 | 0.00              | 0.00                   |
| Total - travel               | 4,350.00          | 0.00              | 0.00         | 0.00         | <b>0.</b> 00 | 0.00          | 0.00          | 0.00 | 0. <b>0</b> 0 | <b>0.0</b> 0 | 0.00         | 0.00 | 0.00 | 0.00              | 4,350.00               |
| D Equipment                  | 0.00              | 0.00              | 0.00         | 0.00         |              |               |               |      |               |              |              |      |      | 0.00              | 0.00                   |
| E Supplies:                  |                   |                   |              |              |              |               |               |      |               |              |              |      |      |                   |                        |
| Program Supplies / Materials | 0.00              | 0.00              | 0.00         | 0.00         |              |               |               |      |               |              |              |      |      | 0.00              | 0.00                   |
| Office Supplies              | 0.00              | 0.00              | 0.00         | 0.00         |              |               |               |      |               |              |              |      |      | 0.00              | 0.00                   |
| Gasoline                     | 1,050.00          | 0.00              | 106.99       | 111.92       |              |               |               |      |               |              |              |      |      | 218.91            | 831.09                 |
| Service Gears                | 3,520.00          | 0.00              | 0.00         | 0.00         |              |               |               |      |               |              |              |      |      | 0.00              | 3,520.00               |
| Total -Supplies              | 4,570.00          | 0.00              | 106.99       | 111.92       | 0.00         | 0.00          | 0.00          | 0.00 | 0.00          | 0.00         | 0.00         | 0.00 | 0.00 | 218.91            | 4,351.09               |
| F Contractual:               |                   |                   |              |              |              |               |               |      |               |              |              |      |      |                   |                        |
| Xerox Copier                 | 0.00              | 0.00              | 0.00         | 0.00         |              |               |               |      |               |              |              |      |      | 0.00              | 0.00                   |
| Internet Service             | 0.00              | 0.00              | 0.00         | 0.00         |              |               |               |      |               |              |              |      |      | 0.00              | 0.00                   |
| Vehicle Lease                | 4,700.00          | 0.00              | 0.00         | 625.00       |              |               |               |      |               |              |              |      |      | 625.00            | 4,075.00               |
| Telephone                    | 0.00              | 0.00              | 0.00         | 0.00         |              |               |               |      |               |              |              |      | I    | <b>0</b> .00      | 0.00                   |
| Cell Phone                   | 2,300.00          | 0.00              | 0.00         | 159.27       |              |               |               |      |               |              |              |      |      | 159.27            | 2,140.73               |
| Total -Contractual           | 7,000.00          | 0.00              | 0.00         | 784.27       | 0.00         | 0.00          | 0.00          | 0.00 | 0.00          | 0.00         | 0.00         | 0.00 | 0.00 | 784.27            | 6,215.73               |

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| G Staff Training                        | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 | T               | 0.00                | 0.0             |
|---|-----------------------|----------|----------------------|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------------|-----------------|
| Member Training:                        |                       |          |                      |              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                     |                 |
| C.E.R.T                                 | 0.00                  | 0.00     | 0.0 <b>0</b>         | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                | 0               |
| What is National Service / Whos's Serve |                       |          |                      |              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                     |                 |
| Guam! Commission                        | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                | 0.              |
| Fraud, Waste and Abuse                  | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                | 0.              |
| Active Citizen 101                      | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                | 0.              |
| Life After AmeriCorps                   | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                | 0               |
| SGC/GDOL/AmeriCorps Alums Resume        |                       |          |                      |              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                     | Annual (1997)   |
| & Job Aplication                        | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                | 0               |
| Conflict Resolution                     | 0.00                  | 0.00     | <b>0</b> .00         | 0.0 <b>0</b> |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                | 0               |
| Anger Management                        | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                | 0               |
| Team Building                           | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                | 0               |
| Communication                           | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 | ·               |                 |                 |                 |                 |                 | 0.00                | 0               |
| S/Total - member training               | 0.00                  | 0.00     | 0.00                 | 0.00         | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00                |                 |
| Total - Training                        | 0.00                  | 0.00     | 0.00                 | 0.00         | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00                | C               |
| HEvaluation                             | 0.00                  | 0.00     | 0.00                 | 0.00         | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00                |                 |
| Other Program Operating Costs:          |                       |          |                      |              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                     |                 |
| Police / Court Clearances               | 920.00                | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 | <b> </b> -      | 0.00                | 920             |
| NSOPR                                   | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 | +               | 0.00                | (               |
| FBI Check                               | 880.00                | 0.00     | 236.40               | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 | ├╂              | 236.40              | 64              |
| Drug Testing                            | 2,400.00              | 0.00     | -29.00               | 1,363.00     |                 |                 |                 |                 |                 |                 |                 |                 | +               | 1,334.00            | 1,066           |
|   |                       | 0.00     | 0.00                 |              |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                |                 |
| CPR / 1st Aid Training                  | 1,540.00              |          |                      | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 |                     | 1,540           |
| Crisis Prevention Intervention          | 1,800.00              | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 | -               | 0.00                | 1,800           |
| Building Rental                         | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                | (               |
| Utilities (power/water/trash)           | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                |                 |
| Newsletter/Publication Printing         | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                |                 |
| Advertisement (banner)                  | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                |                 |
| Total - OPOC                            | 7,540.00              | 0.00     | 207.40               | 1,363.00     | <b>0</b> .00    | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 1,570.40            | 5,969           |
| Section I - Grand Total                 | 92,421.00             | 8,890.18 | 9,219.54             | 11,868.20    | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 29,977.93           | 62,443          |
|   | 100.00%               | 100.00%  | 100.00%              | 100.00%      | #DIV/0!         | #DIV/01         | 32.44%              | 67.5            |
| A Living Allowance                      |                       |          |                      |              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                     |                 |
| Half Time                               | 245,000.00            | 0.00     | 43,500.00            | 15,800.00    |                 |                 |                 |                 |                 |                 |                 |                 |                 | 59,300.00           | 185,700         |
| S/Total                                 | 245,000.00            | 0.00     | 43,500.00            | 15,800.00    | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 59,300.00           | 185,700         |
| B Member support Cost                   |                       |          | 15,500,00            | 13,000.00    | 0.00            | 0.00            | 0.00            | 0.00            |                 | 0.00            |                 | 0.00            | 0.00            |                     |                 |
| FICA                                    | 18,743.00             | 0.00     | 3,327.75             | 1,208.70     |                 |                 |                 |                 |                 |                 |                 |                 | +               | 4,536.45            | 14,206          |
| Worker's Compensation                   | 75.00                 | 0.00     | 0.00                 | 47.33        |                 | ·               |                 |                 |                 |                 |                 |                 |                 | 47.33               | 2               |
| Health                                  | 0.00                  | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                |                 |
| S/Total                                 | 18,818.00             | 0.00     | 3,327.75             | 1,256.03     | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 4,583.78            | 14,234          |
| Section II - Total                      | 263,818.00            | 0.00     | 46,827.75            | 17.056.03    | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 63,883.78           | 199,934         |
| Sector II - Total                       | 100.00%               | 100.00%  | 100.00%              | 100.00%      |                 |                 | #DIV/0!         | #DIV/0!         | #DIV/0!         | #DIV/01         | #DIV/0!         | #DIV/0!         |                 | 24.22%              | 75.7            |
| II                                      | 100.00%               |          | 100.00%              | 100.0078     | #014/0:         | #DIV/0:         | #010/0:         | #010/01         | #010/0:         | #019701         | #010/0:         | #010/01         | #014/03         | 24.22/0             | 75,7            |
| A Corporation Fixed Percentage          |                       | 0.00     | 0.00                 | 0.00         |                 |                 |                 |                 |                 |                 |                 |                 |                 | 0.00                |                 |
| S/ Total                                | 0.00                  | 0.00     | 0.00                 | 0.00         | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00                | (               |
| B Federally Approved Indirect Cost      | 3,704.00              | 304.31   | 608.61               | 608.61       | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 1.521.53            | 2.182           |
| S/ Total                                | 3,704.00              | 304.31   | 608.61               | 508.61       | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 1,521.53            | 2,18            |
| Section III - Total                     | 3,704.00              | 304.31   | 608.61<br>608.61     | 608.61       | 0.00<br>0.00    | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 1,521.53            | 2,18            |
| Jechon in " rotal                       | 100.00%               | 100.00%  | 100.00%              | 100.00%      | 0.00            | 0.00            | 0.00            | 0.00            | 0.00            | 00.0            | 0.00            | 0.00            | 0.00            | 41.08%              | 2,18<br>58.     |
|   | 100.00%               |          |                      |              |                 |                 |                 |                 |                 |                 |                 |                 |                 |                     |                 |
| PLIDGET TOTAL                           | 350 043 00            | 0 104 40 | EC CEE ONI           | 20 522 041   | 0.001           | ~ ~ ~ ~         | 0.00            |                 |                 |                 |                 |                 |                 |                     |                 |
| BUDGET TOTAL                            | 359,943.00<br>100.00% | 9,194.49 | 56,655.90<br>100.00% | 29,532.84    | 0.00<br>#DIV/0! | 0.00<br>#DIV/0! | 0.00<br>#DIV/0! | 0.00<br>#DIV/01 | 0.00<br>#DIV/0! | 0.00<br>#DIV/0! | 0.00<br>#DIV/0! | 0.00<br>#DIV/0! | 0.00<br>#DIV/0! | 95,383.23<br>26.50% | 264,559<br>73.5 |





SANCTUARY INCORPORATED - AYUDA PARA I KOMUNIDAT

| Section I | SANCTUARY INCORPORATED - AYUI | PROGRAM SHARE     | JAN           | FEB          | MAR   | APR          | MAY          | JUNE | JULY         | AUG  | SEPT | ост  | NOV  | DEC  | PROGRAM<br>TOTAL | CNCS<br>BUDGET YTD<br>BAL |
|-----------|-------------------------------|-------------------|---------------|--------------|-------|--------------|--------------|------|--------------|------|------|------|------|------|------------------|---------------------------|
| A         | Personnel                     |                   |               |              |       |              |              |      |              |      |      |      | T    |      |                  |                           |
| 1         | Program Director              | 23,223.00         | 0.00          | 0.00         | 0.00  |              |              |      |              |      | 1    |      |      |      | 0.00             | 23,223.00                 |
| F         | Program Coordinator           | 13,093.00         | 0.00          | 0.00         | 0.00  |              |              |      |              |      | 1    |      |      |      | 0.00             | 13,093.00                 |
| 1         | Accounting Asst II            | 14,248.00         | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 14,248.00                 |
| /         | Admin Asst                    | 10,816.00         | 0.00          | 0.00         | 0.00  |              |              |      |              |      | 1    |      |      |      | 0.00             | 10,816.00                 |
| 1         | Total - Personnel             | 61,380.00         | 0.00          | 0.00         | 0.00  | <b>0.0</b> 0 | <b>0.0</b> 0 | 0.00 | 0.00         | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00             | 61,380.00                 |
| B         | Fringe                        |                   |               |              |       |              |              |      |              |      |      | 1    |      | 1    |                  |                           |
| 1         | FICA                          | 4,695.00          | 0.00          | 0.00         | 0.00  |              |              | 1    |              |      | 1    |      | 1    |      | 0.00             | 4,695.00                  |
| 1         | Health Insurance              | 8,100.00          | 0.00          | 0.00         | 0.00  |              |              |      |              |      | 1    |      | T    |      | 0.00             | 8,100.00                  |
| l.        | Worker's Compensation         | 184.00            | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 184.00                    |
| 1         | Total - Fringe                | 12,979.00         | 0.00          | 0.00         | 0.00  | 0.00         | 0.00         | 0.00 | 0.00         | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00             | 12,979.00                 |
|           | 5/Total (A/B)                 | 74,359.00         | 0.00          | 0.00         | 0.00  | 0.00         | <b>0</b> .00 | 0.00 | 0.00         | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00             | 74,359.00                 |
| cl        | Staff Travel                  |                   |               |              |       |              |              |      |              |      |      |      | T    |      |                  |                           |
| 1         | National Volunteer Conf       | 0.00              | 0. <b>0</b> 0 | 0.00         | 0.00  |              |              |      |              |      |      |      | T    |      | 0.00             | 0.00                      |
| 1         | MYSN                          | 0.00              | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 0.00                      |
|           | Local Mileage                 | 612.00            | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 612.00                    |
|           | S/Total - staff trave!        | 612.00            | 0.00          | 0.00         | 0.00  | 0.00         | 0.00         | 0.00 | 0.00         | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00             | 612.00                    |
| C C       | Member Travel                 |                   |               |              |       |              |              |      |              |      |      | 1    |      |      |                  |                           |
| Ī         | MYSN                          | 0. <b>0</b> 0     | 0.0 <b>0</b>  | 0.0 <b>0</b> | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 0.00                      |
| 1         | Local Mileage                 | 0.00              | 0.00          | <b>0</b> .00 | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 0.00                      |
|           | S/Total - member travel       | 0.00              | 0.00          | 0.00         | 0.00  | 0.00         | 0.00         | 0.00 | 0.00         | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00             | 0.00                      |
|           | S/Total - travel              | 612.00            | 0.00          | 0.00         | 0.00  | 0.00         | 0.00         | 0.00 | 0 <b>.00</b> | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00             | 612.00                    |
| See DI    | Equipment                     | 0.00              | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 0.00                      |
| E         | Supplies:                     |                   |               |              |       |              |              |      |              |      |      |      |      |      |                  | . (a. 61                  |
| 1         | Program Supplies / Materials  | 0.00              | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 0.00                      |
| (         | Office Supplies               | 0.00              | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 0.00                      |
| (         | Gasoline                      | 150.00            | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 150.00                    |
|           | Service Gears                 | 0.00              | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      | T    |      | 0.00             | 0.00                      |
|           | S/Total -Supplies             | 150.00            | 0.00          | 0.00         | 0.00  | 0.00         | 0.00         | 0.00 | 0.00         | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00             | 150.00                    |
| F         | Contractual:                  |                   |               |              |       |              |              |      |              |      |      |      | 1    |      |                  |                           |
|           | Xerox Copier                  | 1,200.00          | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 1,200.00                  |
|           | Internet Service              | 1,500.00          | 0.00          | 0.00         | 00.00 |              |              |      |              |      |      |      |      |      | 0.00             | 1,500.00                  |
|           | Vehicle Lease                 | 3,100.00          | <b>0</b> .00  | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 3,100.00                  |
|           | Telephone                     | 840.00            | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 840.00                    |
| [         | Cell Phone                    | 4,9 <b>0</b> 0.00 | 0.00          | 0.00         | 0.00  |              |              |      |              |      |      |      |      |      | 0.00             | 4,900.00                  |
|           | S/Total -Contractual          | 11,540.00         | 0.00          | 0.00         | 0.00  | 0.00         | 0.00         | 0.00 | 0.00         | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00             | 11,540.00                 |

| G   | Staff Training                            | 0.00                   | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 0.0                 |
|---|---|------------------------|-----------------|-----------------|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------------------|---------------------|
|   | Member Training:                          |                        |                 |                 |                 |       |       |       |       |       |       |       |       | T     | 1.1.1.1.1.1.1       |                     |
|   | C.E.R.T                                   | 0.00                   | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 0.0                 |
|   | What is National Service / Whos's Serve   |                        |                 |                 |                 |       | 1     | T     |       |       |       |       |       |       |                     |                     |
|   | GuamI Commission                          | 0.00                   | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 0.0                 |
|   | Fraud, Waste and Abuse                    | 400.00                 | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 400.0               |
|   | Active Citizen 101                        | 0.00                   | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 0.0                 |
|   | Life After AmeriCorps                     | 0.00                   | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 0.0                 |
|   | SGC/GDOL/AmeriCorps Alums Resume          | 0.00                   |                 | 0.00            |                 |       |       |       |       |       |       |       |       |       |                     |                     |
|   | & Job Aplication                          | 0.00                   | 0.00            | 0.00            | <b>0</b> .00    |       |       |       |       |       |       |       |       |       | 0.00                | 0.0                 |
|   | Conflict Resolution                       | 400.00                 | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 400.0               |
|   | Anger Management                          | 0.00                   | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 0.0                 |
|   | Team Building                             | 1,200.00               | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 1,200.0             |
|   | Communication                             | 400.00                 | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 400.0               |
|   | S/Total - Training                        | 2,400.00               | 0.00            | 0.00            | 0.00            | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0,00  | 0.00  | 0.00                | 2,400.0             |
| <u>е н</u>  | Evaluation                                | 600.00                 | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 600.0               |
| $\mathcal{I}_{n,2}$ is a final field of the field | Other Program Operating Costs:            |                        |                 |                 |                 |       |       |       |       |       |       |       |       |       |                     |                     |
|   | Police / Court Clearances                 | 0.00                   | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 0.0                 |
|   | NSOPR                                     | 440.00                 | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 0.0                 |
|   | FBI Check                                 | 0.00                   | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       | 1     | 0.00                | 0.0                 |
|   | Drug Testing                              | 0.00                   | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       | ľ     | 0.00                | 0.0                 |
|   | CPR / 1st Aid Training                    | 0.00                   | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 0.0                 |
|   | Crisis Prevention Intervention            | 600.00                 | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       | 1     | 0.00                | 600.0               |
|   | Building Rental                           | 14,400.00              | 0.00            | 0.00            | 0.00            |       |       | 1     |       |       |       |       |       |       | 0.00                | 14,400.0            |
|   | Utilities (power/water/trash)             | 18,000.00              | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 18,000.0            |
|   | Newsletter/Publication Printing           | 250.00                 | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 250.0               |
|   | Advertisement (banner)                    | 825.00                 | 0.00            | 0.00            | 0.00            |       |       |       | 1     |       |       |       |       |       | 0.00                | 825.0               |
|   | S/Total - OPOC                            | 34,515.00              | 0.00            | 0.00            | 0.00            | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00                | 34,515.0            |
|   | Section I - Total                         | 124,176.00             | 0.00            | 0.00            | 0.00            | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00                | 124,176.0           |
|   |   | 100.00%                | #DIV/0!         | #DIV/0!         | #DIV/0!         |       |       |       |       |       |       |       |       |       | 0.00%               | 100.009             |
| ection II   |   |                        |                 |                 |                 |       |       |       |       |       |       |       |       |       | North Carlot Carlot |                     |
| ···· A  | Living Allowance                          |                        |                 |                 |                 |       |       |       |       |       |       |       |       |       |                     |                     |
|   | Half Time<br>S/Total                      | 43,000.00<br>43,000.00 | 0.00            | 0.00<br>0.00    | 0.00<br>0.00    | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00                | 43,000.0            |
| B   | Member support Cost                       | 45,000.00              | 0.00            | 0.00            | 0.00            | 0.00  |       | 0.00  | 0.00  | 0.00  |       | 0.00  |       | 0.00  |                     | 43,000.0            |
| A CONTRACTOR OF A CONTRACTOR A  | FICA                                      | 3,290.00               | 0.00            | 0.00            | 0.00            |       |       | +     |       |       |       |       |       |       | 0.00                | 3,290.0             |
|   | Worker's Compensation                     | 13.00                  | 0.00            | 0.00            | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 13.0                |
|   | Health                                    | 0.00<br>3,303.00       | 0.00<br>0.00    | 0.00            | 0.00            | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  |       |       | 0.00  | 0.00                | 0.0                 |
|   | S/Total<br>Section II - Total             | 46,303.00              | 0.00            | 0.00            | 0.00            | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00                | 3,303.0<br>46,303.0 |
|   | Section Renotal                           | 100.00%                | #DIV/0!         | #DIV/0!         | #DIV/0!         |       |       |       | 0.00  |       |       | 0.00  | 0.00  |       | 0.00%               | 100.00              |
| ection III  |   |                        |                 |                 |                 |       |       |       |       |       |       |       |       | 1     | 0.00                | 0.0                 |
| A States A  | Corporation Fixed Percentage              | 0.00                   |                 |                 | 0.00            |       |       |       |       |       |       |       |       |       | 0.00                | 0.0                 |
|   | S/ Total Federally Approved Indirect Cost | 0.00<br>0.00           | 0.00<br>0.00    | 0.00<br>0.00    | 0.00            | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00                | 0.0<br>0.0          |
| ন বা বে বা বিশ্ববিদ্যালয় 🗖   | S/ Total                                  | 0.00                   | 0.00            | 0.00            | 0.00            | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  |       | 0.00  | 0.00  | 0.00  | 0.00                | 0.0                 |
|   |   | 0.00                   |                 |                 |                 |       | 0.00  | 0.00  | ····· |       | 0.00  |       |       |       |                     |                     |
|   | Section III - Total                       | #DIV/0!                | 0.00<br>#DIV/0! | 0.00            | 0.00<br>#DIV/0! | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00                | 0.0                 |
|   | 1 1                                       | #CBV/112               |                 | #DIV/0!         | #012/01         |       |       |       |       |       |       |       |       |       | #DIV/0!             | #DIV/01             |
|   |   |                        |                 | 0.00            | 0.00            | 0.001 | 0 001 | 0 001 | 0.001 | 0 001 | 0.001 | 0 001 | 0.001 | 0.001 | المعام              | 470 470 0           |
|   | BUDET TOTAL                               | 170,478.00             | 0.00<br>#DIV/0! | 0.00<br>#DIV/0! | 0.00<br>#DIV/0! | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00                | 170,478.0           |

#### PY 2012-13 PROGRAM NAME: <u>Ayuda Para I Komunidat (Help for the Community)</u> GRANT NUMBER: 11AFHGU0010009 PROGRAM DIRECTOR'S NAME: <u>George L. Salas</u>

# AmeriCorps Monthly Reporting System

Disaster Services | Economic Opportunity | Education | Environmental Stewardship | Healthy Futures | Veterans and Military Families | Capacity Building













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## Measure ED3A: Number of disadvantage youth/mentor matches that are commenced by the CNCS-supported education program.

Sanctuary, Inc. AmeriCorps Program is facilitating / Co-facilitating the numerous Supportive Counseling Groups (SCG) that Sanctuary provides to youth and adults. These groups includes Youth Anger Management, numerous Drug and Alcohol groups, Self-Esteem, and other deemed appropriate groups. For the aduls groups Sanctuary provides Adult Anger Management, Parenting Skills class and Parents Support Group (PSG). Members also mentoriassist at the Sanctuary three residential shelters located with in Sanctuary grounds, the shelter inicude the Co-Ed Emergency shelter, Transitional Living Program (TLP), and Sagan Na' Homio (A place to heal). In addition the Sanctuary AmeriCorps Members mentor and assist at the three DYA Resource Centers in the North, Central, and South and soon to include the Youth Correctional Facility at DYA.

| National Performance<br>Measure:   | Education:<br>Measure ED3A: # of disadvantag<br>Measure 4A: # of disadvantage y<br>required time period.<br>Intervention: Members will Mento<br>and to improve Life-Skills with the | outh/mentor matches  | s that were su  | stained by the CNC   | CS-supporte          | d program f | or at least th    | e  |  |  |  |  |  |
|--|---|--|---|--|----------------------|-------------|-------------------|--|--|--|--|--|--|
| Describe how you<br>collected and<br>analyzed the data:  | Session Evaluation, Satisfaction<br>Sanctuary provides. The pre-su-<br>week, and lastly the post-surver<br>keeping. All documents are pla<br>Improvements during the ten w          | n Surveys (Beginni<br>urvey is given on the<br>y is given on the te<br>ced in the participa<br>week duration. All gu<br>al services/ shelter | ng, Mid, and<br>e first day the<br>nth week the<br>nts files and<br>oups meet at<br>s takes piace | oliects Registration forms, Pre and Post Questionaire and Surveys,<br>g, Mid, and End Point) to the participants in the various groups that<br>first day the participant(s) starts, then mid-survey is given on the fifth<br>h week the participant attended. Each participant has a file for record<br>s files and are reviewed to see if there was any changes or<br>ups meet at a minimum of 1.5 hours per week. Mentoring and Assistin<br>takes place Monday through Saturday. Mentoring and Assisting with<br>day through Thursday. |                      |             |                   |  |  |  |  |  |  |
| Describe the<br>level of success   |   | Number of  |   | Number of Benef  | iciaries Served in N | farch 2013  | % Sanctuary (SCG) |  |  |  |  |  |  |
| attained for this<br>instrument:   | Sanctuary (SCG)   | Beneficiaries<br>Served in<br>March 2013   |   |  |                      |             |                   |  |  |  |  |  |  |
| Our goal for PY 12-<br>13, is to have 800<br>beneficiarles<br>benefit through the<br>community based |   | 97   |   |  |                      |             |                   |  |  |  |  |  |  |
| programs that<br>Sanctuary inc.<br>provides to the<br>community, by the<br>end of the program        |   |  |   |  |                      |             |                   |  |  |  |  |  |  |
| yəar.  |   |  |   |  |                      |             |                   |  |  |  |  |  |  |
|  | Total   | 97   | Mar   | ch   |                      |             |                   |  |  |  |  |  |  |
|  | Target:   | 800  |   | 0 20   | 40                   | 60          | 80                | 100  |  |  |  |  |  |
|  | Intermediate Outcome  | 21.00%   |   |  |                      |             |                   |  |  |  |  |  |  |
| Actual to Date:  | October   | November   | Decembers   | - Enueny 1   | Alinihikaa           | - AMATCOL   |                   | May  |  |  |  |  |  |
| Total number of<br>Beneficiaries   | June  | July   | Aug   | 44<br>September  | 27                   | 97          |                   | er ar de la compañía de la compañía<br>La compañía de la comp |  |  |  |  |  |
|  | Result Statement:<br>The Sanctuary AmeriCo<br>the data, results shows   | that the for the n   |   |  |                      |             |                   |  |  |  |  |  |  |
| 168  | target goal of 800 Bene   | riciaries.   |   |  |                      |             |                   |  |  |  |  |  |  |

| Total number of<br>member hours          |  | ovember:       | December -      | January 1.<br>O   | February 194<br>3081   | March<br>3783 | April    | May  |
|--|--|----------------|-----------------|-------------------|--|---------------|----------|------|
| contributed to<br>AmeriCorps<br>projects | June Ju  | uly            | Aug             | September         |  | 122.04        |          |      |
| 6864                                     |  |                |                 |                   |  |               |          |      |
| Total number of                          | October  | lovember       | December        | Ibmushy           | Rebruary   | Manch         | ADDIE    | MARC |
| volunteer hours                          |  |                |                 | 45                | 40   | 282           |          |      |
| contributed to                           | June J   | nly            | Aug             | September         | October  | Nov           | Decemb   | er   |
| AmeriCorps                               |  |                |                 |                   | 1  |               |          |      |
| projects                                 | Total number of Commun<br>to Date:                               | nity Volunteer | 85              |                   |  |               |          |      |
|  |  |                |                 |                   |  |               |          |      |
| 367                                      | Capacity Building Result<br>year.                                | Statement: (   | Goal was to bri | ng in 960 co      | mmunity volur  | nteers for    | the prog | ram  |
| 367                                      |  | Statement: (   | Goal was to bri | ng in 960 co      | -  | nteers for    | the prog | ram  |
| 367                                      |  | Statement: (   | Goal was to bri | ng in 960 co      | Acutal<br>Acutal<br>Number of<br>MSY<br>assigned to<br>the project | nteers for    | the prog | ram  |
| 367<br>Education                         | year.  |                |                 | -                 | Acutal<br>Number of<br>MSY<br>assigned to                          | nteers for    | the prog | ram  |
| Education                                | year.<br>Total Number of MY<br>assigned to the project           |                |                 | Ongoing           | Acutal<br>Number of<br>MSY<br>assigned to<br>the project           | nteers for    | the prog | ram  |
| Education<br>Healthy Futures<br>Economic | year.<br>Total Number of MY<br>assigned to the project<br>5      |                |                 | Ongoing           | Acutal<br>Number of<br>MSY<br>assigned to<br>the project<br>5      | nteers for    | the prog | ram  |
|  | year.<br>Total Number of MY<br>assigned to the project<br>5<br>5 |                |                 | Ongoing<br>X<br>X | Acutal<br>Number of<br>MSY<br>assigned to<br>the project<br>5<br>5 | nteers for    | the prog | ram  |

This replaces module L/outputs/inputs/performance measurements/progress report

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#### Measure H4: Number of clients participating in health education programs.

Sanctuary, Inc. AmeriCorps Program Is facilitating / Co-facilitating the numerous Supportive Counseling Groups (SCG) that Sanctuary provides to youth and adults. These groups Includes Youth Anger Management, numerous Drug and Alcohol groups, Self-Esteem, and other deemed appropriate groups. For the adults groups Sanctuary provides Adult Anger Management, Parenting Skills class and Parents Support Group (PSG). Members also mentor/assist at the Sanctuary three residential shelters located with in Sanctuary grounds, the shelter inloude the Co-Ed Emergency shelter, Transitional Living Program (TLP), and Sagan Na' Homio (A place to heal). In addition the Sanctuary AmeriCorps Members mentor and assist at the three DYA Resource Centers in the North, Central, and South and soon to include the Youth Correctional Facility at DYA.

| National Performance<br>Measure:                        | Healthy Futures:<br>Measure H4: Number of clients participating in health education programs.<br>Intervention: Members will Mentor/Assist with homework and Co-Facilitate the numerous Supportive Counseling Groups (SCG)<br>and to improve Life-Skills with the most At-Risk population: Children, Youth, Adult, and Families.  |
|---|--|
| Describe how you<br>collected and<br>analyzed the data: | The Sanctuary AmeriCorps Program conducts and collects Registration forms, Pre and Post Questionaire and Surveys,<br>Session Evaluation, Satisfaction Surveys (Beginning, Mid, and End Point) to the participants in the various groups that<br>Sanctuary provides. The pre-survey is given on the first day the participant(s) starts, then mid-survey is given on the fifth<br>week, and lastly the post-survey is given on the tenth week the participant attended. Each participant has a file for record<br>keeping. All documents are placed in the participants files and are reviewed to see if there was any changes or<br>improvements during the ten week duration. All groups meet at a minimum of 1.5 hours per week. Mentoring and Assisting<br>with homework at the residential services/ shelters takes place Monday through Saturday. Mentoring and Assisting with<br>homework at the Resource Centers takes place Monday through Thursday. |

| Describe the<br>level of success<br>attained for this<br>instrument:<br>Our goai for PY 12-<br>13, is to have 500<br>beneficiaries<br>beneficiaries<br>benefit through the<br>community based<br>programs that<br>Sanctuary inc.<br>provides to the<br>community, by the<br>end of the program<br>year. |   | Number of                                |            |     | # Numbe       | r of Ben | eficiaries | Served in | March | 2013  | ₩ Sa        | nctuary | (SCG) |             |       |
|---|---|--|------------|-----|---------------|----------|------------|-----------|-------|-------|-------------|---------|-------|-------------|-------|
|   | Sanctuary (SCG)   | Beneficiaries<br>Served in<br>March 2013 |            |     |               |          |            |           |       |       |             |         |       |             |       |
|   | March   | 43                                       |            |     |               |          |            |           |       |       |             |         |       |             |       |
|   | Total<br>Target:  | 43                                       | Marcl      | n   |               | 10       | 15         | 20        | 2     | 5     | 30          | 35      | 40    | 45          | -<br> |
|   | Intermediate Outcome  | <u>35.20%</u>                            |            | -   |               |          |            |           |       | -     |             |         |       |             |       |
| Actual to Date:   | October   | November                                 | December . | In  | TRUNVA        |          | ngin       | Taby      |       | IV AT |             | avon    | il    | <b>P</b> MR | 17    |
| Total number of<br>Benefici <b>aries</b>  | June  | fuly                                     | Aug        | Sep | 54<br>Memilio | ണ        |            | 79        |       | 4     | 13<br>///// |         | e e e |             |       |
| 176   | Result Statement:<br>The Sanctuary AmeriCo<br>the data, results shows<br>target goal of 500 Benet | that the for the r                       |            |     |               |          |            |           |       |       |             |         |       |             |       |

| Total number of<br>member hours          | October                                       | November        | December  | January<br>0                             | February<br>3081           | March 3783               | April                   | May            |
|--|---|-----------------|---|--|----------------------------|--------------------------|-------------------------|----------------|
| contributed to<br>AmeriCorps<br>projects | June  | July            | Aug   | September                                |                            |                          | 50.000-012              |                |
| 6864                                     |   |                 | www.www.taac.up.chaag.co.co.co.co.co.co.co.co.co.co.co.co.co. | 10-11-11-11-11-11-11-11-11-11-11-11-11-1 |                            |                          |                         |                |
| <del></del>                              |   |                 | THE OWNER AND ADDRESS   | a martine and the second                 |                            | He & Addressing Strategy | ANT WANTED A DOLLARS    | AL V DOUBLINGS |
| Total number of                          | October                                       | November        | Decembert   | Hanuary<br>45                            | February<br>40             | 282                      | ADPI                    | AVEA VIEW      |
| volunteer hours<br>contributed to        | fune  | July            | Aug   | September                                |                            | Novesia                  | Devembe                 |                |
| AmeriCorps                               |   |                 |   | Think Children and                       |                            |                          | Section Section Section |                |
| projects                                 | Total number of Comm<br>to Date:              | unity Volunteer | s<br>85   |  |                            |                          |                         | - <b>I</b>     |
|  | Capacity Building Resu                        | It Statement: G | Soal was to bri   | ing in 960 co                            | mmunity volun              | teers for                | the progra              | am             |
| 367                                      | year.   |                 |   | -  |                            |                          |                         |                |
|  | Total Number of MY<br>assigned to the project | Met             | Unmet   | Ongoing                                  | Acutal<br>Number of<br>MSY |                          |                         |                |
|  |   |                 |   |  | assigned to the project    |                          |                         |                |
| Education                                | 5   |                 |   | X  | 5                          |                          |                         |                |
| Healthy Futures                          | 5   |                 |   | X  | 5                          |                          |                         |                |
| Economic<br>Opportunity                  | 5   |                 |   | X  | 5                          |                          |                         |                |
| Environmental<br>Stewardship             | 5   |                 |   | X  | 5                          |                          |                         |                |
| Total number of<br>MSY                   | 20  | X               |   |  | 20                         |                          |                         |                |
|  |   | 1               |   | 1  | 1                          | 1                        |                         |                |

This replaces module L/outputs/inputs/performance measurements/progress report

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| Sanctuary AmeriCorpa<br>community through his   | Members will aqcuire knowledge, life<br>gher education.   | e skills, certifications,   | and attributes to e                   | employement ski                 | ills, improve their socal                       | l economic standing                     | ln the          |
|---|---|---|---------------------------------------|---------------------------------|---|---|-----------------|
| National Performance<br>Measure:  | Opportunity:<br>Measure O14: Number of Nationa<br>college degree prior to their term<br>members that complete a college<br>Intervention: 40 members will par<br>Outreach, recruiting participants | of service.<br>e course within one y<br>rticipate in communit       | ear after finishin<br>y based prograr | ig a CNCS-sup<br>n. Members wi  | Me<br>ported program.<br>Il assist the Sanctuar | asure O17: Numbe                        | er of           |
| Describe how you<br>collected and<br>analyzed the data:   | Sanctuary AmeriCorps Member<br>Monthly Section Meetings and<br>members. Through Mid and Fir<br>utilization of Supervision Feed<br>Personal and Professional Dev                                   | Trainings. This is h<br>nal Evaluation for th<br>back at every mont | low we are able<br>ne members. A      | to collect dat<br>Suggestion bo | a towards how the p<br>ox is located at the A   | program is heiping<br>AmeriCorps Office | g the<br>9. The |
| Describe the<br>evel of success   |   | Number of<br>Beneficiaries  |                                       | ≉ Number of 8e                  | neficiaries Served in March 2013                | s 📓 Sanctuary (SCG)                     |                 |
| attained for this<br>instrument:  | Sanctuary (SCG)   | Served in<br>March 2013   |                                       |                                 |   |   |                 |
| 90% of the total<br>MSY will have<br>completed a<br>college course.<br>The Sanctuary<br>AmeriCorps<br>Program will wok<br>owards meeting<br>ts ideal<br>percentage of<br>success rate of<br>90% | March   | 0   |                                       |                                 |   |   |                 |
|   | Total   | 0   | March                                 |                                 |   |   |                 |
|   | Target:   | 36  |                                       | 0 0.1 0.2                       | 0.3 0.4 0.5                                     | 0.6 0.7 0.8                             | 0.9             |
|   | Intermediate Outcome  | 0.00%   |                                       |                                 |   |   |                 |
| ctual to Date:  | October   | November  | December                              | lannany                         |   | urch Annil                              | Mava            |
| otal number of<br>Seneficiaries   | June  | July  | Aug                                   | September                       |   |   |                 |
| 0   | Result Statement:<br>Members have not com   | pleted their scho   | ol term or sei                        | mester.                         |   | <u>l</u>                                | <u> </u>        |

| Total number of  | October N  | iovember              | December  | January                  | February   | March                                      |                 | May      |
|--|--|-----------------------|---|--------------------------|--|--|-----------------|----------|
| member hours   |  |                       |   | 0                        | 3081   | 3783                                       |                 |          |
| contributed to<br>AmeriCorps<br>projects   | June J   | uly                   | Aug   | September                |  |  |                 |          |
| 6864   |  |                       | 11 101 2 4 4 10 10 10 10 10 10 10 10 10 10 10 10 10 |                          |  |  |                 |          |
| Tatal  | October N  | Invention             | e a Derzemina en                                    |                          |  |  | TANDIER         |          |
| Total number of  | OU CODEN   | ICIV GITTI GI MANA AN |   | 45                       | 40   | 282  | FAN 97 61 10295 | NO PLANE |
| volunteer hours  | lune   | ulv                   | Aug   | September                | October  | and a low to work the second second second | Decemb          | 3.00     |
| AmeriCorps   |  |                       |   | antes allegeneristations |  |  |                 |          |
| projects   | Total number of Commur to Date:                                  | nity Volunteer        | s<br>85   | d                        | - <b>-</b>   | -  | <b>.</b>        |          |
| 1  |  |                       |   |                          |  | tooro for                                  | the prog        | 20 00    |
|  | Capacity Building Result   | Statement: G          | oal was to pri                                      | ng in 960 co             | mmunity volun  | leers ior                                  | the prog        | Idill    |
| 367  | Capacity Building Result<br>year.                                | Statement: G          | oal was to dri                                      | ng in 960 co             | mmunity volun  |  |                 | Idili    |
| 367  |  | Statement: C          | Unmet   | Ongoing                  | Acutal<br>Number of<br>MSY<br>assigned to<br>the project           |  |                 |          |
|  | year.  |                       |   |                          | Acutal<br>Number of<br>MSY<br>assigned to                          |  |                 |          |
| Education  | year.<br>Total Number of MY<br>assigned to the project           |                       |   | Ongoing                  | Acutal<br>Number of<br>MSY<br>assigned to<br>the project           |  |                 |          |
| Education<br>Healthy Futures<br>Economic   | year.<br>Total Number of MY<br>assigned to the project<br>5      |                       |   | Ongoing                  | Acutal<br>Number of<br>MSY<br>assigned to<br>the project<br>5      |  |                 |          |
| 367<br>Education<br>Healthy Futures<br>Economic<br>Opportunity<br>Environmental<br>Stewardship | year.<br>Total Number of MY<br>assigned to the project<br>5<br>5 |                       |   | Ongoing<br>X<br>X        | Acutal<br>Number of<br>MSY<br>assigned to<br>the project<br>5<br>5 |  |                 |          |

This replaces module L/outputs/inputs/performance measurements/progress report

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#### Measure G3-3.1: Number of community volunteers recruited by CNCS-supported organizations or national service participants

Due to financial and economic hardship, our organization relies on the volunteers to assist with community services offered by pro bono's and community volunteers in the implementation of organizational readiness; risk management, training of volunteers, support, supervise, retain, motivate and recognize volunteerism to achieve the outcomes of the organization.

National Performance Capacity Building: Measure: Measure G3-3 1: N

Measure G3-3.1: Number of community volunteers recruited b CNCS-supported organizations or national service participants. Intervention: During Service Events and/or Environmental Stewardship members would bring in two community volunteers to assist with projects.

Describe how you collected and analyzed the data: Members who bring their community volunteers would have them sign in into the community volunteer sign in sheet. The community members would then be put in the Community volunteers listing via electronically.

| Describe the   | a an                                | Number of                                |       | ♥ Number of Be             | neficiaries Served in March 2013 | Sanctuary Members |       |
|--|---|--|-------|----------------------------|----------------------------------|-------------------|-------|
| level of success<br>attained for this<br>instrument:   | Sanctuary Members   | Beneficiaries<br>Served in<br>March 2013 |       |                            |                                  |                   |       |
| Dur goai or target<br>s to have a totai<br>of 960 community<br>volunteers by the<br>and of the PY 12-<br>13. | March   | 60                                       |       |                            |                                  |                   |       |
|  | Total   | 60                                       | March |                            |                                  |                   |       |
|  | Target:<br>Intermediate Outcome   | 960<br><u>8.85%</u>                      |       | 0 10                       | 20 30                            | 40 50 60          | )     |
| Actual to Date:<br>Fotal number of<br>Beneficiaries  | October<br>June   | November<br>July                         |       | lanuary<br>15<br>September | February Ma<br>10                | rch April  <br>60 | May   |
| who have<br>Improved<br>academic<br>achievement<br>85  | Result Statement:<br>Members are bringing th<br>There has been an incre |  |       |                            |                                  | nmental steward   | ship. |

|                                   |                                |                                     |          |               |                         |              |            | landar an |
|-----------------------------------|--------------------------------|-------------------------------------|----------|---------------|-------------------------|--------------|------------|---|
| Total number of                   | October                        | November                            | December | January       | February                | March        | April      | May   |
| member hours                      |                                |                                     |          | 0             | 3081                    | 3783         |            |   |
| contributed to                    | June                           | uly                                 | Aug      | September     |                         |              | - And the  | and the second second                         |
| AmeriCorps<br>projects            |                                |                                     | l.       | 1             |                         | 1            | 1          |   |
|                                   |                                |                                     |          |               |                         |              |            |   |
| 6864                              |                                |                                     |          |               |                         |              |            |   |
|                                   |                                |                                     |          |               |                         |              |            |   |
| Total number of                   | October                        | November                            | December | lanuary<br>45 | February<br>40          | Manch<br>282 | April      | May   |
| volunteer hours<br>contributed to | June                           | lulv                                | Aug      | September     |                         | Nov          | Decemb     |   |
| AmeriCorps                        |                                | Anna P All the second second second |          |               |                         |              |            |   |
| projects                          | Total number of Commu to Date: | nity Volunteer                      | 's<br>85 | 5             |                         |              | ********** |   |
|                                   | Capacity Building Result       | t Statement: C                      |          |               | mmunity volun           | teers for    | the prog   | ram   |
| 367                               | year.                          |                                     |          | -             | -                       |              |            |   |
|                                   |                                |                                     |          |               |                         |              |            |   |
| 1                                 | 1 1                            |                                     |          | T             | Acutal                  | T            | T          | <del></del>                                   |
|                                   |                                |                                     |          |               | Number of               |              |            |   |
|                                   | Total Number of MY             | Met                                 | Unmet    | Ongoing       | MSY                     |              |            |   |
|                                   | assigned to the project        |                                     |          |               | assigned to the project |              |            |   |
|                                   | 5                              |                                     |          | X             | 5                       | +            |            |   |
| Education                         |                                |                                     |          |               | <b>•</b>                |              |            |   |
|                                   | 5                              |                                     |          | x             | 5                       |              |            |   |
| Healthy Futures                   |                                |                                     |          |               |                         |              |            |   |
| Economic<br>Opportunity           | 5                              |                                     |          | X             | 5                       |              |            |   |
| Environmental                     | 5                              |                                     |          | X             | 5                       |              | +          |   |
| Stewardship                       |                                |                                     |          |               | -                       |              |            | -   |
| Total number of MSY               | 20                             | X                                   |          |               | 20                      |              |            |   |
|                                   |                                |                                     |          | +             |                         | +            | +          |   |

This replaces module L/outputs/inputs/performance measurements/progress report

4

I

|                           |   |                                       |                  | 100   |                  |             |                                  |           |      |     |
|---------------------------|---|---------------------------------------|------------------|---|------------------|-------------|----------------------------------|-----------|------|-----|
|                           | Strategic I   | Environmental<br>Plan Objective 2: Ir |                  | or Ha   | abitats          |             |                                  |           |      |     |
| EN4: Numbe<br>are improve | er of acres of national par<br>d.   | ks, state parks, cit <u>y</u>         | y parks, country | / park  | s, or other      | pub         | lic and triba                    | I lands 1 | that | ¢   |
|                           | ages grantees to perform serv<br>re improved ONLY ONCE. Th                |                                       |                  |   |                  |             |                                  |           |      | ,   |
| Month                     | Project Name  | Number of acres<br>improved           |                  |   |                  |             |                                  |           |      |     |
| 9-Feb                     | Beautification @ Kaizer Park  | 1                                     |                  | lumber o  | f acres improved |             | <ul> <li>Project Name</li> </ul> |           |      |     |
|                           | 2) ya na dinya nya nya na na panja na |                                       |                  |   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  |   |                  |             |                                  |           |      |     |
|                           |   |                                       | *                |   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  |   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  |   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  |   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  | -   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  | and the second se |                  |             |                                  |           |      |     |
|                           |   |                                       |                  |   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  | -   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  |   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  |   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  |   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  | a dama  |                  |             |                                  |           |      |     |
|                           |   |                                       |                  |   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  | 1   |                  |             |                                  |           |      |     |
|                           |   |                                       |                  |   |                  |             |                                  |           |      |     |
|                           |   |                                       | Beautification @ |   |                  |             |                                  |           |      |     |
|                           |   | 1                                     | Kaizer Park      |   |                  | suppression |                                  |           |      |     |
| NOTES:                    |   |                                       |                  | 0   | 0.2              | 0.4         | 0.6                              | 0.8       | 1    | 1.2 |



#### **MEMBER DEMOGRAPHICS PY 12-13**



|      | MEMBER<br>OGRAPHICS | * of Active | Wentpers | Sevee with | ul anard | s paried | Antino sward | WTO SOUTHERS | BOULES COMPONENTS | College Suders | 1. A DE | to Individuals with the set of th | NO HUND STATE | Intering the property of the second s |
|------|---------------------|-------------|----------|------------|----------|----------|--------------|--------------|-------------------|----------------|---|--|---------------|--|
| 2013 | January             | 0           | 0        | 0          | 0        | 0        | 8            | 15           | 0                 | 0              | 0   | 0  | 0             |  |
| 2013 | February            | 40          | 0        | 0          | 3        | 0        | 3            | 10           | 0                 | 27             | 0   | 0  | 26            |  |
| 2013 | March               | 40          | 0        | 0          | 0        | 1        | 1            | 60           | 0                 | 27             | 0   | 0  | 26            |  |
| 2013 | April               |             |          |            |          |          |              |              |                   |                |   |  |               |  |
| 2013 | Мау                 |             |          |            |          |          |              |              |                   |                |   |  |               |  |
| 2013 | June                |             |          |            |          |          |              |              |                   |                |   |  |               |  |
| 2013 | July                |             |          |            |          |          |              |              |                   |                |   |  |               |  |
| 2013 | August              |             |          |            |          |          |              |              |                   |                |   |  |               |  |
| 2013 | September           |             |          |            |          |          |              |              |                   |                |   |  |               |  |
| 2013 | October             |             |          | ļ          |          |          |              |              |                   |                |   |  |               |  |
| 2013 | November            |             |          | ļ          | L        |          |              |              |                   |                | L   |  |               |  |
| 2013 | December            |             |          | ļ          | ļ        | L        |              |              |                   |                |   |  |               |  |
|      | <u> </u>            |             |          | ļ          | ļ        |          |              |              |                   |                |   |  |               |  |
|      | ļ                   |             |          |            |          |          |              |              |                   |                | ļ   |  |               |  |
| Tol  | al Number           |             | 0        | 0          | 3        | 1        | 12           | 85           |                   |                |   |  |               |  |

L&K ADD Capacity building measurment



# Program Training PY 12-13



| Date of Training | Training Hame   |      | Des Recting | inent pereit | Sprient Street Street | num Rass | Jagement | sooment in the soone of the soo | essurem.         | ant Many   | Sement reactions            | 19 Hat raines) I raine Passa seath raines |
|------------------|---|------|-------------|--------------|-----------------------|----------|----------|--|------------------|--|-----------------------------|---|
| 032              | PD Meeting  | /her | We.         | 10           | <u> </u>              | 40       | 20       | 100  | 14 <sup>10</sup> | e la compañía de la compa | OIL IN                      | Ott war war                               |
| 16-Jan<br>21-Jan | Martin Latiner King                                     | + *  |             |              | <u>X</u>              |          |          |  |                  | n de la trib   | All Sidil                   |   |
| eb               | Pre-Service Training                                    | x    | x           | x            | x                     | X        | X        | x  | X                | x  | Connet Harris Street 78 154 |   |
| Feb              | PD Meeting  | x    | x           | x            | x                     | ×        | x        | x  | x                | x  | PD/AC/PC                    |   |
| -Feb             | Pre-Service Training                                    | x    | x           | x            | x                     | x        | ×        | x  | x                | X  |                             |   |
| Feb              | Team Building   | ×    | ×           | x            | x                     | x        | x        | x  | x                | x  |                             |   |
| lar              | Section Meeting   | x    | x           | x            | x                     | x        | ×        | ×  | ×                | x  |                             |   |
| lar              | Diability Inclusion Training                            | X    | X           | x            | x                     | x        | x        | x  | X                | X  | Bernie Grajek               | Guma Mami ED                              |
| ar               | PACLAS Training   | x    | x           | ×            | X                     | x        | ×        | X  | x                | x  |                             |   |
| ar               | Induction Ceremony                                      | *    | x           | x            | x                     | x        | X        | x  | X                | X  |                             | American Red Cross                        |
| ar               | Disaster Preparedness<br>Crisis Prevention Intervention | x    | x           | X            | x                     | x        | X        | X  | X                | X  | David Peredo                | Department of Mental Health               |
| Var<br>Var       | Team Building   | x    | X<br>X      | x            | X<br>X                | x        | x<br>x   | X<br>X   | X<br>X           | X<br>X   | Pete Cruz                   | Department of mentar realth               |
|                  |   |      |             |              |                       |          |          |  |                  |  |                             |   |
|                  |   |      |             |              |                       |          |          |  |                  |  |                             |   |





# PY 2012-2013 AC Member / Staff Training & Service Projects



| DATE       | POC        | AC Member/ Staff Training & Service Projects                               | # of<br>Members<br>Present                   | # of<br>community<br>Volunteers<br>Present | # of Staff<br>Present | SGC<br>Staff<br>Presen |
|------------|------------|--|--|--|-----------------------|------------------------|
| 1          |            | January  | 1  |  |                       |                        |
| 16-Jan     | Serve Guam | Program Directors Meeting  | 0  | 0  | 4                     | 3                      |
| 21-Jan     | Serve Guam | Martin Luther King Day   | 0  | 15   | 4                     | 4                      |
|            |            | February   |  |  |                       |                        |
| 2-Feb      | Sanctuary  | Pre-Service Training @ GCIC 3rd Floor                                      | 38   | 0  | 4                     | 0                      |
| 7-Feb      | Sanctuary  | General Staff Meeting @ Sanctuary  | 0  | 0  | 4                     | 0                      |
| 9-Feb      | Sanctuary  | Environmental Stewdarship @ Old Kalzer Park Dededo                         | 24   | 10   | 2                     | 4                      |
| 20-Feb     | Serve Guam | Prgram Directors Meeting @ GCIC  | 0  | 0  | 3                     | 3                      |
| 21-Feb     | Sanctuary  | General Staff Meeting @ Sanctuary  | 0  | 0  | 4                     | 0                      |
| 22-Feb     | Sanctuary  | Pre-Service Training @ Sanctuary CR1                                       | 6  | 0  | 3                     | 0                      |
| 22-Feb     | Sanctuary  | AmeriCorps Team Building @ Sanctuary                                       | 37   | 0  | 4                     | 0                      |
|            |            | March  |  |  |                       |                        |
| 1-Mar      | Sanctuary  | AmeriCorps Section Meeting @ Sanctuary                                     | 39   | 0  | 4                     | 0                      |
| 1-Mar      | Sanctuary  | Disability inclusion Training @ Sanctuary                                  | 39   | 0  | 4                     | 0                      |
| 7-Mar      | Sanctuary  | General Staff Meeting @ Sanctuary  | 0  | 0  | 4                     | 0                      |
| 8-Mar      | Sanctuary  | Practical Applications of Culturally & Linguistically Appropriate Services | 0  | 0  | 1                     | 0                      |
| 9-Mar      | Serve Guam | Induction Ceremony @ U.O.G.  | 39   | 0  | 4                     | 4                      |
| 14-Mar     | Serve Guam | Easter Egg Hunt "Children with Disabilitles"                               | 10   | 22   | 1                     | 3                      |
| 15-Mar     | Sanctuary  | Crisis Prevention Institute Training                                       | 13   | 0  | 0                     | 0                      |
| 16-Mar     | Sanctuary  | Payless "Kick the Fat 5k" @ Hagtna   | 13   | 10   | 2                     | 2                      |
| 20-Mar     | Serve Guam | Program Directors Meeting  | 0  | 0  | 3                     | 3                      |
| 21-Mar     | Sanctuary  | General Staff Meeting @ Sanctuary  | 0  | 0  | 4                     | 0                      |
| 22-Mar     | Sanctuary  | AmeriCorps Team Building @ U.O.G.  | 38   | 0  | 4                     | 0                      |
| 23-Mar     | Sanctuary  | Guam Special Olympics @ Okkodo   | 35   | 27   | 3                     | 3                      |
| 27-Mar     | Sanctuary  | Tour the Youth Correctional Facility @ DYA                                 | 20   | 0  | 2                     | 0                      |
| 28-Mar     | Sanctuary  | Tour the Youth Correctional Facility @ DYA                                 | 20   | 0  | 3                     | 0                      |
| March 1-31 | Sanctuary  | Volunteer for Supportive Counseling Groups                                 | 0  | 1  | 1                     | 0                      |
| <u></u>    |            | April  |  | <u>galler etter etter</u>                  |                       |                        |
| Land the   |            | l<br>May   |  |  | <u> </u>              | <u> </u>               |
|            |            |  |  |  |                       |                        |
|            |            | June   | 1  |  |                       | <u> </u>               |
|            |            |  | 1  | 1  | T                     | ſ                      |
|            |            |  |  |  |                       |                        |
|            |            |  | <u> </u>                                     |  |                       | <b>_</b>               |
|            |            |  | <u> </u>                                     |  |                       |                        |
|            |            |  |  |  |                       |                        |
|            |            |  |  |  |                       |                        |
|            |            | July   | <u>1111111111111111111111111111111111111</u> | T  |                       |                        |
|            |            |  | <u> </u>                                     | <u> </u>                                   |                       |                        |
|            |            | ***  | +  |  | -                     | <u>+</u>               |
|            |            |  | 1  | 1  |                       | 1                      |
|            |            |  | <u> </u>                                     | <u> </u>                                   |                       | <b> </b>               |
|            |            |  | +  | <u> </u>                                   |                       | <u> </u>               |
|            |            |  | +  | +  |                       | 1                      |
|            |            |  |  |  |                       | L                      |

#### **GREAT STORY**

#### GRANT YEAR: PY 2012-2013

PROGRAM NAME:\_ Sanctuary, Inc. Ayuda Para I Komunidat (Help For The Community) GRANT NUMBER: \_ 11AFHGU0010009

| GRANT YEAR:       | 2012 - 2013   |
|-------------------|---|
| PROGRAM NAME:     | Sanctuary, Inc. Ayuda Para I Komunidat (Help For The Community)   |
| ON LINE SUMMARY:  | Disability Inclusion Training   |
| WHEN IT HAPPENED: | 1-Mar-13  |
| WHAT HAPPENED:    | The Sanctuary AmeriCorps Staff, Executive Director and the Members attended the Disability Inclusion Traing condcted by Bernie Grajek, Excutive Director, Guma Mami, Inc. |

#### **GREAT STORY**

GRANT YEAR: PY 2012-2013

PROGRAM NAME:\_ Sanctuary, Inc. Ayuda Para I Komunidat (Help For The Community) GRANT NUMBER: \_ 11AFHGU0010009

| GRANT YEAR:       | 2012 - 2013  |
|-------------------|--|
| PROGRAM NAME:     | Sanctuary, Inc. Ayuda Para I Komunidat (Help For The Community)  |
| ON LINE SUMMARY:  | Orientation / Induction Ceremony/ Disaster Preparedness  |
| WHEN IT HAPPENED: | 9-Mar-13   |
| WHAT HAPPENED:    | Serve Guam! Commission and the Guam AmeriCorps Programs/Members<br>were officially inducted by the Honorable Ray Tenorio, Lt. Governor of Guam.<br>In addition, training was conducted by the Guam American Red Cross staff on<br>Disaster Preparedness. |

### **GREAT STORY**

e

GRANT YEAR: <u>PY 2012-2013</u> PROGRAM NAME:\_ Sanctuary, Inc. Ayuda Para I Komunidat (Help For The Community) GRANT NUMBER: \_ 11AFHGU0010009

| GRANT YEAR:       | 2012 - 2013   |
|-------------------|---|
| PROGRAM NAME:     | Sanctuary, Inc. Ayuda Para I Komunidat (Help For The Community)   |
| ON LINE SUMMARY:  | Crisis Prevention Intervention Training (CPI)   |
| WHEN IT HAPPENED: | 15-Mar-13   |
| WHAT HAPPENED:    | The Sanctuary AmeriCorps Members were officially trained and certified with<br>CPI as part of the organizations requirement when providing services to At-<br>Risk Youth. |

#### Attachment 2

### Sanctuary, Incorporated of Guam Foster Care Program

#### Reporting Agency

Department of Public Health and Social Services

#### **Reports**

- 1. List of expenditures for services and equipment \$5,000 or greater
- 2. Quarterly financial expenditures and obligation
- 3. Program progress report



# Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971 406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • Email: sanctuar@ite.net www.sanctuaryguam.org



April 3, 2013

Mr. James Gillian Director Department of Public Health and Social Services 123 Chalan Kareta Route 10 Mangilao, Guam 96913

Dear Mr. Gillian:

The information listed below is for the Foster Care Program for the 2nd quarter of Fiscal Year 2013 from January 1, 2013 – March 31, 2013.

We have listed all expenditures for services and equipment that were \$5,000 or greater.

| Services           | -0- |
|--------------------|-----|
| Equipment          | -0- |
| Inventory Property | -0- |

Please let us know if you have any questions.

Sincerely,

jan Miłdred Q. Lujan

Executive Director

#### Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2013 (January 1, 2013 - March 31, 2013) 2nd Quarter Expenditure Report Department of Public Health and Social Services Foster Care

| Fund    | Contract<br>Amount | Object Classification | Expe | nditure |
|---------|--------------------|-----------------------|------|---------|
| General | \$ 30,000          |                       |      |         |
|         |                    | Salary                | \$   | 4,632   |
|         |                    | Benefits              |      | 387     |
|         |                    | Travel                |      | -       |
|         |                    | Contractual           |      | 226     |
|         |                    | Supplies & Materials  |      | (2,852) |
|         |                    | Equipment             |      | -       |
|         |                    | Utilities             |      | 692     |
|         |                    | Miscellaneous         |      | -       |
|         |                    | Grand Total           | \$   | 3,086   |

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2013 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

Mildred O. Sujan

MILDRED Q. LUJAN

DATE: 04/04/2013

4:26 PM

Profit

04/03/13 Accrual Basis

#### Sanctuary, Incorporated Profit & Loss by Class-Foster Care October 2012 through March 2013

|  | Oct - Dec 12    | Jan - Mar 13      | TOTAL               |
|--|-----------------|-------------------|---------------------|
| Ordinary Income/Expense  |                 |                   |                     |
| Income<br>Grants   | 5,808.22        | 4,100.48          | 9,908.70            |
| Total income   | 5,808.22        | 4,100.48          | 9,908.70            |
| Gross Profit   | 5,808.22        | 4,100.48          | 9,908.70            |
| Expense<br>Contractual Services<br>Social Development<br>Client Fund<br>Social Development - Other | 851.17<br>0.00  | 450.00<br>-200.00 | 1,301.17<br>-200.00 |
| Total Social Development   | 851.17          | 250.00            | 1,101.17            |
| Total Contractual Services   | 851.17          | 250.00            | 1,101.17            |
| Personnel<br>Fringe Benefits<br>FICA<br>Health   | 245.65<br>95.82 | 309.76<br>0.00    | 555.41<br>95.82     |
| Total Fringe Benefits  | 341.47          | 309.76            | 651.23              |
| Salaries and Wages<br>Residential Assistant I  | 3,353.36        | 4,631.57          | 7,984.93            |
| Total Salaries and Wages   | 3,353.36        | 4,631.57          | 7,984.93            |
| Salaries and Wages - Holiday/OT<br>Holiday/Overtime  | 95.55           | 0.00              | 95.55               |
| Total Salaries and Wages - Holiday/OT  | 95.55           | 0.00              | 95.55               |
| Total Personnel  | 3,790.38        | 4,941.33          | 8,731.71            |
| Supplies<br>Sheiter  | 50.00           | 17.95             | 67.95               |
| Total Supplies   | 50.00           | 17.95             | 67.95               |
| Utilities<br>Cable   | 695.40          | 701.40            | 1,396.80            |
| Total Utilities  | 695.40          | 701.40            | 1,396.80            |
| Total Expense  | 5,386.95        | 5,910.68          | 11,297.63           |
| Net Ordinary Income  | 421.27          | ~1,810.20         | -1,388.93           |
| et Income  | 421.27          | -1,810.20         | -1,388.93           |

#### Attachment 3

### Sanctuary, Incorporated of Guam Rehabilitation Services for Adolescents

#### Reporting Agency

Department of Mental Health and Substance Abuse

#### <u>Reports</u>

- 1. List of expenditures for services and equipment \$5,000 or greater
- 2. Quarterly financial expenditures and obligation
- 3. Program progress report



# Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971 406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • Email: sanctuar@ite.net www.sanctuaryguam.org



April 3, 2013

Mr. Ray Vega Acting Director Department of Mental Health and Substance Abuse 790 Governor Carlos Camacho Road Tamuning, Guam 96913

Dear Mr. Vega:

The information listed below is for the Drug and Alcohol Program 2nd quarter of Fiscal Year 2013 from January 1, 2013 – March 31, 2012.

We have listed all expenditures for services and equipment that were \$5,000 or greater.

| Services           | -0- |
|--------------------|-----|
| Equipment          | -0- |
| Inventory Property | -0- |

Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan

Executive Director

#### Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2013 (January 1, 2013 - March 31, 2013) 2nd Quarter Expenditure Report Department of Mental Health and Substance Abuse Drug and Alcohol Program

| Fund            | Contract<br>Amount | Object Classification | Expenditure | Exp | penditure |
|-----------------|--------------------|-----------------------|-------------|-----|-----------|
| General/Federal | \$ 320,00          | 00                    |             |     |           |
|                 |                    | Salary                |             | \$  | 71,707    |
|                 |                    | Benefits              |             |     | 8,561     |
|                 |                    | Travel                |             |     | -         |
|                 |                    | Contractual           |             |     | 3,673     |
|                 |                    | Supplies & Materials  |             |     | 3,594     |
|                 |                    | Equipment             |             |     | -         |
|                 |                    | Utilities             |             |     | 8,192     |
|                 |                    | Miscellaneous         |             |     | 285       |
|                 |                    | Vehicle Lease         |             |     | -         |
|                 |                    | Grand Total           |             | \$  | 96,012    |
|                 |                    |                       |             |     |           |

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2013 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

Uldred V. C. MILORED Q. LUJAN

EXECUTIVE DIRECTOR

DATE: 04/04/2013

4:27 PM

04/03/13 Accrual Basis

# Sanctuary, Incorporated Profit & Loss by Class-Drug & Alcohol (DMSHA) October 2012 through March 2013

|   | Oct - Dec 12         | Jan - Mar 13         |
|---|----------------------|----------------------|
| Ordinary Income/Expense                                     |                      |                      |
| Income  |                      |                      |
| Grants  | 106,506.00           | 88,755.00            |
| Total Income  | 106,506.00           | 88,755.00            |
| Gross Profit  | 106,506.00           | 88,755.00            |
| Expense<br>Contractual Services<br>Training & T.A.          | 136.00               | 200.00               |
| Staff   |                      | 360.00               |
| Total Training & T.A.                                       | 136.00               | 360.00               |
| Total Contractual Services                                  | 136.00               | 360.00               |
| Insurance<br>Vehicle  | 238.51               | 284.90               |
| Total Insurance   | 238.51               | 284.90               |
| Personnel   |                      |                      |
| Fringe Benefits   |                      |                      |
| FICA<br>Health  | 4,574.71<br>4,542.41 | 4,071.11             |
| Worker's Comp   | 141.99               | 2,994.65<br>94.66    |
| Total Fringe Benefits                                       | 9,259.11             | 7,160.42             |
| Salaries and Wages  |                      |                      |
| Accounting Assistant III                                    | 1,126.80             | 3,756.00             |
| Case Manager II   | 6,013.44             | 6,389.28             |
| Executive Director  | 1,915.73             | 3,551.10             |
| Facilities Oper. Mgr.                                       | 1,014.60             | 2,435.04             |
| Finance Analyst III   | 869.21               | 341.40               |
| Fiscal Officer  | 1,457.40             | 2,914.80             |
| Human Resource Manager                                      | 1,189.20             | 2,378.40             |
| Maint. Oper. Worker III<br>Program Director II              | 1,109.52<br>3,401.36 | 2,604.96<br>5,558.32 |
| Project Assistant II  | 1,433.60             | 0.00                 |
| Quality Assurance Officer                                   | 1,228,16             | 733.20               |
| Recovery Coach III  | 5,061.12             | 5,377.44             |
| Residential Assistant I                                     | 1,188.72             | 2,381.98             |
| Residential Assistant II                                    | 13,946.80            | 8,860.57             |
| Residential Assistant III                                   | 3,504.80             | 8,441.16             |
| Residential Supervisor                                      | 5,098.05             | 3,774.00             |
| Substance Abuse Counselor                                   | 699.16               | 0.00                 |
| Substance Abuse Counselor I                                 | 8,264.64             | 11,418.92            |
| Total Salaries and Wages<br>Salaries and Wages - Holiday/OT | 58,522.31            | 70,916.57            |
| Holiday/Overtime  | 1,562.98             | 790.23               |
| Total Salaries and Wages - Holiday/OT                       | 1,562.98             | 790.23               |
| Total Personnel   | 69,344.40            | 78,867.22            |
| Police/Court Clearance                                      | 105.00               | 0.00                 |
| Repair & Maintenance<br>Shelter                             | 0.00                 | 3,029.87             |
| Vehicle   | 0.00                 | 283.07               |
| Total Repair & Maintenance                                  | 0.00                 | 3,312.94             |
| Supplies<br>Food  | 1,278.55             | 0.00                 |
| Program   | 1,163.95             | 1,497.14             |
| Shelter   | 1,538.52             | 650.00               |
| Total Supplies  | 3,981.02             | 2,147.14             |
| Transportation  | 0,301.02             | 2, 1++/. 14          |

Transportation

4:27 PM

#### 04/03/13 Accrual Basis

# Sanctuary, Incorporated Profit & Loss by Class-Drug & Alcohol (DMSHA) October 2012 through March 2013

|                       | Oct - Dec 12 | Jan - Mar 13 |
|-----------------------|--------------|--------------|
| Gasoline              | 941.96       | 783.90       |
| Total Transportation  | 941.96       | 783.90       |
| Utilities             |              |              |
| Internet              | 629.02       | 1,078.56     |
| Power                 | 2,532.56     | 6,222.31     |
| Telephone             | 71.51        | 177.36       |
| Trash Collection Fees | 105.34       | 172.38       |
| Water                 | 173.81       | 541.79       |
| Total Utilities       | 3,512.24     | 8,192.40     |
| Total Expense         | 78,259.13    | 93,948.50    |
| Net Ordinary Income   | 28,246.87    | -5,193.50    |
| NetIncome             | 28,246.87    | -5,193.50    |

4:27 PM 04/03/13

Accrual Basis

# Sanctuary, Incorporated Profit & Loss by Class-Drug & Alcohol (DMSHA) October 2012 through March 2013

|   | TOTAL   |
|---|---|
| Ordinary Income/Expense   |   |
| Income<br>Grants  | , 195,261.00  |
| Total Income  | 195,261.00  |
|   | ,   |
| Gross Profit  | 195,261.00  |
| Expense<br>Contractual Services<br>Training & T.A.<br>Staff   | 496.00  |
| Total Training & T.A.   | 496.00  |
| Total Contractual Services  | 496.00  |
| Insurance<br>Vehicle  | 523.41  |
| Total Insurance   | 523.41  |
| Personnel<br>Fringe Benefits  |   |
| FICA<br>Health<br>Worker's Comp   | 8,645.82<br>7,537.06<br>236.65  |
| Total Fringe Benefits   | 16,419.53   |
| Salaries and Wages<br>Accounting Assistant III<br>Case Manager II<br>Executive Director<br>Facilities Oper. Mgr.<br>Finance Analyst III<br>Fiscal Officer<br>Human Resource Manager<br>Maint. Oper. Worker III<br>Program Director II<br>Project Assistant II | 4,882.80<br>12,402.72<br>5,466.83<br>3,449.64<br>1,210.61<br>4,372.20<br>3,567.60<br>3,714.48<br>8,959.68<br>1,433.60 |
| Quality Assurance Officer<br>Recovery Coach III<br>Residential Assistant I<br>Residential Assistant II<br>Residential Assistant III<br>Residential Supervisor<br>Substance Abuse Counselor<br>Substance Abuse Counselor I                                     | 1,961.36<br>10,438.56<br>3,570.70<br>22,807.37<br>11,945.96<br>8,872.05<br>699.16<br>19,683.56                        |
| Total Salaries and Wages  | 129,438.88  |
| Salaries and Wages - Holiday/OT<br>Holiday/Overtime   | 2,353.21  |
| Total Salaries and Wages - Holiday/OT   | 2,353.21  |
| Total Personnel   | 148,211.62  |
| Police/Court Clearance<br>Repair & Maintenance<br>Shelter<br>Vehicle  | 105.00<br>3,029.87<br>283.07  |
| Total Repair & Maintenance  | 3,312.94  |
| Supplies<br>Food<br>Program<br>Shelter  | 1,278.55<br>2,661.09<br>2,188.52  |
| Total Supplies  | 6,128.16  |
| Transportation  |   |

Page :

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Accrual Basis

#### Sanctuary, Incorporated Profit & Loss by Class-Drug & Alcohol (DMSHA) October 2012 through March 2013

|   | TOTAL  |
|---|--|
| Gasoline  | 1,725.86   |
| Total Transportation  | 1,725.86   |
| Utilities<br>Internet<br>Power<br>Telephone<br>Trash Collection Fees<br>Water | 1,707.58<br>8,754.87<br>248.87<br>277.72<br>715.60 |
| Total Utilities   | 11,704.64  |
| Total Expense   | 172,207.63   |
| Net Ordinary Income   | 23,053.37  |
| Net Income  | 23,053.37  |



A Non-profit Organization Established in 1971 406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • www.sanctuaryguam.org



April 4, 2013

To: Ray Vega Interim Director Department of Mental Health and Substance Abuse

Attn: Don P. Sabang Drug and Alcohol Supervisor Department of Mental Health And Substance Abuse

From: Mildred Q. Lujan Executive Director Sanctuary, Incorporated

Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Bi-Weekly Program Status Report for the weeks of March 15, 2013 to March 31, 2013.

If you should have any questions, please feel free to contact myself or Valerie Reyes at 475-7101.

Mildred Q. Lujan



| FROM: | SANCTUARY, INCORPORATED<br>Drug & Alcohol Residential Treatment<br>Program - Sagan Na' Homlo | Address:<br>790 Gov. Carlos G. Camac<br>Tamuning, Guam 96913   | ho Rd.                                   | DATE:<br>3/31/2013 |
|-------|--|--|--|--------------------|
| то:   | Rey Vega, Acting Director<br>Dept. of Mental Health & Substance Abuse<br>(DHMSA)             | Vendor Acct. No.<br>Document No.<br>Contract No.<br>Job Order No.<br>Purchase Order No.<br>Invoice No. | S1456001<br>DMHSA-2013                   | 012                |
|       | COSTS INCURRED BY CATEGORY   |  | AMOUNT                                   | -012               |
|       | <ol> <li>Personnel</li> <li>Fringe Benefits</li> <li>Contractual</li> </ol>                  |  | \$ 13,355.00<br>\$ 1,516.00<br>\$ 487.00 |                    |
|       | 4. Other   |  | \$ 794.00                                |                    |
|       | 5. Utilities   |  | \$ 1,599.00                              | )                  |

\$ 17,751.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo and that this is a true and certified original.

Mildred Q. Lujan 04/04/2013 MILDRED Q. LUJAN Date

Sanctuary, Incorporated Executive Director

Recommended for payment; I certify Invoice No. DMHSA-2013-012 to be true and correct; and that services for March 15-31, 2013 have been rendered; and payment for this period is due.

Don Sabang D&A Supervisor

| Rehabilitation Services for Adolescents   |   |  |  |
|---|---|--|--|
| Bi-Weekly Reporting Period:   | March 15, 2013 – March 31, 2013   |  |  |
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report   |  |  |
| <b>II.1</b> Increase treatment capacity in ASAM Level 0.5<br>Education, known as the "Na' Homlo" program, and<br>serve up to thirty (30) adolescents per treatment cycle<br>and perform the following tasks: State the number of<br>clients served, as well as those who successfully completed,<br>within the reporting period. If applicable, state the number<br>of clients transferred to another level of care and those who<br>were on a "wait-list." | <ul> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> </ul>  |  |  |
| In narrative form, state how activities from II.1.a to II.1.d were implemented and addressed?   | Number of Clients on the Wait List: 15The Group lesson/activity was: weekly check-in, Review of group rules, check list for substance use,<br>Movie: Legal consequences of Alcohol and Other Drugs, Lifestyle: Motivational Interviewing.   |  |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?  | Clients were able to identify high risk behaviors and attitudes to help visualize how to meet goals, realize the legal consequence of alcohol and other drugs effect their life, how their substance use has become a part of their lifestyle and recognize their pattern of use,   |  |  |
| State any commendations to show the strengths of the Program:   | The strength of the class based on staff observation, Clients felt comfortable being honest to share expressions of what brought them here. Client was able to understand that it only takes one bad decision to have negative consequence. Clients were able to discuss their history of use despite this being their first group together.  |  |  |
| State any recommendations for the improvement of service delivery:  | Continue networking with our community partners. Staff to continue our networking efforts with community partners as well as be open to input and feedback Staff continues to research the latest information through articles, journals, and on-line updates. Staff monitors needs based on group work and activities throughout the group session.  |  |  |
| <b>II.2</b> Increase treatment capacity in ASAM Level I<br>Outpatient, known as the "Pathways" program and<br>serve up to twenty (20) adolescents per treatment cycle<br>and shall perform the following tasks: State the<br>number of clients served, as well as those who<br>successfully completed, within the reporting period. If<br>applicable, state the number of clients transferred to<br>another level of care and those on a "wait-list."       | <ul> <li>During this bi-weekly reporting period:</li> <li>4 sessions were conducted</li> <li>21 participants in attendance</li> <li>Group held on Saturday from 12:00 – 2:00 pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> </ul> |  |  |

| Rehabilitation Services for Adolescents                     |   |  |
|---|---|--|
| Bi-Weekly Reporting Period: March 15, 2013 – March 31, 2013 |   |  |
|   |   |  |
|   |   |  |
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report |  |

| In narrative form, state how activities from II.2.a to II.2.c<br>were implemented and addressed?<br>In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?   | The Group lesson/activity was: Pros and Cons and Triggers; Relapse Justification; Early Recovery Skills: Thought Stopping techniques; Users in my home/Having a good time without being high. Clients were able to identify more pros about not using substances and identifying strongest triggers to use. Clients were provided the rational to change the thinking of the addicted brain. Clients were able to block thoughts about using substances and regain control of their thinking process. Clients were also able to explore reactions and feelings about use in environment and trying new activities that do not involve using substances. |
|--|---|
| State any commendations to show the strengths of the Program:  | The strength of the class based on staff observation, was that clients were provided with peer support<br>when clients brought up difficulties about abstaining from drug of choice. Peers provided real life<br>examples to assist other peers in group through positive peer support. Staff observed good group<br>interaction and was able to mentor new participants in the program.  |
| State any recommendations for the improvement of service delivery:   | Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.  |
| <b>II.3</b> Establish an ASAM Level II Intensive Outpatient<br>treatment program with a treatment capacity of ten<br>(10) adolescents per treatment cycle and shall perform<br>the following tasks: State the number of clients served,<br>as well as those who successfully completed, within the<br>reporting period. If applicable, state the number of clients<br>transferred to another level of care and those on a "wait-<br>list." | <ul> <li>During this bi-weekly reporting period:</li> <li>6 sessions were conducted</li> <li>36 participants in attendance</li> <li>Group time identified for Fridays from 3:30 – 4:30pm &amp; 4:30-5:30pm and Saturdays from 12:00pm—2:00pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> </ul>   |
| In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?  | The Group lesson/activity was: weekly check-in; review of group rules;<br>Scheduling; Calendar; Clean and Sober; Having a good time without being<br>high; Support Systems; Forest Gump; and Treatment Planning/Goal Setting.<br>Clients were provided with psycho-education for each topic. They were also<br>given the opportunity to share real-life experiences related to each topic and<br>offer feedback to peers for support and process.   |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?   | Participants continue to explore pros and cons for use or staying clean and sober to help them to make informed and well thought out decisions about  |

| Rehabilitation Services for Adolescents                     |   |  |
|---|---|--|
| Bi-Weekly Reporting Period: March 15, 2013 – March 31, 2013 |   |  |
|   |   |  |
|   |   |  |
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report |  |

| their use. Small group discussions facilitate understanding of the importance         |  |  |
|---|--|--|
| of each topic in recovery. In addition, group participation teaches empathy           |  |  |
| and helps to develop effective communication skills.                                  |  |  |
| The strength of the small group setting is that it allows for a larger amount of      |  |  |
| attention, help, and feedback offered to each individual client, thereby              |  |  |
| encouraging engagement and active participation in their treatment.                   |  |  |
| Staff to continue networking efforts with community partners as well as be            |  |  |
| open to input and feedback. Staff continues to research the latest information        |  |  |
| through articles, journals, and on-line updates.                                      |  |  |
| During this bi-weekly reporting period:   |  |  |
|   |  |  |
| • 2 sessions was conducted  |  |  |
| 19 Family Members in attendance   |  |  |
| • Group time identified for Saturdays from 12:00pm—2:00pm at the Sanctuary, Inc. Main |  |  |
| Office.   |  |  |
| <ul> <li>Number of Successful Completions: 0</li> </ul>                               |  |  |
| <ul> <li>Number of Clients Transferred to another level of Care: 0</li> </ul>         |  |  |
|   |  |  |
| • Number of Clients on the Wait List: 0   |  |  |
| The Group lesson/activity was: weekly check in; review of group rules;                |  |  |
| watched a movie, "Once Were Warriors".  |  |  |
|   |  |  |
| "Once Were Warriors" reflected on how alcohol can affect a family as a                |  |  |
| whole. Participants were able to identify with characters in the movie in             |  |  |
| regards to their family members. They were able to process after the movie            |  |  |
| on what they were feeling and how the movie affected them. Participants               |  |  |
| shared they were able to see the sincerity of New Zealand's culture and their         |  |  |
| culture in regards to alcohol abuse in families.                                      |  |  |
| Family members were able to do well in this setting by relating to the topics         |  |  |
| being addressed and were able to provide their own family's personal                  |  |  |
| experience. Small group settings also encourage the participants to provide           |  |  |
| feedback and support. Parents showed how they appreciate the services that            |  |  |
| help with their child.  |  |  |
|   |  |  |

| Rehabilitation Services for Adolescents   |  |  |
|---|--|--|
| Bi-Weekly Reporting Period:   | March 15, 2013 – March 31, 2013  |  |
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report  |  |
| State any recommendations for the improvement of service delivery:  | Staff to continue networking efforts with community partners as well as be<br>open to input and feedback. Staff continues to research the latest information<br>through articles, journals, and on-line updates.   |  |
| <b>II.5</b> Maintain treatment capacity in ASAM Level<br><b>III.5</b> to serve 6 to 8 adolescents (male or female) at any<br>given time. State the number of clients served, as well as<br>those who successfully completed, within the reporting<br>period. If applicable, state the number of clients<br>transferred to another level of care and those on a "wait-<br>list." | <ul> <li>During this bi-weekly reporting period:</li> <li>3 Clients were Served</li> <li>Transfer to another level of Care: 1 (services were terminated and client was sent back to DYA)</li> <li>Wait Listing: 7 (1 turned down services; 1 pending clearances; 5 pending clearances from DYA)</li> </ul>   |  |
| <b>II.5a</b> Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients   | <ul> <li>Phase Breakdown:</li> <li>Orientation: 2</li> <li>Awareness: 0</li> <li>Enhancement: 0</li> <li>Enlightenment: 1</li> <li>Empowerment: 0</li> <li>During this Bi-weekly reporting period:</li> <li>1 Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>   |  |
| In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?   | Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to classroom work, group sessions (i.e. substance abuse, anger management, decision making, relapse prevention, life skills, team building, big book and 12-step education), individual counseling sessions, individual case management sessions, meditation and evening recreation. Sanctuary continues to host 12-Step Meetings: Adolescent AA and NA at our Main Facility and is available to all clients based on desire and appropriateness. |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?  | The continuity of treatment in this level of care provides the clients<br>consistent contact with residential staff and the opportunity for support when<br>the need arises.   |  |
| State any commendations to show the strengths of the  | Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In   |  |

| Rehabilitation Services for Adolescents |   |  |
|---|---|--|
| Bi-Weekly Reporting Period:             | March 15, 2013 – March 31, 2013           |  |
|   |   |  |
|   |   |  |
| Task/Activity                           | Sanctuary, Inc. Bi-Weekly Progress Report |  |

| Program:   | addition, Sagan Na' Homlo offers the individual and family the opportunity               |  |  |
|--|--|--|--|
|  | to restructure, refrain and to recover with the challenges of drug and alcohol           |  |  |
|  | addiction and eventually re-integrate back into the community as a                       |  |  |
|  | productive member of society. Sanctuary, Incorporated has implemented                    |  |  |
|  | Evidence Based Matrix Model incorporating individual sessions, family                    |  |  |
|  | sessions, early recovery group, relapse prevention group, and 12 step                    |  |  |
|  | participation.   |  |  |
| State any recommendations for the improvement of             | All efforts are channeled in enhancing our working relationship with our                 |  |  |
| service delivery:  | community partners and significant agencies.   |  |  |
| II.6 Implement evidence-based models and practices           | Multi-level Interventions are still considered the best practice. It provides            |  |  |
| in all levels of care and shall demonstrate the              | and allows insight, growth, emotional well-being, recognition of strengths,              |  |  |
| following: In narrative form, state how the activities from  | ability to communicate, group and family counseling and the opportunity to               |  |  |
| II.6.a to II.6.d were implemented and addressed.             | share openly, express them-selves and work on problems.                                  |  |  |
| <b>II.7</b> Work with DMHSA and its partners to              | Program staff continues to work with Department of Youth Affair, Guam                    |  |  |
| establish a system of care for substance abuse               | Public School System (GPSS), Juvenile Drug Court (JDC), Community                        |  |  |
| treatment for Asian/Pacific Islanders: Give a brief          | Substance Abuse Planning & Development (CSAPD) Committee, National                       |  |  |
| summary of activities that occurred with DMHSA and its       | Association of Social Workers (NASW) and Association of Individual,                      |  |  |
| partners during the reporting period.                        | Marriage, and Family Therapist (AIMFT) monthly.  |  |  |
| <b>II.8</b> Ensure all clients receive appropriate screening | The Drug and Alcohol screening/assessments are processed with the Clinical               |  |  |
| and assessment for placement into ASAM Levels 0.5, I,        | Supervisor and staffing is conducted throughout the week during weekly case              |  |  |
| II, III.5, and 0.7: Briefly state how sections II.7.a to     | staffing or on a case by case need using the American Society of Addiction               |  |  |
| II.7.e are being addressed.                                  | Medicine Patient Placement Criteria (ASAM-PPC).  |  |  |
| <b>II.9</b> Provide its staff with opportunities for staff   | • Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the |  |  |
| development by performing the following tasks:               | inpatient / outpatient programs.   |  |  |
| Briefly state the status of staff members seeking            | • One counselor is a licensed IMFT Therapist.  |  |  |
| certification with IC & RC and what trainings they           | • 1 staff continues to work on her CEU's that apply towards the ICRC Certification.      |  |  |
| attended during the reporting period.                        |  |  |  |
|  | · course is constraining in obtaining a receivery could by attaining and                 |  |  |
|  | meeting with Clinical Supervisor for supervision to prepare for ICRC Certification.      |  |  |
|  | Case Manager is working toward IC&RC Certification.                                      |  |  |
|  |  |  |  |

| Rehabilitation Services for Adolescents  |  |  |
|--|--|--|
| Bi-Weekly Reporting Period:  | March 15, 2013 – March 31, 2013            |  |
| Task/Activity  | Sanctuary, Inc. Bi-Weekly Progress Report  |  |
| Sanctuary Representative:<br>Submitted By: Katrina Taijeron<br>Position Title: Case Manager<br>Reviewed By: Valerie Reyes<br>Position Title: Program Director<br>Date: April 4, 2013 | DMHSA Representative:         Received By: |  |

•





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March 20, 2013

To: Ray Vega Interim Director Department of Mental Health and Substance Abuse

Attn: Don P. Sabang Drug and Alcohol Supervisor Department of Mental Health And Substance Abuse

From: Mildred Q. Lujan Executive Director Sanctuary, Incorporated

Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Bi-Weekly Program Status Report for the weeks of March 1, 2013 to March 15, 2013.

If you should have any questions, please feel free to contact myself or Valerie Reyes at 475-7101.

Mildred & Sujan Mildred Q. Lujan



| FROM: | SANCTUARY, INCORPORATED<br>Drug & Alcohol Residential Treatment<br>Program - Sagan Na' Homlo | Address:<br>790 Gov. Carlos G. Cam<br>Tamuning, Guam 96913                              |                                 | DATE:<br>3/15/2013 |
|-------|--|---|---------------------------------|--------------------|
| то:   | Rey Vega, Acting Director<br>Dept. of Mental Health & Substance Abuse<br>(DHMSA)             | Vendor Acct. No.<br>Document No.<br>Contract No.<br>Job Order No.<br>Purchase Order No. | S1456001                        |                    |
|       | COSTS INCURRED BY CATEGORY   | Invoice No.   | DMHSA-20<br>AMOUNT              | 13-011             |
|       | <ol> <li>Personnel</li> <li>Fringe Benefits</li> <li>Contractual</li> </ol>                  |   | \$ 13,355<br>\$ 1,516<br>\$ 487 | .00                |
|       | 4. Other   |   | \$ 794                          | .00                |
|       | 5. Utilities   |   | \$ 1,599                        | 00                 |
| l     |  |   |                                 |                    |

\$ 17,751.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo and that this is a true and certified original.

<u> Jujen 03/19/</u>2013 Date Mildred MILDRED Q. LUJAN

Executive Director

Sanctuary, Incorporated

Recommended for payment; I certify Invoice No. DMHSA-2013-011 to be true and correct; and that services for March 1-15, 2013 have been rendered; and payment for this period is due.

Don Sabang D&A Supervisor

| Rehabilitation Services for Adolescents   |  |  |  |
|---|--|--|--|
| Bi-Weekly Reporting Period:   | March 1, 2013 – March 15, 2013   |  |  |
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report  |  |  |
| <b>II.1</b> Increase treatment capacity in ASAM Level 0.5<br>Education, known as the "Na' Homlo" program, and<br>serve up to thirty (30) adolescents per treatment cycle<br>and perform the following tasks: State the number of<br>clients served, as well as those who successfully completed,<br>within the reporting period. If applicable, state the number<br>of clients transferred to another level of care and those who<br>were on a "wait-list." | <ul> <li>During this bi-weekly reporting period:</li> <li>2 session were conducted</li> <li>36 participants in attendance</li> <li>Group held on Thursday from 4:30 – 5:30 pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 1</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 15</li> </ul> |  |  |
| In narrative form, state how activities from II.1.a to II.1.d were implemented and addressed?   | The Group lesson/activity was: weekly check-in, Review of group rules, Matrix: Thought Stopping and Identifying External Triggers  |  |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?  | Clients were able to find what thought stopping techniques works for them and identify their external triggers.  |  |  |
| State any commendations to show the strengths of the Program:   | The strength of the class based on staff observation, Clients were able to share their experience and able to get feedback from their peers. Participants practiced the different thought stopping techniques and identify what their external triggers are to avoid alcohol or drug use by staying away from them.  |  |  |
| State any recommendations for the improvement of service delivery:  | Continue networking with our community partners. Staff to continue our networking efforts with community partners as well as be open to input and feedback Staff continues to research the latest information through articles, journals, and on-line updates. Staff monitors needs based on group work and activities throughout the group session.   |  |  |
| <b>II.2</b> Increase treatment capacity in ASAM Level I<br>Outpatient, known as the "Pathways" program and<br>serve up to twenty (20) adolescents per treatment cycle<br>and shall perform the following tasks: State the<br>number of clients served, as well as those who<br>successfully completed, within the reporting period. If<br>applicable, state the number of clients transferred to<br>another level of care and those on a "wait-list."       | <ul> <li>During this bi-weekly reporting period:</li> <li>4 session was conducted</li> <li>20 participants in attendance</li> <li>Group held on Saturday from 12:00 – 2:00 pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> </ul>   |  |  |
|   | Number of Clients on the Wait List: 0<br>The Group lesson/activity was: Matrix Model: Early Recovery Skills – Stages of Recovery, updating   |  |  |

| Rehabilitation Services for Adolescents |   |   |
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| Bi-Weekly Reporting Period:             | March 1, 2013 – March 15, 2013            | l |
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| In narrative form, state how activities from II.2.a to II.2.c<br>were implemented and addressed?<br>In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?   | Calendar; Relapse Prevention – When did you start using, Movie – <i>When a Man Loves a Woman</i> – family session.<br>Clients were able to encourage healthy expression and help increase ability to communicate thoughts and feelings effectively. The group process increases awareness into other support groups in community, decision making process – viewing choices and taking a look at possible consequences, and understand the importance of structure in recovery. The family process increases communication between adolescent and parent/caregiver. |
|--|---|
| State any commendations to show the strengths of the Program:  | The strength of the class based on staff observation, was that clients were given an opportunity to reflect on themselves, encourage one another to discuss ideas and real life examples to improve communication; and practice pro-social activities as a family to encourage communication between adolescent and parent/caregiver.   |
| State any recommendations for the improvement of service delivery:   | Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.  |
| <b>II.3</b> Establish an ASAM Level II Intensive Outpatient<br>treatment program with a treatment capacity of ten<br>(10) adolescents per treatment cycle and shall perform<br>the following tasks: State the number of clients served,<br>as well as those who successfully completed, within the<br>reporting period. If applicable, state the number of clients<br>transferred to another level of care and those on a "wait-<br>list." | <ul> <li>During this bi-weekly reporting period:</li> <li>10 sessions were conducted</li> <li>46 participants in attendance</li> <li>Group time identified for Fridays from 3:30 – 4:30pm &amp; 4:30-5:30pm and Saturdays from 12:00pm—2:00pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> </ul>   |
| In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?  | The Group lesson/activity was: weekly check-in; review of group rules;<br>Scheduling; Calendar; Triggers-Thoughts-Cravings-Use; Relapse<br>Justification; Dealing with Problems; Thought Stopping Techniques; Making<br>the Link; External Triggers; When a Man Loves a Woman; Internal Triggers;<br>and Users in the Home. Clients were provided with psycho-education for<br>each topic. They were also given the opportunity to share real-life<br>experiences related to each topic and offer feedback to peers for support and<br>process.                     |
| In narrative form, briefly state how clients benefited from  | Participants continue to explore pros and cons for use or staying clean and   |

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|   | Bi-Weekly Reporting Period:             | March 1, 2013 – March 15, 2013            |   |
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|   | Task/Activity                           | Sanctuary, Inc. Bi-Weekly Progress Report | ł |

| the core functions or services from this level?  | sober to help them to make informed and well thought out decisions about<br>their use. Small group discussions facilitate understanding of the importance<br>of each topic in recovery. In addition, group participation teaches empathy<br>and helps to develop effective communication skills.  |  |
|--|---|--|
| State any commendations to show the strengths of the Program:  | The strength of the small group setting is that it allows for a larger amount of attention, help, and feedback offered to each individual client, thereby encouraging engagement and active participation in their treatment.   |  |
| State any recommendations for the improvement of service delivery:   | Staff to continue networking efforts with community partners as well as be<br>open to input and feedback. Staff continues to research the latest information<br>through articles, journals, and on-line updates.  |  |
| MATRIX Model Parent Education / Support Group  | <ul> <li>During this bi-weekly reporting period:</li> <li>2 sessions was conducted</li> <li>14 Family Members in attendance</li> <li>Group time identified for Saturdays from 12:00pm—2:00pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> </ul>  |  |
| In narrative form, briefly state how activities from Matrix<br>Parent Education/Support Group were implemented and<br>addressed? | The Group lesson/activity was: weekly check in; review of group rules;<br>review of last week's homework; "Guilt and Shame"; "Family Movie".  |  |
| In narrative form, briefly state how Family benefited from<br>the core functions or services from this level?                    | Using RP handout on "guilt/shame", parents openly discussed "guilt" as it<br>relates to them and "guilt" as they see it relate to their child. Parents<br>expressed great guilt and parents were emotional discussing how guilty they<br>felt because of their child's use. One parent realized that all the parents in<br>the group felt some way the same and thanked all for their support. Openly<br>discussed was addiction as a family/brain disease. Parents seem to be<br>grasping the concept and appear more accepting to their situation and the<br>support from group members and the 12 step ala-non group directly<br>following this group. |  |

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| Bi-Weekly Reporting Period:             | March 1, 2013 – March 15, 2013            |
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| State any commendations to show the strengths of the Program:   | <ul> <li>Family movie – When a Man Loves a Woman. Pro-social activity for family that encourages communication between adolescent and parent/caregiver.</li> <li>Group discussed effects substance use has on the family, identified how family members enable the addictive behavior with their child and accepting responsibility for actions. Families discussed how and where to get support.</li> <li>Family members were able to do well in this setting by relating to the topics being addressed and were able to provide their own family's personal experience. Small group settings also encourage the participants to provide feedback and support. Parents showed how they appreciate the services that help with their child.</li> </ul> |
|---|--|
| State any recommendations for the improvement of service delivery:  | Staff to continue networking efforts with community partners as well as be<br>open to input and feedback. Staff continues to research the latest information<br>through articles, journals, and on-line updates.   |
| <b>II.5</b> Maintain treatment capacity in ASAM Level<br><b>III.5</b> to serve 6 to 8 adolescents (male or female) at any<br>given time. State the number of clients served, as well as<br>those who successfully completed, within the reporting<br>period. If applicable, state the number of clients<br>transferred to another level of care and those on a "wait-<br>list." | <ul> <li>During this bi-weekly reporting period:</li> <li>5 Clients were Served (2 voluntarily left treatment)</li> <li>Transfer to another level of Care: 0</li> <li>Wait Listing: 5 (1 was transferred to residential)</li> <li>Phase Breakdown:</li> <li>Orientation: 3</li> <li>Awareness: 0</li> <li>Enhancement: 0</li> <li>Enlightenment: 2</li> <li>Empowerment: 0</li> </ul>  |
| <b>II.5a</b> Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients   | <ul> <li>During this Bi-weekly reporting period:</li> <li>2 Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>   |
| In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?   | Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to classroom work, group sessions (i.e. substance abuse, anger management, decision making, relapse prevention, life skills, team building, big book and  |

| Rehabilitation Services for Adolescents |   |   |
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|   | 12-step education), individual counseling sessions, individual case  |
|---|--|
|   | management sessions, meditation and evening recreation. Sanctuary  |
|   | continues to host 12-Step Meetings: Adolescent AA and NA at our Main                                       |
|   | Facility and is available to all clients based on desire and appropriateness.                              |
| In narrative form, briefly state how clients benefited from | The continuity of treatment in this level of care provides the clients                                     |
| the core functions or services from this level?             | consistent contact with residential staff and the opportunity for support when                             |
|   | the need arises.   |
| State any commendations to show the strengths of the        | Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In                                   |
| Program:  | addition, Sagan Na' Homlo offers the individual and family the opportunity                                 |
|   | to restructure, refrain and to recover with the challenges of drug and alcohol                             |
|   | addiction and eventually re-integrate back into the community as a   |
|   | productive member of society. Sanctuary, Incorporated has implemented                                      |
|   | Evidence Based Matrix Model incorporating individual sessions, family                                      |
|   | sessions, early recovery group, relapse prevention group, and 12 step                                      |
|   | participation.   |
| State any recommendations for the improvement of            | All efforts are channeled in enhancing our working relationship with our                                   |
| service delivery:   | community partners and significant agencies.   |
| II.6 Implement evidence-based models and practices          | Multi-level Interventions are still considered the best practice. It provides                              |
| in all levels of care and shall demonstrate the             | and allows insight, growth, emotional well-being, recognition of strengths,                                |
| following: In narrative form, state how the activities from | ability to communicate, group and family counseling and the opportunity to                                 |
| II.6.a to II.6.d were implemented and addressed.            | share openly, express them-selves and work on problems.  |
| II.7 Work with DMHSA and its partners to                    | Program staff continues to work with Department of Youth Affair, Guam                                      |
| establish a system of care for substance abuse              | Public School System (GPSS), Juvenile Drug Court (JDC), Community  |
| treatment for Asian/Pacific Islanders: Give a brief         | Substance Abuse Planning & Development (CSAPD) Committee, National   |
| summary of activities that occurred with DMHSA and its      | Association of Social Workers (NASW) and Association of Individual,  |
| partners during the reporting period.                       | Marriage, and Family Therapist (AIMFT) monthly.  |
| II.8 Ensure all clients receive appropriate screening       | The Drug and Alcohol screening/assessments are processed with the Clinical                                 |
| and assessment for placement into ASAM Levels 0.5, I,       | Supervisor and staffing is conducted throughout the week during weekly case                                |
| II, III.5, and 0.7: Briefly state how sections II.7.a to    | staffing or on a case by case need using the American Society of Addiction                                 |
| II.7.e are being addressed.                                 | Medicine Patient Placement Criteria (ASAM-PPC).  |
| <b>II.9</b> Provide its staff with opportunities for staff  | <ul> <li>Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the</li> </ul> |
| development by performing the following tasks:              | inpatient / outpatient programs.   |
| Briefly state the status of staff members seeking           | One counselor is a licensed IMFT Therapist.  |
| certification with IC & RC and what trainings they          | • 1 staff continues to work on her CEU's that apply towards the ICRC Certification.                        |

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| Bi-Weekly Reporting Period:   | March 1, 2013 – March 15, 2013   |  |
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report  |  |
| attended during the reporting period.   | <ul> <li>1 staff is currently working on becoming a Recovery Coach by attending training and meeting with Clinical Supervisor for supervision to prepare for ICRC Certification.</li> <li>Case Manager is working toward IC&amp;RC Certification.</li> </ul> |  |
| Sanctuary Representative:<br>Submitted By: Katrina Taijeron<br>Position Title: Case Manager<br>Reviewed By: Katrina Taijeron<br>Position Title: Acting Program Director<br>Date: March 20, 2013 | DMHSA Representative:       Added         Received By:       Jennifer J.T. Faasuamalie         WPS II Drug & Alcohol Branch. DMHSA         Position Title:       Position Title:         Date of Submission:       PMIB         Out       POGAN              |  |



# SANCTUARY, INCORPORATED "Helping Youth and Families Help Themselves" since 1971



### Inter-Office Memorandum

Website, www.saechiaryguam.org 🔹 Esmad-indunies@saechiaryguaro.org

March 8, 2013

To: All Sanctuary, Incorporated Staff

Valerie Reyes, Drug & Alcohol Services-Program Director From:

Via: Millie Lujan, Executive Director

Subject: **Acting Appointment** 

#### Hafa Ada Todo Hamyu:

Beginning March 9, 2013 I will be off - island. In my Absence, Katrina Taijeron will be the acting Program Director until my return.

I will be available via email should you need to contact me at: may call me on my cell 727-8533.

or you

Si Yu'us Ma'ase,

Valerie Reyes





A Non-profit Organization Established in 1971 406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • www.sanctuaryguam.org

March 5, 2013

To: Ray Vega Interim Director Department of Mental Health and Substance Abuse

Attn: Don P. Sabang Drug and Alcohol Supervisor Department of Mental Health And Substance Abuse

From: Mildred Q. Lujan Executive Director Sanctuary, Incorporated

Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Bi-Weekly Program Status Report for the weeks of February 15, 2013 to February 28, 2013.

If you should have any questions, please feel free to contact myself or Valerie Reyes at 475-7101.

Mildred Q. Lujan

| FROM: | SANCTUARY, INCORPORATED<br>Drug & Alcohol Residential Treatment<br>Program - Sagan Na' Homlo | Address:<br>790 Gov. Carlos G. Cam<br>Tamuning, Guam 96913   |                           | DATE:<br>2/28/2013 |
|-------|--|--|---------------------------|--------------------|
| то:   | Rey Vega, Acting Director<br>Dept. of Mental Health & Substance Abuse<br>(DHMSA)             | Vendor Acct. No.<br>Document No.<br>Contract No.<br>Job Order No.<br>Purchase Order No.<br>Invoice No. | S1456001<br>DMHSA-2013    | 3-010              |
|       | COSTS INCURRED BY CATEGORY   |  | AMOUNT                    |                    |
|       | <ol> <li>Personnel</li> <li>Fringe Benefits</li> </ol>                                       |  | \$ 13,355.0<br>\$ 1,516.0 |                    |
|       | 3. Contractual   |  | \$ 487.0                  |                    |
|       | 4. Other   |  | \$ 794.0                  | 0                  |
|       | 5. Utilities   |  | \$ 1,599.0                | 0                  |
|       |  |  |                           |                    |

\$ 17,751.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo and that this is a true and certified original.

<u> Aujan 03/05/2013</u> Date MILORED Q. LUJAN

Sanctuary, Incorporated Executive Director

Recommended for payment; I certify Invoice No. DMHSA-2013-010 to be true and correct; and that services for February 15-28, 2013 have been rendered; and payment for this period is due.

Don Sabang **D&A** Supervisor

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| Rehabilitation Services for Adolescents   |  |  |
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| Bi-Weekly Reporting Period:   | February 15, 2013 – February 28, 2013  |  |
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report  |  |
| <b>II.1</b> Increase treatment capacity in ASAM Level 0.5<br>Education, known as the "Na' Homlo" program, and<br>serve up to thirty (30) adolescents per treatment cycle<br>and perform the following tasks: State the number of<br>clients served, as well as those who successfully completed,<br>within the reporting period. If applicable, state the number<br>of clients transferred to another level of care and those who<br>were on a "wait-list." | <ul> <li>During this bi-weekly reporting period:</li> <li>2 session were conducted</li> <li>39 participants in attendance</li> <li>Group held on Thursday from 4:30 – 5:30 pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 5</li> <li>Number of Clients Transferred to another level of Care: 1</li> <li>Number of Clients on the Wait List: 7</li> </ul>        |  |
| In narrative form, state how activities from II.1.a to II.1.d were implemented and addressed?   | The Group lesson/activity was: weekly check-in, Review of group rules, Matrix: Pros and cons and Triggers.   |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?  | Clients were able to identify the advantages and dis-advantages of drug and alcohol use and identify there triggers.   |  |
| State any commendations to show the strengths of the Program:   | The strength of the class based on staff observation, Clients were able to share their experience and able to get feedback from their peers. Participants now know that there are more pros then cons in being drug free. Participants relies that certain situations trigger their drug and alcohol use and need to focus on avoiding or dealing with trigger situations.                         |  |
| State any recommendations for the improvement of service delivery:  | Continue networking with our community partners. Staff to continue our networking efforts with community partners as well as be open to input and feedback Staff continues to research the latest information through articles, journals, and on-line updates. Staff monitors needs based on group work and activities throughout the group session.   |  |
| <b>II.2</b> Increase treatment capacity in ASAM Level I<br>Outpatient, known as the "Pathways" program and<br>serve up to twenty (20) adolescents per treatment cycle<br>and shall perform the following tasks: State the<br>number of clients served, as well as those who<br>successfully completed, within the reporting period. If<br>applicable, state the number of clients transferred to<br>another level of care and those on a "wait-list."       | <ul> <li>During this bi-weekly reporting period:</li> <li>4 sessions were conducted</li> <li>17 participants in attendance</li> <li>Groups are held on Saturday from 12:00 – 2:00 pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> </ul> |  |

| Rehabilitation Services for Adolescents |                             | ]   |  |
|---|-----------------------------|---|--|
|   | Bi-Weekly Reporting Period: | February 15, 2013 – February 28, 2013     |  |
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|   | Task/Activity               | Sanctuary, Inc. Bi-Weekly Progress Report |  |

| In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?  | The Group lesson/activity was: Matrix Model: Early Recovery Skills – Scheduling, Calendar;<br>Relapse Prevention – Club Drugs, Having a good time without being high, admitting use.   |  |
|--|--|--|
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?   | Clients were able to encourage healthy expression and help increase ability to communicate thoughts and feelings effectively. The group process increases awareness into other support groups in community, decision making process – viewing choices and taking a look at possible consequences, and understand the importance of structure in recovery.  |  |
| State any commendations to show the strengths of the Program:  | The strength of the class based on staff observation, was that clients were given an opportunity to reflect on themselves, encourage one another to discuss ideas and real life examples to improve communication; and increase awareness.   |  |
| State any recommendations for the improvement of service delivery:   | Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.   |  |
| <b>II.3</b> Establish an ASAM Level II Intensive Outpatient<br>treatment program with a treatment capacity of ten<br>(10) adolescents per treatment cycle and shall perform<br>the following tasks: State the number of clients served,<br>as well as those who successfully completed, within the<br>reporting period. If applicable, state the number of clients<br>transferred to another level of care and those on a "wait-<br>list." | <ul> <li>During this bi-weekly reporting period:</li> <li>6 sessions were conducted</li> <li>45 participants in attendance</li> <li>Group time identified for Fridays from 3:30 – 4:30pm &amp; 4:30-5:30pm and Saturdays from 12:00pm—2:00pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> </ul> |  |
| In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?  | The Group lesson/activity was: weekly check-in; review of group rules;<br>Scheduling; Calendar; Club Drugs; Cigarette Arguments; Pros and cons;<br>"When did you start Using?"; and Triggers. Clients were provided with<br>psycho-education for each topic. They were also given the opportunity to<br>share real-life experiences related to each topic and offer feedback to peers<br>for support and process.  |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?   | Participants continue to explore pros and cons for use or staying clean and<br>sober to help them to make informed and well thought out decisions about<br>their use. Small group discussions facilitate understanding of the importance<br>of each topic in recovery. In addition, group participation teaches empathy  |  |

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| Bi-Weekly Reporting Period:             | February 15, 2013 – February 28, 2013     |
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| Task/Activity                           | Sanctuary, Inc. Bi-Weekly Progress Report |

|   | and helps to develop effective communication skills.  |
|---|---|
| State any commendations to show the strengths of the  | The strength of the small group setting is that it allows for a larger amount of                                    |
| Program:  | attention, help, and feedback offered to each individual client, thereby  |
| -   | encouraging engagement and active participation in their treatment.   |
| State any recommendations for the improvement of  | Staff to continue networking efforts with community partners as well as be  |
| service delivery:   | open to input and feedback. Staff continues to research the latest information                                      |
|   | through articles, journals, and on-line updates.  |
| <b>MATRIX Model Parent Education / Support Group</b>  | During this bi-weekly reporting period:   |
|   | • 2 sessions was conducted  |
|   | <ul> <li>13 Family Members in attendance</li> </ul>   |
|   |   |
|   | <ul> <li>Group time identified for Saturdays from 12:00pm—2:00pm at the Sanctuary, Inc. Main<br/>Office.</li> </ul> |
|   | Number of Successful Completions: 0   |
|   | • Number of Clients Transferred to another level of Care: 0   |
|   | • Number of Clients on the Wait List: 0   |
| In narrative form, briefly state how activities from Matrix   | The Group lesson/activity was: weekly check in; review of group rules;  |
| Parent Education/Support Group were implemented and   | "Cross Addiction: The back door to relapse"; "Creating healthy, functional  |
| addressed?  | families". Parents/family members openly discussed how raising teens is a   |
|   | tough job. Using their upbringing as a reference the major changes in raising                                       |
|   | teens became the topic in the first half of group.  |
| In narrative form, briefly state how Family benefited from<br>the core functions or services from this level? | The MATRIX topic, "Cross Addiction: The back door to relapse", discussed  |
| the core functions or services from this level?   | how addiction is a disease, discussed neurotransmitters, adrenaline high and  |
|   | triggers. Parents were able to discuss how abstinence from all substances is key to preventing any relapse.         |
|   | key to preventing any relapse.  |
|   | The MATRIX topic, "Creating healthy, functional families" was discussed.  |
|   | Family members shared how their families discuss feelings, reactions to   |
|   | change, stress and how it's dealt with, rules in the family, respect, and   |
|   | communication between parents. Home work for parents/family members:  |
|   | Ask their teen: "What are the rules in the family?" Family members  |
|   | expressed being interested in what their teens will respond with. One parent  |

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| Bi-Weekly Reporting Period:             | February 15, 2013 – February 28, 2013     |
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| Task/Activity                           | Sanctuary, Inc. Bi-Weekly Progress Report |

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|  | shared how she never really discussed the rules and just made assumptions.<br>Others shared similar experiences.  |
|--|---|
| State any commendations to show the strengths of the Program:  | Family members were able to do well in this setting by relating to the topics<br>being addressed and were able to provide their own family's personal<br>experience. Small group settings also encourage the participants to provide<br>feedback and support. Parents showed how they appreciate the services that<br>help with their child.  |
| State any recommendations for the improvement of service delivery:   | Staff to continue networking efforts with community partners as well as be<br>open to input and feedback. Staff continues to research the latest information<br>through articles, journals, and on-line updates.  |
| <b>II.5 Maintain treatment capacity in ASAM Level</b><br><b>III.5 to serve 6 to 8 adolescents (male or female) at any</b><br><b>given time.</b> State the number of clients served, as well as<br>those who successfully completed, within the reporting<br>period. If applicable, state the number of clients<br>transferred to another level of care and those on a "wait-<br>list." | <ul> <li>During this bi-weekly reporting period: <ul> <li>4 Clients were Served.</li> <li>Transfer to another level of Care: 0</li> <li>Wait Listing: 6 (2 were transferred to residential)</li> </ul> </li> <li>Phase Breakdown: <ul> <li>Orientation:</li> <li>Awareness: 2</li> <li>Enhancement: 1</li> <li>Enlightenment: 1</li> <li>Empowerment:</li> </ul> </li> </ul>  |
| <b>II.5a</b> Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients  | <ul> <li>During this Bi-weekly reporting period:</li> <li>2 Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>  |
| In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?  | Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to classroom work, group sessions (i.e. substance abuse, anger management, decision making, relapse prevention, life skills, team building, big book and 12-step education), individual counseling sessions, individual case management sessions, meditation and evening recreation. Sanctuary |

| Rehabilitation Services for Adolescents |   |  |
|---|---|--|
| Bi-Weekly Reporting Period:             | February 15, 2013 – February 28, 2013     |  |
|   |   |  |
|   |   |  |
| Task/Activity                           | Sanctuary, Inc. Bi-Weekly Progress Report |  |

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|  | continues to host 12-Step Meetings: Adolescent AA and NA at our Main                                  |  |
|--|---|--|
|  | Facility and is available to all clients based on desire and appropriateness.                         |  |
| In narrative form, briefly state how clients benefited from  | from The continuity of treatment in this level of care provides the clients                           |  |
| the core functions or services from this level?              | consistent contact with residential staff and the opportunity for support when                        |  |
|  | the need arises.  |  |
| State any commendations to show the strengths of the         | Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In                              |  |
| Program:   | addition, Sagan Na' Homlo offers the individual and family the opportunity                            |  |
|  | to restructure, refrain and to recover with the challenges of drug and alcohol                        |  |
|  | addiction and eventually re-integrate back into the community as a                                    |  |
|  | productive member of society. Sanctuary, Incorporated has implemented                                 |  |
|  | Evidence Based Matrix Model incorporating individual sessions, family                                 |  |
|  | sessions, early recovery group, relapse prevention group, and 12 step                                 |  |
|  | participation.  |  |
| State any recommendations for the improvement of             | All efforts are channeled in enhancing our working relationship with our                              |  |
| service delivery:  | community partners and significant agencies.  |  |
| II.6 Implement evidence-based models and practices           | Multi-level Interventions are still considered the best practice. It provides                         |  |
| in all levels of care and shall demonstrate the              | and allows insight, growth, emotional well-being, recognition of strengths,                           |  |
| following: In narrative form, state how the activities from  | ability to communicate, group and family counseling and the opportunity to                            |  |
| II.6.a to II.6.d were implemented and addressed.             | share openly, express them-selves and work on problems.   |  |
| II.7 Work with DMHSA and its partners to                     | Program staff continues to work with Department of Youth Affair, Guam                                 |  |
| establish a system of care for substance abuse               | Public School System (GPSS), Juvenile Drug Court (JDC), Community                                     |  |
| treatment for Asian/Pacific Islanders: Give a brief          | Substance Abuse Planning & Development (CSAPD) Committee, National                                    |  |
| summary of activities that occurred with DMHSA and its       | Association of Social Workers (NASW) and Association of Individual,                                   |  |
| partners during the reporting period.                        | Marriage, and Family Therapist (AIMFT) monthly.   |  |
| <b>II.8</b> Ensure all clients receive appropriate screening | The Drug and Alcohol screening/assessments are processed with the Clinical                            |  |
| and assessment for placement into ASAM Levels 0.5, I,        | Supervisor and staffing is conducted throughout the week during weekly case                           |  |
| II, III.5, and 0.7: Briefly state how sections II.7.a to     | staffing or on a case by case need using the American Society of Addiction                            |  |
| II.7.e are being addressed.                                  | Medicine Patient Placement Criteria (ASAM-PPC).   |  |
| <b>II.9</b> Provide its staff with opportunities for staff   | • Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the              |  |
| development by performing the following tasks:               | inpatient / outpatient programs.  |  |
| Briefly state the status of staff members seeking            | • One counselor is a licensed IMFT Therapist.   |  |
| certification with IC & RC and what trainings they           | <ul> <li>I staff continues to work on her CEU's that apply towards the ICRC Certification.</li> </ul> |  |
| attended during the reporting period.                        |   |  |
|  | 1 staff is currently working on becoming a Recovery Coach by attending training and                   |  |

| Rehabilitation Services for Adolescents   |  |  |
|---|--|--|
| Bi-Weekly Reporting Period:   | February 15, 2013 – February 28, 2013  |  |
|   |  |  |
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report  |  |
| Sanctuary Representative:<br>Submitted By: Katrina Taijeron<br>Position Title: Case Manager<br>Reviewed By: Valerie Reyes<br>Position Title: Program Director II<br>Date: March 5, 2013 | meeting with Clinical Supervisor for supervision to prepare for ICRC Certification.<br>• Case Manager is working toward IC&RC Certification.<br><b>DMHSA Representative:</b><br>Received By:<br>Position Title:<br>Date of Submission: |  |

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A Non-profit Organization Established in 1971

406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • www.sanctuaryguam.org

February 20, 2013

To: Ray Vega Interim Director Department of Mental Health and Substance Abuse

Attn: Don P. Sabang Drug and Alcohol Supervisor Department of Mental Health And Substance Abuse

From: Mildred Q. Lujan Executive Director Sanctuary, Incorporated

Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Bi-Weekly Program Status Report for the weeks of February 1, 2013 to February 15, 2013.

If you should have any questions, please feel free to contact myself or Valerie Reyes at 475-7101.

Mildred Q. Lujan



| FROM: | SANCTUARY, INCORPORATED<br>Drug & Alcohol Residential Treatment<br>Program - Sagan Na' Homlo | Address:<br>790 Gov. Carlos G. Camac<br>Tamuning, Guam 96913   | ho Rd.              | DATE:<br>2/15/2013 |
|-------|--|--|---------------------|--------------------|
| TO:   | Rey Vega, Acting Director<br>Dept. of Mental Health & Substance Abuse<br>(DHMSA)             | Vendor Acct. No.<br>Document No.<br>Contract No.<br>Job Order No.<br>Purchase Order No.<br>Invoice No. | S1456001<br>DMHSA-2 |                    |
|       | COSTS INCURRED BY CATEGORY   |  | AMOUNT              | 013-009            |
|       | 1. Personnel   |  | \$ 13,35            | 5.00               |
|       | 2. Fringe Benefits   |  | \$ 1,510            | 5.00               |
|       | 3. Contractual   |  | \$ 487              | 7.00               |
|       | 4. Other   |  | \$ 794              | 4.00               |
|       | 5. Utilities   |  | \$ 1,599            | 9.00               |
|       |  |  |                     |                    |
|       |  |  |                     |                    |

\$ 17,751.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo and that this is a true and certified original.

Mildred O. Lujan 02/20/20/3 MILDRED Q. LUJAN Date

Sanctuary, Incorporated **Executive Director** 

Recommended for payment; I certify Invoice No. DMHSA-2013-009 to be true and correct; and that services for February 1-15, 2013 have been rendered; and payment for this period is due.

Don Sabang **D&A Supervisor** 

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| Rehabilitation Services for Adolescents   |  |  |
|---|--|--|
| Bi-Weekly Reporting Period:   | February 1, 2013 – February 15, 2013   |  |
| Task/Activity   | Sanctuary, Inc. BI-Weekly Progress Report  |  |
| 11.1 Increase treatment capacity in <i>ASAM Level 0.5</i><br><i>Education</i> , known as the "Na' Homlo" program, and     | During this bi-weekly reporting period   |  |
| serve up to thirty (30) adolescents per treatment cycle<br>and perform the following tasks: State the number of           | * 2 session were conducted   |  |
| clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number | • 32 participants in attendance  |  |
| of clients transferred to another level of care and those who were on a "wait-list"                                       | • Group held on Thursday from 4:30 – 5:30 pm at the Sanctuary, Inc. Main Office.   |  |
|   | <ul> <li>Number of Successful Completions: 3</li> </ul>  |  |
|   | <ul> <li>Number of Clients Transferred to another level of Care: 1</li> </ul>  |  |
|   | • Number of Clients on the Wait List: 6  |  |
| In narrative form, state how activities from 11.1.a to 11.1.d<br>were implemented and addressed?                          | The Group lesson/activity was: Project ALERT: Alcohol Fact Game and Test Your Drug IQ.   |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?            | Clients were able to identify pro-social activity that did not have anything to do with drugs or alcohol, clients were reminded of the consequences of drug use, motivate to resist by informing of new information about problems with drugs.   |  |
| State any commendations to show the strengths of the Program:   | The strength of the class based on staff observation. Clients were able to participate in a pro-social activity that did not have anything to do with drugs or alcohol, have an open group discussion with their peers, were able to share without being judge and getting feedback.   |  |
| State any recommendations for the improvement of service delivery:  | Continue networking with our community partners. Staff to continue our networking efforts with community partners as well as be open to input and feedback Staff continues to research the latest information through articles, journals, and on-line updates. Staff monitors needs based on group work and activities throughout the group session.   |  |
| 11.2 Increase treatment capacity in ASAM Level 1  | During this bi-weekly reporting period:  |  |
| Outpatient, known as the "Pathways" program and   |  |  |
| serve up to twenty (20) adolescents per treatment cycle<br>and shall perform the following tasks: State the               | <ul> <li>4 sessions were conducted</li> <li>15 restrictions to be set of the set</li></ul> |  |
| number of clients served, as well as those who  | <ul> <li>I5 participants in attendance</li> <li>Groups are held on Saturday from 12:00 – 2:00 pm at the Sanctuary, Inc. Main Office.</li> </ul>  |  |
| successfully completed, within the reporting period. If   | <ul> <li>Number of Successful Completions: 0</li> </ul>  |  |

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| Rehabilitation Services for Adolescents   |  |  |
|---|--|--|
| Bi-Weekly Reporting Period:   | February 1, 2013 – February 15, 2013   |  |
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report  |  |
| applicable, state the number of clients transferred to another level of care and those on a "wait-list."                | • Number of Clients Transferred to another level of Care: 0  |  |
|   | Number of Clients on the Wait List: 0  |  |
|   | The Group lesson/activity was: Matrix Model: Early Recovery Skills - Calendar: You are Here  |  |
| In narrative form, state how activities from 11.2.a to 11.2.e were implemented and addressed?                           | because why? Alcohol Arguments: Relapse Prevention 12 Step Introduction: Making New Friends.   |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?          | Clients were able to encourage healthy expression and help increase ability to communicate thoughts<br>and feelings effectively. The group process increases awareness into other support groups in<br>community, learn and identify and how to challenge alcohol arguments, and evaluate the people they<br>choose to surround themselves with. |  |
| State any commendations to show the strengths of the Program:   | The strength of the class based on staff observation, was that clients were given an opportunity to reflect on themselves, encourage one another to discuss ideas to improve communication; and increase awareness.  |  |
| State any recommendations for the improvement of service delivery:  | Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.   |  |
| <b>II.3</b> Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten          | During this bi-weekly reporting period:  |  |
| (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served.         | • 10 sessions were conducted   |  |
| as well as those who successfully completed, within the<br>reporting period. If applicable, state the number of clients | 81 participants in attendance  |  |
| transferred to another level of care and those on a "wait-<br>list."  | • Group time identified for Fridays from 3:30 - 4:30pm & 4:30-5:30pm and Saturdays from 12:00pm - 2:00pm at the Sanctuary, Inc. Main Office.   |  |
|   | non relooping 2.00pin at the bandually, the main contex.   |  |
|   | Number of Successful Completions: 0  |  |
|   | Number of Clients Transferred to another level of Care: 0  |  |
|   | Number of Clients on the Wait List: 0  |  |
| In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?                   | The Group lesson/activity was: weekly check-in: review of group rules;<br>Scheduling: Calendar: "You're Here Because Why:" Twelve Step   |  |

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| Rehabilitation Services for Adolescents  |  |  |
|--|--|--|
| February 1, 2013 – February 15, 2013   |  |  |
| Sanctuary, Inc. Bi-Weekly Progress Report  |  |  |
| Introduction: Alcohol Arguments: What Is Important: Treatment Planning:<br>Flight: Stages of Recovery: and Making New Friends. Clients were provided<br>with psycho-education for each topic. They were also given the opportunity |  |  |
| to share real-life experiences related to each topic and offer feedback to peers for support and process.  |  |  |
| Participants continue to explore pros and cons for use or staying clean<br>and sober to help them to make informed and well thought out  |  |  |
| decisions about their use. Small group discussions facilitate<br>understanding of the importance of each topic in recovery. In   |  |  |
| addition, group participation teaches empathy and helps to develop<br>effective communication skills.  |  |  |
| The strength of the small group setting is that it allows for a larger<br>amount of attention, help, and feedback offered to each individual<br>client, thereby encouraging engagement and active participation in                 |  |  |
| their treatment.   |  |  |
| Staff to continue networking efforts with community partners as well<br>as be open to input and feedback. Staff continues to research the latest<br>information through articles, journals, and on-line updates.                   |  |  |
| During this bi-weekly reporting period:  |  |  |
| <ul> <li>2 sessions was conducted</li> <li>17 Family Members in attendance</li> </ul>  |  |  |
| <ul> <li>Group time identified for Saturdays from 12:00pm -1:00pm at the Sanctuary, Inc. Main<br/>Office followed by 12-Step Support group for Parents</li> </ul>  |  |  |
| The Group lesson/activity was:<br>Matrix Video: Families in Recovery / Meth: Brain and Behavior  |  |  |
| Marty video. Failures in recovery / Metu, Drain and Denavior   |  |  |
| 1 <sup>st</sup> Session of the period: Topic: families in recovery (video)<br>Parents/caregivers reviewed the benefits of family involvement in the<br>recovery of a loved one. Discussed were options in the development of       |  |  |
|  |  |  |

| Rehabilitation Services for Adolescents  |   |  |
|--|---|--|
| Bi-Weekly Reporting Period:  | February 1, 2013 – February 15, 2013  |  |
| Task/Activity  | Sanctuary, Inc. Bi-Weekly Progress Report   |  |
|  | Contracts that support young adults/adolescents in recovery.<br>2 <sup>nd</sup> Session of the period: Topic: Methamphetamine: Brain & Behavior<br>(video)<br>Parents/Caregivers related newly learned information on the human brain /<br>behavior. Parents shared feelings of how they saw/witnessed their child's<br>behavior change when using drugs. Learned in today's session, was What is<br>a trigger, and the difference between internal and external triggers<br>Additionally, parents were able to process what a relapse. |  |
| State any commendations to show the strengths of the Program:  | Family members were able to do well in this setting by relating to the topics<br>being addressed and were able to provide their own family's personal<br>experience. Small group settings also encourage the participants to provide<br>feedback and support  |  |
| State any recommendations for the improvement of service delivery.   | Staff to continue networking efforts with community pattners as well as be<br>open to input and feedback. Staff continues to research the latest information<br>through articles, journals, and on-line updates.  |  |
| 11.5 Maintain treatment capacity in ASAM Level   | During this bi-weekly reporting period:   |  |
| 111.5 to serve 6 to 8 adolescents (male or female) at any  | <ul> <li>4 Clients were served.</li> </ul>  |  |
| given time. State the number of clients served, as well as   | <ul> <li>Transfer to another level of Care: 2 services were terminated and</li> </ul>   |  |
| those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait- | <ul> <li>were transferred to DYA.</li> <li>Wait Listing: 3</li> </ul>   |  |
| list."   | Phase Breakdown:  |  |
|  | Orientation   |  |
|  | Awareness: 2  |  |
|  | Enhancement 1     Enlightnement 1   |  |
|  | Enlightenment: 1     Empowerment:   |  |
| <b>II.5a</b> Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of   | During this Bi-weekly reporting period:   |  |
| clients served, as well as those who successfully  | <ul> <li>2 Clients in Aftercare (Social Support) Level 0.7</li> </ul>   |  |
| completed, within the reporting period. If applicable, state the number of clients   | • Transfer to another level of Care: 0  |  |

| Rehabilitation Services for Adolescents  |   |  |  |
|--|---|--|--|
| Bi-Weekly Reporting Period:  | February 1, 2013 – February 15, 2013  |  |  |
| Task/Activity  | Sanctuary, Inc. Bi-Weekly Progress Report   |  |  |
| na na mana a sa   | ne a contra de la co<br>Interne de la contra d  |  |  |
| In narrative form, briefly state how activities from II.5.b<br>to II.5.f were implemented and addressed?   | Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to classroom work, group sessions (i.e. substance abuse, anger management, decision making, relapse prevention, life skills, team building, big book and 12-step education), individual counseling sessions, individual case management sessions, meditation and evening recreation. Sanctuary continues to host 12-step Meetings: Adolescent AA and NA at our Main Facility and is available to all clients based on desire and appropriateness.  |  |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?   | The continuity of treatment in this level of care provides the clients<br>consistent contact with residential staff and the opportunity for support when<br>the need arises.  |  |  |
| State any commendations to show the strengths of the Program:  | Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In<br>addition. Sagan Na' Homlo offers the individual and family the opportunity<br>to restructure, refrain and to recover with the challenges of drug and aleohol<br>addiction and eventually re-integrate back into the community as a<br>productive member of society. Sanctuary, Incorporated has implemented<br>Evidence Based Matrix Model incorporating individual sessions, family<br>sessions, early recovery group, relapse prevention group, and 12 step<br>participation.   |  |  |
| State any recommendations for the improvement of service delivery:   | All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.   |  |  |
| <ul> <li>II.6 Implement evidence-based models and practices in all levels of care and shall demonstrate the following: In narrative form, state how the activities from II.6 a to II.6 d were implemented and addressed.</li> <li>II.7 Work with DMHSA and its partners to establish a system of care for substance abuse treatment for Asian/Pacific Islanders: Give a brief summary of activities that occurred with DMHSA and its partners during the reporting period.</li> <li>II.8 Ensure all clients receive appropriate screening</li> </ul> | Multi-level Interventions are still considered the best practice. It provides<br>and allows insight, growth, emotional well-being, recognition of strengths,<br>ability to communicate, group and family counseling and the opportunity to<br>share openly, express them-selves and work on problems.<br>Program staff continues to work with Department of Youth Affair, Guam<br>Public School System (GPSS), Juvenile Drug Court (JDC), Community<br>Substance Abuse Planning & Development (CSAPD) Committee, National<br>Association of Social Workers (NASW) and Association of Individual,<br>Marriage, and Family Therapist (AIMFT) monthly.<br>The Drug and Alcohol screening/assessments are processed with the Clinical |  |  |
| and assessment for placement into ASAM Levels 0.5, I,<br>II, III.5, and 0.7: Briefly state how sections II.7.a to  | Supervisor and staffing is conducted throughout the week during weekly case<br>staffing or on a case by case need using the American Society of Addiction   |  |  |

| Bi-Weekly Reporting Period:   | Rehabilitation Services for Adolescents<br>February 1, 2013 – February 15, 2013   |
|---|---|
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report   |
| II.7.c are being addressed.   | Medicine Patient Placement Criteria (ASAM-PPC)  |
| 11.9 Provide its staff with opportunities for staff<br>development by performing the following tasks:<br>Briefly state the status of staff members seeking<br>certification with IC & RC and what trainings they<br>attended during the reporting period. | <ul> <li>Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.</li> <li>One counselor is a licensed IMFT Therapist.</li> <li>I staff continues to work on her CEU's that apply towards the ICRC Certification.</li> <li>I staff is currently working on becoming a Recovery Coach by attending training and meeting with Clinical Supervisor for supervision to prepare for ICRC Certification.</li> <li>Case Manager is working toward IC&amp;RC Certification.</li> </ul> |
| Sanctuary Representative:   | DMHSA Representative:   |
| Submitted By: Valeric Reyes<br>Position Title: Program Director II<br>Reviewed By: Valeric Reyes<br>Position Title: Program Director II<br>Date: February 20, 2013  | Received By: Mahmand F.F. Elseyek<br>Position Title: psychiatric teck<br>Date of Submission: 2/21/2013  |





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February 5, 2013

To: Ray Vega Interim Director Department of Mental Health and Substance Abuse

Attn: Don P. Sabang Drug and Alcohol Supervisor Department of Mental Health And Substance Abuse

From: Mildred Q. Lujan Executive Director Sanctuary, Incorporated



Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Bi-Weekly Program Status Report for the weeks of January 15, 2013 to January 31, 2013.

If you should have any questions, please feel free to contact myself or Valerie Reyes at 475-7101.

Mildred Q. Lujan

| FROM:  | SANCTUARY, INCORPORATED<br>Drug & Alcohol Residential Treatment<br>Program - Sagan Na' Homlo | Address:<br>790 Gov. Carlos G. Camacho<br>Tamuning, Guam 96913                                     | Rd.    |                       | DATE:<br>1/31/2013 |
|--|--|--|--------|-----------------------|--------------------|
| то:  | Rey Vega, Acting Director<br>Dept. of Mental Health & Substance Abuse<br>(DHMSA)             | Vendor Acct. No.S1456001Document No.Contract No.Job Order No.Purchase Order No.Invoice No.DMHSA-20 |        | 456001<br>1HSA-2013-1 | 008                |
|  | COSTS INCURRED BY CATEGORY   | k  | AMOUNT |                       |                    |
|  | 1. Personnel   |  | \$     | 13,355.00             |                    |
| <ol> <li>2. Fringe Benefits</li> <li>3. Contractual</li> <li>4. Other</li> </ol> |  |  | \$     | 1,516.00              |                    |
|  |  |  | \$     | 487.00                |                    |
|  |  | \$   | 794.00 |                       |                    |
|  | 5. Utilities   |  | \$     | 1,599.00              |                    |
|  |  |  |        |                       |                    |

\$ 17,751.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo and that this is a true and certified original.

ij (m) 02/05/2013 Date MILDRED Q. LUJAN

Sanctuary, Incorporated **Executive Director** 

Recommended for payment; I certify Invoice No. DMHSA-2013-008 to be true and correct; and that services for January 16-31, 2013 have been rendered; and payment for this period is due.

Don Sabang D&A Supervisor

| Rehabilitation Services for Adolescents   |  |  |  |  |
|---|--|--|--|--|
| Bi-Weekly Reporting Period:   | January 16, 2013 – January 31, 2013  |  |  |  |
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report  |  |  |  |
| <b>II.1</b> Increase treatment capacity in ASAM Level 0.5<br>Education, known as the "Na' Homlo" program, and<br>serve up to thirty (30) adolescents per treatment cycle<br>and perform the following tasks: State the number of<br>clients served, as well as those who successfully completed,<br>within the reporting period. If applicable, state the number<br>of clients transferred to another level of care and those who<br>were on a "wait-list." | <ul> <li>During this bi-weekly reporting period:</li> <li>2 session were conducted</li> <li>28 participants in attendance</li> <li>Group held on Thursday from 4:30 – 5:30 pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 6</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 19</li> </ul>       |  |  |  |
| In narrative form, state how activities from II.1.a to II.1.d were implemented and addressed?   | The Group lesson/activity was: Social pressure to use alcohol and Video: "Legal Consequences of Alcohol and Other Drugs".  |  |  |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?  | Clients were able to have an open group discussion with their peers and were able to share without being judge and getting feedback on legal consequences on alcohol and other drug use.   |  |  |  |
| State any commendations to show the strengths of the Program:   | The strength of the class based on staff observation, was how the clients were able to identify the true meaning behind advertisements on Alcohol and how on decision could have negative consequences that could have lifelong results.   |  |  |  |
| State any recommendations for the improvement of service delivery:  | Continue networking with our community partners. Staff to continue our networking efforts with community partners as well as be open to input and feedback Staff continues to research the latest information through articles, journals, and on-line updates. Staff monitors needs based on group work and activities throughout the group session.   |  |  |  |
| <b>II.2</b> Increase treatment capacity in ASAM Level I<br>Outpatient, known as the "Pathways" program and<br>serve up to twenty (20) adolescents per treatment cycle<br>and shall perform the following tasks: State the<br>number of clients served, as well as those who<br>successfully completed, within the reporting period. If<br>applicable, state the number of clients transferred to<br>another level of care and those on a "wait-list."       | <ul> <li>During this bi-weekly reporting period:</li> <li>4 sessions were conducted</li> <li>10 participants in attendance</li> <li>Groups are held on Saturday from 12:00 – 2:00 pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> </ul> |  |  |  |
|   | The Group lesson/activity was: Matrix Model: Early Recovery Skills – External Triggers, Internal   |  |  |  |

| Rehabilitation Services for Adolescents  |  |  |
|--|--|--|
| Bi-Weekly Reporting Period:  | January 16, 2013 – January 31, 2013  |  |
| Task/Activity  | Sanctuary, Inc. Bi-Weekly Progress Report  |  |
| In narrative form, state how activities from II.2.a to II.2.c<br>were implemented and addressed?<br>In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?   | Triggers; Addiction in the Family; Relapse Prevention – Today I feel.<br>Clients were able to encourage healthy expression and help increase ability to communicate thoughts<br>and feelings effectively. The group process increases awareness needed to identify internal triggers<br>and begin to think about how to deal with triggers; increases awareness and level of understanding of  |  |
| State any commendations to show the strengths of the Program:  | addiction in the family teaches parents and family members "tough love".The strength of the class based on staff observation, was that clients were given an opportunity to<br>reflect on themselves, encourage one another to discuss ideas to improve communication; and focus<br>on here and now.   |  |
| State any recommendations for the improvement of service delivery:   | Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.   |  |
| <b>II.3</b> Establish an ASAM Level II Intensive Outpatient<br>treatment program with a treatment capacity of ten<br>(10) adolescents per treatment cycle and shall perform<br>the following tasks: State the number of clients served,<br>as well as those who successfully completed, within the<br>reporting period. If applicable, state the number of clients<br>transferred to another level of care and those on a "wait-<br>list." | <ul> <li>During this bi-weekly reporting period:</li> <li>8 sessions were conducted</li> <li>55 participants in attendance</li> <li>Group time identified for Fridays from 3:30 – 4:30pm &amp; 4:30-5:30pm and Saturdays from 10:00am—12:00pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> </ul>  |  |
| In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?  | The Group lesson/activity was: weekly check-in; review of group rules;<br>Scheduling; Calendar; Thought-Stopping Techniques; External Triggers;<br>Internal Triggers; Trigger Chart; Repairing Relationships; Addiction in the<br>Family; One Day at a Time; and Today I Feel. Clients were provided with<br>psycho-education for each topic. They were also given the opportunity to<br>share real-life experiences related to each topic and offer feedback to peers<br>for support and process. |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?   | Participants are able to define and start identifying triggers for their use of<br>alcohol and/or drugs and how to avoid and/or deal with them. Education<br>provided increases awareness and understanding of addiction.<br>Activities/exercises encourage self-reflection. Small group discussions   |  |

| Rehabilitation Services for Adolescents  |   |  |
|--|---|--|
| Bi-Weekly Reporting Period:  | January 16, 2013 – January 31, 2013   |  |
| Task/Activity  | Sanctuary, Inc. Bi-Weekly Progress Report   |  |
|  | facilitate understanding of the importance of each topic in recovery. In addition, group participation teaches empathy and helps to develop effective communication skills.   |  |
| State any commendations to show the strengths of the Program:  | The strength of the small group setting is that it allows for a larger amount of attention, help, and feedback offered to each individual client, thereby encouraging engagement and active participation in their treatment.   |  |
| State any recommendations for the improvement of service delivery:   | Staff to continue networking efforts with community partners as well as be<br>open to input and feedback. Staff continues to research the latest information<br>through articles, journals, and on-line updates.  |  |
| MATRIX Model Parent Education / Support Group  | During this bi-weekly reporting period:   |  |
|  | <ul> <li>2 sessions was conducted</li> <li>16 Family Members in attendance</li> <li>Group time identified for Saturdays from 12:00pm—2:00pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> </ul>   |  |
| In narrative form, briefly state how activities from Matrix<br>Parent Education/Support Group were implemented and<br>addressed? | The Group lesson/activity was: weekly check-in and review of group rules.<br>The first session focused on Addiction in the Family where family members<br>were provided with an illustration of how addiction in the family can become<br>a domino effect. The second session families were able to watch a video<br>called <i>Matrix: Families in Recovery part 1</i> .  |  |
| In narrative form, briefly state how Family benefited from<br>the core functions or services from this level?                    | The MATRIX topic, "Addiction in the Family" asked and encouraged family<br>members to identify signs and symptoms of powerlessness and<br>unmanageability within the family process as a result of addiction. Parents<br>and other family members were taught the importance and how to use "tough<br>love" as a way to help their family member who may be suffering from<br>addiction as opposed to enabling them.<br>The MATRIX topic, " <i>Matrix: Families in Recovery Part 1</i> " allowed parents<br>to review the development of craving response: introduction phase,<br>maintenance phase, disenchantment phase and disaster phase. Parents |  |

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| Rehabilitation Services for Adolescents |   |
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| Bi-Weekly Reporting Period:             | January 16, 2013 – January 31, 2013       |
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| Task/Activity                           | Sanctuary, Inc. Bi-Weekly Progress Report |

| State any commendations to show the strengths of the<br>Program:<br>State any recommendations for the improvement of<br>service delivery:   | <ul> <li>discussed and identified examples through each phase based on their</li> <li>experience with their adolescent. Group members discussed how they see</li> <li>addiction as a brain disease and how addiction comes in phases.</li> <li>Family members were able to do well in this setting by relating to the topics</li> <li>being addressed and were able to provide their own family's personal</li> <li>experience. Small group settings also encourage the participants to provide</li> <li>feedback and support.</li> <li>Staff to continue networking efforts with community partners as well as be</li> <li>open to input and feedback. Staff continues to research the latest information</li> </ul> |
|---|---|
| <b>II.5</b> Maintain treatment capacity in ASAM Level<br><b>III.5</b> to serve 6 to 8 adolescents (male or female) at any<br>given time. State the number of clients served, as well as<br>those who successfully completed, within the reporting<br>period. If applicable, state the number of clients<br>transferred to another level of care and those on a "wait-<br>list." | <ul> <li>through articles, journals, and on-line updates.</li> <li>During this bi-weekly reporting period: <ul> <li>4 Clients were Served.</li> <li>Transfer to another level of Care: 0</li> <li>Wait Listing: 5 – 1 transferred to residential; 1 not interested; 1 no longer qualified.</li> </ul> </li> <li>Phase Breakdown: <ul> <li>Orientation: 0</li> </ul> </li> </ul>   |
| <b>II.5a</b> Treatment capacity in ASAM Level 0.7 for all   | <ul> <li>Awareness: 3</li> <li>Enhancement: 1</li> <li>Enlightenment: 0</li> <li>Empowerment:</li> <li>During this Bi-weekly reporting period:</li> </ul>   |
| individuals who completed level III.5. State the number of<br>clients served, as well as those who successfully<br>completed, within the reporting period. If applicable,<br>state the number of clients  | <ul> <li>2 Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>   |
| In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?   | Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to classroom work, group sessions (i.e. substance abuse, anger management, decision making, relapse prevention, life skills, team building, big book and 12-step education), individual counseling sessions, individual case management sessions, meditation and evening recreation. Sanctuary   |

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| Rehabilitation Services for Adolescents                         |   |
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| Bi-Weekly Reporting Period: January 16, 2013 – January 31, 2013 |   |
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|   |   |
| Task/Activity   | Sanctuary, Inc. Bi-Weekly Progress Report |

|   | continues to host 12-Step Meetings: Adolescent AA and NA at our Main                                    |  |
|---|---|--|
|   | Facility and is available to all clients based on desire and appropriateness.                           |  |
| In narrative form, briefly state how clients benefited from | The continuity of treatment in this level of care provides the clients                                  |  |
| the core functions or services from this level?             | consistent contact with residential staff and the opportunity for support when                          |  |
|   | the need arises.  |  |
| State any commendations to show the strengths of the        | Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In                                |  |
| Program:  | addition, Sagan Na' Homlo offers the individual and family the opportunity                              |  |
|   | to restructure, refrain and to recover with the challenges of drug and alcohol                          |  |
|   | addiction and eventually re-integrate back into the community as a                                      |  |
|   | productive member of society. Sanctuary, Incorporated has implemented                                   |  |
|   | Evidence Based Matrix Model incorporating individual sessions, family                                   |  |
|   | sessions, early recovery group, relapse prevention group, and 12 step                                   |  |
|   | participation.  |  |
| State any recommendations for the improvement of            | All efforts are channeled in enhancing our working relationship with our                                |  |
| service delivery:   | community partners and significant agencies.  |  |
| II.6 Implement evidence-based models and practices          |   |  |
| in all levels of care and shall demonstrate the             | and allows insight, growth, emotional well-being, recognition of strengths,                             |  |
| following: In narrative form, state how the activities from |   |  |
| II.6.a to II.6.d were implemented and addressed.            | share openly, express them-selves and work on problems.   |  |
| II.7 Work with DMHSA and its partners to                    | Program staff continues to work with Department of Youth Affair, Guam                                   |  |
| establish a system of care for substance abuse              | Public School System (GPSS), Juvenile Drug Court (JDC), Community                                       |  |
| treatment for Asian/Pacific Islanders: Give a brief         | Substance Abuse Planning & Development (CSAPD) Committee, National                                      |  |
| summary of activities that occurred with DMHSA and its      | Association of Social Workers (NASW) and Association of Individual,                                     |  |
| partners during the reporting period.                       | Marriage, and Family Therapist (AIMFT) monthly.   |  |
| II.8 Ensure all clients receive appropriate screening       | The Drug and Alcohol screening/assessments are processed with the Clinical                              |  |
| and assessment for placement into ASAM Levels 0.5, I,       | Supervisor and staffing is conducted throughout the week during weekly case                             |  |
| II, III.5, and 0.7: Briefly state how sections II.7.a to    | staffing or on a case by case need using the American Society of Addiction                              |  |
| II.7.e are being addressed.                                 | Medicine Patient Placement Criteria (ASAM-PPC).   |  |
| II.9 Provide its staff with opportunities for staff         | • Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the                |  |
| development by performing the following tasks:              | inpatient / outpatient programs.  |  |
| Briefly state the status of staff members seeking           | • One counselor is a licensed IMFT Therapist.   |  |
| certification with IC & RC and what trainings they          | • 1 staff continues to work on her CEU's that apply towards the ICRC Certification.                     |  |
| attended during the reporting period.                       | <ul> <li>1 staff is currently working on becoming a Recovery Coach by attending training and</li> </ul> |  |
|   | - I suit is currently working on becoming a receivery coach by attending training and                   |  |

| Rehabilitation Services for Adolescents                                |   |
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| Bi-Weekly Reporting Period:  | January 16, 2013 – January 31, 2013   |
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| Task/Activity  | Sanctuary, Inc. Bi-Weekly Progress Report   |
|  |   |
|  | meeting with Clinical Supervisor for supervision to prepare for ICRC Certification. |
|  | <ul> <li>Case Manager is working toward IC&amp;RC Certification.</li> </ul>         |
|  |   |
| Sanctuary Representative:  | DMHSA Representative:   |
| Submitted By: Katrina Taijeron   | Received By:  |
| Position Title: Case Manager   | Jennifer J.T. Faasuamalie<br>Position Title: WPS II Drug & Alasta is                |
| Reviewed By: Valerie Reyes Stor<br>Position Title: Program Director II | Position Title: WPS II Drug & Alcohol Branch. DMHSA                                 |
|  | A LA LA DAMHSA  |
| Date: February 5, 2013   | Date of Submission:   |
|  |   |

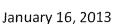
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# Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971 406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • www.sanctuaryguam.org



To: Ray Vega Interim Director Department of Mental Health and Substance Abuse

Attn: Don P. Sabang Drug and Alcohol Supervisor Department of Mental Health And Substance Abuse

From: Mildred Q. Lujan Executive Director Sanctuary, Incorporated

Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Bi-Weekly Program Status Report for the weeks of January 1, 2013 to January 15, 2013.

If you should have any questions, please feel free to contact myself or Valerie Reyes at 475-7101.

Sincerely,

Mildred Q. Lujan



COI<sup>N</sup>

| FROM: | SANCTUARY, INCORPORATED<br>Drug & Alcohol Residential Treatment<br>Program - Sagan Na' Homlo | <b>Address:</b><br>790 Gov. Carlos G. Cam<br>Tamuning, Guam 96913                                      |                                       | DATE:<br>1/15/2013 |
|-------|--|--|---------------------------------------|--------------------|
| то:   | Rey Vega, Acting Director<br>Dept. of Mental Health & Substance Abuse<br>(DHMSA)             | Vendor Acct. No.<br>Document No.<br>Contract No.<br>Job Order No.<br>Purchase Order No.<br>Invoice No. | S1456001<br>DMHSA-201                 | 3.007              |
|       | COSTS INCURRED BY CATEGORY   |  | AMOUNT                                |                    |
|       | <ol> <li>Personnel</li> <li>Fringe Benefits</li> <li>Contractual</li> </ol>                  |  | \$ 13,355.0<br>\$ 1,516.0<br>\$ 487.0 | 0                  |
|       | 4. Other   |  | \$ 794.0                              | 0                  |
|       | 5. Utilities   |  | \$ 1,599.0                            | 0                  |
|       |  |  |                                       |                    |

TOTAL PAYMENT REQUEST:

\$ 17,751.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo and that this is a true and certified original.

01/14/2013 MHLDRED Q. LUJAN Dáte

Sanctuary, Incorporated

Executive Director

Recommended for payment; I certify Invoice No. DMHSA-2013-007 to be true and correct; and that services for January 1-15, 2013 have been rendered; and payment for this period is due.

Don Sabang **D&A Supervisor** 

| Rehabilitation Services for Adolescents |   |
|---|---|
| Bi-Weekly Reporting Period:             | January 1, 2013 – January 15, 2013        |
|   |   |
|   |   |
| Task/Activity                           | Sanctuary, Inc. Bi-Weekly Progress Report |

| <b>II.1</b> Increase treatment capacity in ASAM Level 0.5<br>Education, known as the "Na' Homlo" program, and<br>serve up to thirty (30) adolescents per treatment cycle<br>and perform the following tasks: State the number of<br>clients served, as well as those who successfully completed,<br>within the reporting period. If applicable, state the number<br>of clients transferred to another level of care and those who<br>were on a "wait-list." | <ul> <li>During this bi-weekly reporting period:</li> <li>2 session were conducted</li> <li>36 participants in attendance</li> <li>Group held on Thursday from 4:30 – 5:30 pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 3</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 15</li> </ul>  |  |
|---|---|--|
| In narrative form, state how activities from II.1.a to II.1.d were implemented and addressed?   | The Group lesson/activity was: weekly check-in, Review of group rules, Assessing My Use, and Marijuana: The Escape to Nowhere.  |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?  | Self-assessment enables participants to take a closer look at the severity of their use so that they may begin to take steps towards quitting. Education provided on Marijuana use increases awareness about the effects of use and how to get help.  |  |
| State any commendations to show the strengths of the Program:   | The strength of the class based on staff observation, was clients were able to share their experiences with peers in a group setting and got feedback without worrying about being judged about the choices they have made in the past.   |  |
| State any recommendations for the improvement of service delivery:  | Continue networking with our community partners. Staff to continue our networking efforts with community partners as well as be open to input and feedback Staff continues to research the latest information through articles, journals, and on-line updates. Staff monitors needs based on group work and activities throughout the group session.  |  |
| <b>II.2</b> Increase treatment capacity in ASAM Level I<br>Outpatient, known as the "Pathways" program and<br>serve up to twenty (20) adolescents per treatment cycle<br>and shall perform the following tasks: State the<br>number of clients served, as well as those who<br>successfully completed, within the reporting period. If<br>applicable, state the number of clients transferred to<br>another level of care and those on a "wait-list."       | <ul> <li>During this bi-weekly reporting period:</li> <li>5 session was conducted</li> <li>5 participants in attendance</li> <li>Group held on Thursday from 4:30 – 5:30 pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> </ul> The Group lesson/activity was: weekly check-in, review of group rules, Scheduling and Calendar, |  |

| Rehabilitation Services for Adolescents |   |
|---|---|
| Bi-Weekly Reporting Period:             | January 1, 2013 – January 15, 2013        |
|   |   |
|   |   |
| Task/Activity                           | Sanctuary, Inc. Bi-Weekly Progress Report |

| In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?   | Pros and Cons of Use, What to do in dangerous situations, Triggers, and Triggers-Thoughts-<br>Cravings-Use.   |  |
|---|---|--|
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?  | Clients begin to explore the pros and cons for using drugs and/or alcohol. Clients were also able to identify triggers and the process of relapse.  |  |
| State any commendations to show the strengths of the Program:   | The strength of the class based on staff observation, was that clients were able to discuss any questions and share their thoughts in group in a comfortable environment with others who can relate to them.  |  |
| State any recommendations for the improvement of service delivery:  | Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.  |  |
| II.3 Establish an ASAM Level II Intensive Outpatient  | During this bi-weekly reporting period:   |  |
| treatment program with a treatment capacity of ten<br>(10) adolescents per treatment cycle and shall perform<br>the following tasks: State the number of clients served,<br>as well as those who successfully completed, within the<br>reporting period. If applicable, state the number of clients<br>transferred to another level of care and those on a "wait-<br>list." | <ul> <li>7 sessions were conducted</li> <li>40 participants in attendance</li> <li>Group time identified for Fridays from 3:30 – 4:30pm &amp; 4:30-5:30pm and Saturdays from 10:00am—12:00pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> </ul>  |  |
| In narrative form, briefly state how activities from 11.3.a to 11.3.e were implemented and addressed?   | The Group lesson/activity was: weekly check-in; review of group rules;<br>Scheduling; Calendar; Pros and Cons for Use; Your Decision to Use or Not;<br>What to Do in Dangerous Situations; Triggers; Sex and Recovery; and<br>Triggers-Thoughts-Cravings-Use. Clients were provided with psycho-<br>education for each topic. They were also given the opportunity to share real-<br>life experiences related to each topic and offer feedback to peers for support<br>and process. |  |
| In narrative form, briefly state how clients benefited from<br>the core functions or services from this level?  | Participants continue to explore pros and cons for use or staying clean and<br>sober to help them to make informed and well thought out decisions about<br>their use. Small group discussions facilitate understanding of the importance<br>of each topic in recovery. In addition, group participation teaches empathy<br>and helps to develop effective communication skills.   |  |
| State any commendations to show the strengths of the  | The strength of the small group setting is that it allows for a larger amount of  |  |

| Rehabilitation Services for Adolescents |   |  |  |
|---|---|--|--|
| Bi-Weekly Reporting Period:             | January 1, 2013 – January 15, 2013        |  |  |
|   |   |  |  |
|   |   |  |  |
| Task/Activity                           | Sanctuary, Inc. Bi-Weekly Progress Report |  |  |

| Program:  | attention, help, and feedback offered to each individual client, thereby<br>encouraging engagement and active participation in their treatment. |  |  |  |
|---|---|--|--|--|
|   |   |  |  |  |
| State any recommendations for the improvement of            | Staff to continue networking efforts with community partners as well as be  |  |  |  |
| service delivery:   | open to input and feedback. Staff continues to research the latest information  |  |  |  |
|   | through articles, journals, and on-line updates.  |  |  |  |
| <b>MATRIX Model Parent Education / Support Group</b>        | During this bi-weekly reporting period:   |  |  |  |
|   | • 2 sessions was conducted  |  |  |  |
|   | • 7 Family Members in attendance  |  |  |  |
|   | <ul> <li>Group time identified for Saturdays from 12:00pm—2:00pm at the Sanctuary, Inc. Main<br/>Office.</li> </ul>                             |  |  |  |
|   | Number of Successful Completions: 0   |  |  |  |
|   | <ul> <li>Number of Clients Transferred to another level of Care: 0</li> </ul>   |  |  |  |
|   | <ul> <li>Number of Clients on the Wait List: 0</li> </ul>   |  |  |  |
|   | • Number of Cheffts of the walt List. 0   |  |  |  |
| In narrative form, briefly state how activities from Matrix | The Group lesson/activity was: weekly check-in and review of group rules.   |  |  |  |
| Parent Education/Support Group were implemented and         | The first session focused on effective communication skills where parents   |  |  |  |
| addressed?  | shared how they came to be at Sanctuary and their personal journey with   |  |  |  |
|   | their kid's substance use history. The second session focused on problem  |  |  |  |
|   | solving where parents shared what problems they have in their family that   |  |  |  |
|   | they would like to work on.   |  |  |  |
| In narrative form, briefly state how Family benefited from  | The MATRIX topic, "Effective Communication Skills" allowed parents to   |  |  |  |
| the core functions or services from this level?             | practice effective listening skills by using the "I" statements and working in  |  |  |  |
|   | groups of two where they could also provide feedback. Role playing the last   |  |  |  |
|   | encounter with their child, parents practiced how they could have   |  |  |  |
|   | communicated more effectively using the newly learned skill. The MATRIX   |  |  |  |
|   | topic, "Problem Solving" allowed each person to come up with at least three   |  |  |  |
|   | solutions to the problem and determine when they will address the problem.  |  |  |  |
|   | Group members provided support to each other during the process.  |  |  |  |
| State any commendations to show the strengths of the        | Family members were able to do well in this setting by identifying areas in   |  |  |  |
| Program:  | their family that they felt needed improvement. They were also able to role   |  |  |  |
|   | play in a small group setting and were able to provide feedback and support.  |  |  |  |
| State any recommendations for the improvement of            | Staff to continue networking efforts with community partners as well as be  |  |  |  |

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| Rehabilitation Services for Adolescents |   |  |  |
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| Bi-Weekly Reporting Period:             | January 1, 2013 – January 15, 2013        |  |  |
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|   |   |  |  |
| Task/Activity                           | Sanctuary, Inc. Bi-Weekly Progress Report |  |  |

| service delivery:   | open to input and feedback. Staff continues to personal the latest information  |  |  |
|---|---|--|--|
| Sorrio donvoly.   | open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates. |  |  |
| II.5 Maintain treatment capacity in ASAM Level              |   |  |  |
| III.5 to serve 6 to 8 adolescents (male or female) at any   | During this bi-weekly reporting period:   |  |  |
| given time. State the number of clients served, as well as  | • 4 Clients were Served.  |  |  |
| those who successfully completed, within the reporting      | • Transfer to another level of Care: 1  |  |  |
| period. If applicable, state the number of clients          | • Wait Listing: 6   |  |  |
| transferred to another level of care and those on a "wait-  | Phase Breakdown:  |  |  |
| list."  | Orientation: 0  |  |  |
|   | Awareness: 2  |  |  |
|   | • Enhancement: 1  |  |  |
|   | Enlightenment: 0  |  |  |
|   | Empowerment: 1  |  |  |
| <b>II.5a</b> Treatment capacity in ASAM Level 0.7 for all   | During this Bi-weekly reporting period:   |  |  |
| individuals who completed level III.5. State the number of  | During this Di-weekly reporting period.   |  |  |
| clients served, as well as those who successfully           | • 2 Clients in Aftercare (Social Support) Level 0.7   |  |  |
| completed, within the reporting period. If applicable,      | <ul> <li>Transfer to another level of Care: 0</li> </ul>  |  |  |
| state the number of clients                                 |   |  |  |
| In narrative form, briefly state how activities from II.5.b | Sagan Na' Homlo is a 24/7 structured program where clients participate in a   |  |  |
| to II.5.f were implemented and addressed?                   | regulated daily routine schedule from morning physical exercises to   |  |  |
|   | classroom work, group sessions (i.e. substance abuse, anger management,   |  |  |
|   | decision making, relapse prevention, life skills, team building, big book and   |  |  |
|   | 12-step education), individual counseling sessions, individual case   |  |  |
|   | management sessions, meditation and evening recreation. Sanctuary   |  |  |
|   | continues to host 12-Step Meetings: Adolescent AA and NA at our Main  |  |  |
|   | Facility and is available to all clients based on desire and appropriateness.   |  |  |
| In narrative form, briefly state how clients benefited from | The continuity of treatment in this level of care provides the clients  |  |  |
| the core functions or services from this level?             | consistent contact with residential staff and the opportunity for support when  |  |  |
| State any commendations to show the strengths of the        | the need arises.<br>Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In                                    |  |  |
| Program:  | addition, Sagan Na' Homlo offers the individual and family the opportunity  |  |  |
| riogram.  | to restructure, refrain and to recover with the challenges of drug and alcohol  |  |  |
|   | addiction and eventually re-integrate back into the community as a  |  |  |
|   |   |  |  |

| Rehabilitation Services for Adolescents |   |  |  |
|---|---|--|--|
| Bi-Weekly Reporting Period:             | January 1, 2013 – January 15, 2013        |  |  |
|   |   |  |  |
| Task/Activity                           | Sanctuary, Inc. Bi-Weekly Progress Report |  |  |

|  | productive member of society. Sanctuary, Incorporated has implemented<br>Evidence Based Matrix Model incorporating individual sessions, family<br>sessions, early recovery group, relapse prevention group, and 12 step |  |  |
|--|---|--|--|
|  | participation.  |  |  |
| State any recommendations for the improvement of   | All efforts are channeled in enhancing our working relationship with our  |  |  |
| service delivery:  | community partners and significant agencies.  |  |  |
| II.6 Implement evidence-based models and practices   | Multi-level Interventions are still considered the best practice. It provides   |  |  |
| in all levels of care and shall demonstrate the  | and allows insight, growth, emotional well-being, recognition of strengths,   |  |  |
| following: In narrative form, state how the activities from  | ability to communicate, group and family counseling and the opportunity to  |  |  |
| II.6.a to II.6.d were implemented and addressed.   | share openly, express them-selves and work on problems.   |  |  |
| II.7 Work with DMHSA and its partners to   | Program staff continues to work with Department of Youth Affair, Guam   |  |  |
| establish a system of care for substance abuse   | Public School System (GPSS), Juvenile Drug Court (JDC), Community   |  |  |
| treatment for Asian/Pacific Islanders: Give a brief  | Substance Abuse Planning & Development (CSAPD) Committee, National  |  |  |
| summary of activities that occurred with DMHSA and its   | Association of Social Workers (NASW) and Association of Individual,   |  |  |
| partners during the reporting period.  | Marriage, and Family Therapist (AIMFT) monthly.   |  |  |
| II.8 Ensure all clients receive appropriate screening  | The Drug and Alcohol screening/assessments are processed with the Clinical  |  |  |
| and assessment for placement into ASAM Levels 0.5, I,  | Supervisor and staffing is conducted throughout the week during weekly case   |  |  |
| II, III.5, and 0.7: Briefly state how sections II.7.a to   | staffing or on a case by case need using the American Society of Addiction  |  |  |
| II.7.e are being addressed.  | Medicine Patient Placement Criteria (ASAM-PPC).   |  |  |
| II.9 Provide its staff with opportunities for staff development by performing the following tasks: | <ul> <li>Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the<br/>inpatient / outpatient programs.</li> </ul>   |  |  |
| Briefly state the status of staff members seeking  | One counselor is a licensed IMFT Therapist.   |  |  |
| certification with IC & RC and what trainings they   | • 1 staff continues to work on her CEU's that apply towards the ICRC Certification.   |  |  |
| attended during the reporting period.  | <ul> <li>1 staff is currently working on becoming a Recovery Coach by attending training and<br/>meeting with Clinical Supervisor for supervision to prepare for ICRC Certification.</li> </ul>                         |  |  |
|  | <ul> <li>Case Manager is working toward IC&amp;RC Certification.</li> </ul>   |  |  |
|  |   |  |  |

| Rehabilitation Services for Adolescents   |  |  |  |
|---|--|--|--|
| Bi-Weekly Reporting Period:   | January 1, 2013 – January 15, 2013   |  |  |
|   |  |  |  |
| Task/Activity Sanctuary, Inc. Bi-Weekly Progress Report   |  |  |  |
|   |  |  |  |
| Sanctuary Representative:<br>Submitted By: Katrina Taijeron<br>Position Title: Case Manager<br>Reviewed By: Valerie Reve<br>Position Title: Program Director II<br>Date: January 16, 2013 | DMHSA Representative:<br>Received By: <u>Accoshing</u><br>Position Title: <u>WPS</u><br>Date of Submission: <u>1116/13</u> 12:5977 |  |  |

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## Attachment 4

# Sanctuary, Incorporated of Guam Runaway and Homeless Youth Basic Center

Reporting Agency

Department of Youth Affairs

### **Reports**

- 1. Quarterly financial expenditures and obligation
- 2. Program progress report



# Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971 406 MaiMai Road Chalan Pago. Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • Email: sanctuar@ite.net www.sanctuaryguam.org



April 3, 2013

Mr. Adonis Mendiola Director of Youth Affairs P.O. Box 236371 GMF Barrigada, Guam 96921

Dear Mr. Mendiola:

The information listed below is for the Runaway Homeless and Abused Program 2nd quarter of Fiscal Year 2013 from January 1, 2013 – March 31, 2013.

We have listed all expenditures for services and equipment that were \$5,000 or greater.

| Services           | -0- |
|--------------------|-----|
| Equipment          | -0- |
| Inventory Property | -0- |

Please let us know if you have any questions.

Sincerely,

Mildred Q. Luian

Mildred Q. Lujan Executive Director

#### Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2013 - (January 1, 2013 - March 31, 2013) 2nd Quarter Expenditure Report Department of Youth Affairs Runaway Homeless Program

| Fund    | Contract<br>Amount | Object Classification | Ex | penditure        |
|---------|--------------------|-----------------------|----|------------------|
| General | \$<br>332,150      |                       |    |                  |
|         |                    | Salary<br>Benefits    | \$ | 63,324<br>11,359 |
|         |                    | Travel (Mileage)      |    | -                |
|         |                    | Contractual           |    | 3,650            |
|         |                    | Supplies & Materials  |    | 4,283            |
|         |                    | Equipment             |    | -                |
|         |                    | Utilities             |    | 22,206           |
|         |                    | Miscellaneous         |    | 1,190            |
|         |                    | Vehicle Lease         |    | -                |
|         |                    | Grand Total           | \$ | 106,013          |

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2013 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

Mildred Q. 2 lejan

MILDRED Q. LUJAN EXECUTIVE DIRECTOR

DATE: 04/04/2013

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#### ...

04/03/13

Accrual Basis

|   | Oct - Dec 12         | Jan - Mar 13         |  |
|---|----------------------|----------------------|--|
| Ordinary Income/Expense                               |                      |                      |  |
| Income<br>Grants                                      | 103,921.15           | 68,027.92            |  |
| Total Income  | 103,921.15           | 68,027.92            |  |
| Gross Profit  | 103,921.15           | 68,027.92            |  |
| Expense   |                      |                      |  |
| Accreditation   | 0.00                 | 232.00               |  |
| Advertising<br>Recruitment                            | 192.00               | 0.00                 |  |
| Total Advertising                                     | 192.00               | 0.00                 |  |
| Contractual Services                                  |                      |                      |  |
| Training & T.A.<br>Staff                              | 33.00                | 102.00               |  |
| Total Training & T.A.                                 | 33.00                | 102.00               |  |
| -   | 22.00                |                      |  |
| Total Contractual Services                            | 33.00                | 102.00               |  |
| Equipment Lease<br>Xerox                              | 794.14               | 1,797.36             |  |
| Total Equipment Lease                                 | 794.14               | 1,797.36             |  |
| Insurance   | 500 70               | 100 10               |  |
| Liability Insurance<br>Property                       | 568.73<br>345.83     | 403.42<br>254.82     |  |
| Vehicle   | 560.02               | 284.92               |  |
| Total Insurance                                       | 1,474.58             | 943.16               |  |
| Personnel   |                      |                      |  |
| Fringe Benefits<br>FICA                               | 5,069.29             | 3,662.55             |  |
| Health  | 7,322.37             | 5,752.10             |  |
| Worker's Comp   | 521.50               | 426.87               |  |
| Total Fringe Benefits                                 | 12,913.16            | 9,841.52             |  |
| Salaries and Wages<br>Accounting Assistant III        | 4,131.60             | 4,281.84             |  |
| Case Manager I  | 5,060.55             | 0.00                 |  |
| Executive Director                                    | 7,055.48             | 7,289.10             |  |
| Facilities Oper. Mgr.                                 | 3,855.48             | 3,855.48             |  |
| Finance Analyst III                                   | 1,293.23             | 1,760.60             |  |
| Fiscal Officer<br>Human Resource Manager              | 5,538.12<br>4,518.96 | 5,538.12<br>4,518.96 |  |
| Maint. Oper. Worker III                               | 2,653.20             | 2,749.68             |  |
| Program Director                                      | 3,884.16             | 4,126.92             |  |
| Project Coordinator I                                 | 0.00                 | 4,230.24             |  |
| Project Coordinator II                                | 3,050.88             | 1,016.96             |  |
| Quality Assurance Officer                             | 4,612.44             | 4,179.24             |  |
| Residential Assistant I                               | 8,848.00             | 5,680.92             |  |
| Residential Assistant II<br>Residential Assistant III | 1,996.82<br>7,233.20 | 1,029.60<br>7,451.60 |  |
| Residential Supervisor                                | 2,961.92             | 5,126,40             |  |
| Total Salaries and Wages                              | 66,694.04            | 62,835.66            |  |
| Salaries and Wages - Holiday/OT                       |                      | ,                    |  |
| Holiday/Overtime                                      | 1,031.22             | 488.76               |  |
| Total Salaries and Wages - Holiday/OT                 | 1,031.22             | 488.76               |  |
| Total Personnel                                       | 80,638.42            | 73,165.94            |  |
| Police/Court Clearance<br>Repair & Maintenance        | 300.00               | 15.00                |  |
| Shelter   | 353.65               | 765.64               |  |
| Vehicle   | 0.00                 | 985.43               |  |
|   |                      |                      |  |

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# 04/03/13

Accrual Basis

|                            | Oct - Dec 12 | Jan - Mar 13 |
|----------------------------|--------------|--------------|
| Total Repair & Maintenance | 353.65       | 1,751.07     |
| Supplies                   |              |              |
| Food                       | 1,556.82     | 0.00         |
| Office                     | 11.80        | 428.37       |
| Program                    | 907.38       | 1,119.76     |
| Shelter                    | 876.69       | 54.99        |
| Total Supplies             | 3,352.69     | 1,603.12     |
| Transportation             |              |              |
| Gasoline                   | 2,255.74     | 2,609.34     |
| Total Transportation       | 2,255.74     | 2,609.34     |
| Utilities                  |              |              |
| Internet                   | 1,012.24     | 1,430.48     |
| Long Distance              | 34,94        | 31.51        |
| Power                      | 10,414.15    | 15,334.29    |
| Telephone                  | 3,364.72     | 3,408.39     |
| Trash Collection Fees      | 317.62       | 334.62       |
| Water                      | 875.56       | 1,380.97     |
| Website                    | 105.00       | 276.67       |
| Total Utilities            | 16,124.23    | 22,196.93    |
| Total Expense              | 105,518.45   | 104,415.92   |
| Net Ordinary Income        | -1,597.30    | -36,388.00   |
| Net Income                 | -1,597.30    | -36,388.00   |

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04/03/13

Accrual Basis

|  | TOTAL                 |
|--|-----------------------|
| Ordinary Income/Expense  |                       |
| Income<br>Grants   | 171,949.07            |
| Total Income   |                       |
| i otar income  | 171,949.07            |
| Gross Profit   | 171,949.07            |
| Expense<br>Accreditation<br>Advertising                          | 232.00                |
| Recruitment  | 192.00                |
| Total Advertising  | 192.00                |
| Contractual Services<br>Training & T.A.<br>Staff                 | 135.00                |
| Total Training & T.A.  | 135.00                |
| Total Contractual Services                                       | 135.00                |
| Equipment Lease  |                       |
| Xerox  | 2,591.50              |
| Total Equipment Lease  | 2,591.50              |
| Insurance<br>Liability Insurance                                 | 972.15                |
| Property   | 600.65                |
| Vehicle  | 844.94                |
| Total Insurance  | 2,417.74              |
| Personnel<br>Fringe Benefits<br>FICA                             | 8,731.84              |
| Health   | 13,074.47             |
| Worker's Comp  | 948.37                |
| Total Fringe Benefits  | 22,754.68             |
| Salaries and Wages<br>Accounting Assistant III<br>Case Manager I | 8,413.44<br>5,060.55  |
| Executive Director   | 14,344.58             |
| Facilities Oper. Mgr.  | 7,710.96              |
| Finance Analyst III<br>Fiscal Officer                            | 3,053.83<br>11,076.24 |
| Human Resource Manager   | 9,037.92              |
| Maint. Oper. Worker III<br>Program Director                      | 5,402.88<br>8,011.08  |
| Project Coordinator I  | 4,230.24              |
| Project Coordinator II   | 4,067.84              |
| Quality Assurance Officer<br>Residential Assistant I             | 8,791.68<br>14,528.92 |
| Residential Assistant II   | 3,026.42              |
| Residential Assistant III  | 14,684.80             |
| Residential Supervisor   | 8,088.32              |
| Total Salaries and Wages   | 129,529.70            |
| Salaries and Wages - Holiday/OT<br>Holiday/Overtime              | 1,519.98              |
| Total Salaries and Wages - Holiday/OT                            | 1,519.98              |
| Total Personnel  | 153,804.36            |
| Police/Court Clearance<br>Repair & Maintenance                   | 315.00                |
| Shelter  | 1,119.29              |
| Vehicle  | 985.43                |



# SANCTUARY, INCORPORATED



"Helping Youth and Families Help Themselves" since 1971 Address: 406 Mai Mai Rd., Chalan Pago, Guam 96910 \* Tel: 475-7101 \* Fax: 477-3117 \* Crisis Hotline: 475-7100 Website: www.sanctuaryguam.org \* E-mail: inquiries@sanctuaryguam.org

April 15, 2013

A 10:55

To: Adonis Mendiola Director Department of Youth Affairs

From: Mildred Q. Lujan Executive Director Sanctuary, Incorporated of Guam

Re: Program Report

Attached is the quarterly program status report for January 1, 2013 to March 31, 2013.

Should you have any questions, please feel free to contact myself or OJ Taitano at 475-7101 ext. 119.

Sincerely,

Mildred Q. Lujan

#### FY 2013 RUNAWAY HOMELESS YOUTH (RHY) BASIC CENTER

#### **Department of Youth Affairs**

#### QUARTERLY PERFORMANCE REPORT FORM

| ORGANIZATION/AGENCY: Sanctuary Incorporated of Guam |                                |  |  |
|---|--------------------------------|--|--|
| VENDOR NUMBER: \$1456001                            |                                |  |  |
| PERSON COMPLETING REPORT: Crystal J. Flores         |                                |  |  |
| <b>TELEPHONE:</b> 475-7113 <b>FAX:</b> 477-3117     |                                |  |  |
| <b>REPORT PERIOD:</b>                               | DATE OF REPORT: April 15, 2013 |  |  |
| January 1, 2013 to March 31, 2013                   |                                |  |  |

#### **Project Description:**

The Runaway Homeless Youth (RHY) Basic Center is a community based program specifically designed to assist runaway, homeless, victims of abuse and other similarly troubled youth and their families. The program provides a 24-hour shelter and care as a safe home for runaway, homeless and victims of abuse for up to 30 days during which case management services are provided in resolving their issues of conflict in times of crisis at the same time keeping focus on strengthening the family as a collective unit. The case management unit includes crisis intervention, individual program planning, group and family counseling, aftercare, outreach and referrals. The primary purpose of the program is to 1) provide a viable temporary safe alternative to the natural home, detention center or the streets; and 2) to facilitate the problem solving process of case management by lowering the level of tension in the family to a point in which constructive dialog may begin.

#### Project Goals and Objectives; Project Activities; Project Performance Measures; Project Outcomes:

| Outcomes:  |  |
|--|--|
| <b>Goal:</b> The overall goal of the Basic Center is to<br>provide a safe and stable Emergency Shelter for run<br>away and troubled youth and assist them in resolving<br>crisis and conflicts by keeping focus on promoting<br>family unity and improving quality of life for Guam's<br>youth.  |  |
| <b>Objective 1.</b> To increase the awareness of available<br>services and issues related to Runaway and Homeless<br>youth and victims of abuse by conducting outreach<br>efforts directed at youth, parents, and community<br>agencies through a 24-hour crisis hotline, presenting<br>information through the local media (newspapers,<br>television & radio), public presentations, bus stop<br>murals, school presentations, door-to-door street<br>outreach, and informational displays at shopping<br>centers throughout the island. |  |
| <b>Indicator/Outcomes/Periodicity:</b> Awareness of available services for run away and troubled youth for the community of Guam as a whole.   |  |

| Activity A:<br>The Emergency Shelter program will provide   | Results:  |
|---|---|
| <ul> <li>individual supportive counseling at least twice a week for each youth residing in the shelter.</li> <li>Time Line: Daily; ongoing daily sessions</li> <li>Responsible Parties: Case Manager and/or Program Director, and Residential Assistants</li> </ul>   | <ul> <li>During, this reporting period, Three (3) youth resided in the shelter during the month of January. Six (6) youth resided in the shelter during the month of February. Four (4) youth resided in the month of March. At least Fifty-five (55) individual supportive counseling sessions were conducted that included educational, health and personal growth.</li> <li>The Case Manager has been scheduling outreaches with agencies and organizations within each month. This is to strengthen Sanctuary's ties with other professionals in the community who may refer their clients and families to our services.</li> </ul> |
| Activity B:   | Results:  |
| To provide therapeutic and recreational activities for youth to promote personal well being.  | • On a weekly basis, the program<br>facilitates various support activities for<br>therapeutic and recreational purpose such   |
| Timeline: Daily   | as life skills to include money<br>management, cooking skills, home   |
| <b>Responsible Parties:</b><br>Case Manager and/or Program Director, and<br>Residential Assistants  | management, mentoring, and exercise to<br>promote social skills and personal<br>growth.   |
| <ul> <li>Objective II.<br/>To increase crisis intervention services to runaway<br/>and homeless youth and their families by providing<br/>24 hours services to 200 youth parent and/or<br/>community members.</li> <li>Indicators/Outcomes/Periodicity: Accessibility of<br/>children and their families in crisis situations who<br/>use Emergency Shelter services.</li> <li>Activity A: 24-hour crisis hotline is open to the<br/>general public to provide immediate feedback,<br/>assessments and referrals to appropriate agencies.</li> <li>Time line: on-going,</li> <li>Responsible Parties: Crisis Intervention Worker,<br/>Case Manager, and Program Director</li> </ul> | <ul> <li>Results:</li> <li>Two hundred and nine (209) contacts were made via 24-hour crisis hotline.</li> <li>Household and family dynamics, runaway/throwaways, beyond control, physical abuse and sexual abuse were the top issues of concern for youth who accessed the crisis hotline.</li> </ul>   |
| Activity B:<br>Provide referral services for all youth and their<br>family members assessed for services needed from<br>other agencies.   | <ul> <li>Results:</li> <li>Thirty-one (31) referrals were made to other agencies, organizations, such as Department of Mental Health and</li> </ul>   |

| Timeline: ongoing   | Substance Abuse, Guam Police<br>Department, or to Doris Tolentino,<br>MSW, a licensed Individual Marriage<br>and Family Therapist. The counseling<br>services are provided either individually<br>or by groups. The group counseling is<br>conducted in-house and allows youth to<br>give their feedback and suggestions<br>regarding their experiences of abuse<br>and/or domestic violence. The group also<br>serves as an outlet for youth to share their<br>experiences of separation from family as<br>well as shelter issues that relate to their<br>experiences. |
|---|---|
| <b>Responsible Parties:</b><br>Crisis Intervention Worker, Case Manager and<br>Program Director.  |   |
| <b>Objective III:</b><br>To reduce the problems of youth 12-17 who are<br>runaway, homeless and victims of abuse by providing<br>temporary shelter and aftercare services for up to 10<br>youth at any given time while they resolve<br>problematic issues.                 |   |
| <b>Indicators/Outcomes/Periodicity:</b> Accessibility of<br>emergency 24hr placement for runaway and<br>homeless youth needing assistance/guidance to begin<br>the reunification process.   |   |
| Activity A:<br>The project will provide temporary shelter and<br>aftercare service for 10 youth 12-17 years of age for<br>up to 30 days while providing the youth with<br>supportive counseling and connecting youth and<br>families with other agencies.                   | <b>Results:</b> During this quarter Ten (10) youth were<br>admitted to shelter and Nine (9) continue in<br>aftercare services once reunified with their parent<br>or legal guardian, familial or foster care<br>placement.  |
| Activity B: The project will provide basic<br>necessities such as food, clothing, shelter, and<br>transportation services to and from school and<br>appointments while also providing supportive<br>counseling and guidance to promote reunification and<br>reconciliation. | <b>Results:</b> During this quarter all youth who were<br>admitted into shelter met their basic needs,<br>reunified with familial placement or was referred<br>to appropriate agencies or organizations to further<br>meet the youth and family's needs. The Case<br>Manager and Program Director worked with   |
| Timeline: ongoing Responsible Parties: Program Director and Case Manager.   | other agencies and organizations to help work<br>towards promoting reunification and<br>reconciliation between the youth and family.  |

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| <ul> <li>Objective IV To strengthen family relationships of 120 youth and their families through individual family and group counseling to resolve conflicts that will lead to familial reconciliation and reunification.</li> <li>Indicators/Outcomes/Periodicity: Conflict Mediation skills of children and their families </li> <li>Activity A: Provide 120 family skills training sessions for youth and their families experiencing crisis situations through Sanctuary's 24-hour crisis hotline or Emergency Shelter Program.</li> <li>Time line: ongoing </li> <li>Responsible Parties: Crisis Intervention Worker, Case Managers and Program Director. </li> <li>Activity B: The Project will conduct 45 Anger Management groups for children in crisis situations to learn assertive, non-violent ways of channeling their anger.</li> <li>Timeline: ongoing </li> <li>Responsible Parties: Program Directors, Case Manager, and AmeriCorps volunteers.</li> </ul> | <ul> <li>Results:<br/>Twenty-four (24) family skills training sessions<br/>were provided this reporting period to youth and<br/>their families experiencing crisis. Family sessions<br/>were conducted as well to develop a reunification<br/>plan. During this quarter all other youth<br/>transitioned back home to a parent/legal<br/>guardian, alternate familial placement or a foster<br/>care home.</li> <li>Results: <ul> <li>Twelve (12) High School YAM classes<br/>were conducted this reporting period<br/>with an average of Fourteen (14) youth in<br/>attendance and were mentored by<br/>Sanctuary's AmeriCorps Volunteers<br/>during the group session.</li> <li>Twelve (12) Middle School YAM classes<br/>were conducted during this reporting<br/>period with an average of Five (5) youth<br/>in attendance and were mentored by<br/>Sanctuary's AmeriCorps Volunteers<br/>during the group session. The group's<br/>participants consisted of youth in<br/>Sanctuary's Emergency Shelter program,<br/>as well as outside referrals from other<br/>agencies such as GDOE, I Famagu'on-ta<br/>and Probation.</li> </ul> </li> </ul> |
|---|--|
| <b>Objective V:</b><br>To decrease recidivism and problems of runaway and<br>homeless youth and their families to assist with their<br>transition back home and meet their long-term needs.<br><b>Indicators/Outcomes/Periodicity:</b> <i>Availability of</i><br><i>supportive services to children and their families in</i>   | <b>Results:</b><br>Individual supportive counseling sessions were<br>provided this reporting period to assist youth and<br>their parent/legal guardians to make appropriate<br>decisions relative to their family dynamics. The  |

| <ul> <li>crisis situations.</li> <li>Activity A:<br/>The project will provide individual supportive<br/>counseling for 120 youth and their parent/legal<br/>guardians assisting them in making appropriate<br/>decisions relative to their family dynamics.</li> <li>Timeline: ongoing</li> <li>Responsible Parties: Program Directors and Case-<br/>Managers</li> </ul> | breakdown of the sessions are as follow:<br>- Fifty-five (55) youth individual<br>supportive counseling sessions<br>- Twenty-four (24) parent individual<br>supportive counseling sessions<br>- IPP completion rate for this quarter is<br>at 90% |
|--|---|
| <ul> <li>Activity B: The project will provide case<br/>management services for 200 youth and their families<br/>that will enhance stabilize and strengthen their<br/>relationships.</li> <li>Timeline: ongoing</li> <li>Responsible Parties: Program Director and Case<br/>Manager</li> </ul>  | <b>Results:</b><br>Ten (10) youth received case management<br>services via the Co-Ed Shelter, Nine (9) Aftercare<br>services and Two (2) in Outreach services.  |

#### **Problems Encountered:**

Current problems encountered are the following:

A challenge encountered is identifying placement in a timely manner for youth who are wards of the state due to exhaustion of alternate familial placement and limited foster care placement. Once a youth exits from shelter services, one of the vital parts in maintaining reunification is to sign up for aftercare services to help reduce the recidivism rate. The youth and parent are always encouraged to sign up for aftercare services to help with the transition back home easier when problems arise. The youth and parent are always given a transitional plan to follow in the event they opt to not seek aftercare services.

#### **Future Plans:**

The Case Management and Counseling Section have developed corrective action plans to address several deficiency areas such as improving data collections, monitoring of case management activities and case updates. This improvement is making significant progress on a daily basis. Sanctuary is continues to partner with agencies such as Child Protective Services by a holding monthly meeting to discuss ways to better serve clientele.



# SANCTUARY, INCORPORATED

*"Helping Youth and Families Help Themselves" since 1971* Address: 406 Maimai Rd., Chalan Pago, Guam 96910 Tel: 475-7101 \* Fax: 477-3117 \* Crisis Hotline: 475-7100 Website: www.sanctuaryguam.org \* E-mail: inquiries@sanctuaryguam.org



### **Foster Care Payments**

Bureau of Social Service, Division of Public Health Welfare

Department of Public Health and Social Service

# Report Period: January 1, 2013 – March 31, 2013

Sanctuary, Incorporated receives foster care payments from DPHSS for those children/youth that are referred by Child Protective Services (CPS).

No reports are required although every year Sanctuary reapplies for Licensure that includes site visits to ensure the health and safety of the clients. Periodic visits by DPHSS staff also occur to monitor the shelters for compliance and to meet with the clients.

The amount of reimbursement varies from month to month depending on the number of clients who are in residence for that period. In addition, a monthly clothing allowance may be added.

The current reimbursement rate per month is **\$706.96 per** child for a full month or a pro-rated amount thereof.

The clients referred to Sanctuary for foster care from DPHSS for this period were:

| Month         | Full | Partial |
|---------------|------|---------|
| January 2013  | 2    | 1       |
| February 2013 | 2    | 1       |
| March 2013    | 2    | 1       |
| Total:        | 6    | 3       |

Circetor's Office Obvision Of General Administration

APR 1 5 2013

DPH&SS

time: 110514 Locator#:

4:24 PM 04/03/13

Accrual Basis

|  | TOTAL   |
|--|---|
| Total Repair & Maintenance   | 2,104.72  |
| Supplies<br>Food<br>Office<br>Program<br>Shelter   | 1,556.82<br>440.17<br>2,027.14<br>931.68  |
| Total Supplies   | 4,955.81  |
| Transportation<br>Gasoline   | 4,865.08  |
| Total Transportation   | 4,865.08  |
| Utilities<br>Internet<br>Long Distance<br>Power<br>Telephone<br>Trash Collection Fees<br>Water<br>Website<br>Total Utilities | 2,442.72<br>66.45<br>25,748.44<br>6,773.11<br>652.24<br>2,256.53<br>381.67<br>38,321.16 |
|  |   |
| Total Expense  | 209,934.37  |
| Net Ordinary Income  | -37,985.30  |
| Net Income   | -37,985.30  |

#### Attachment 5

# Sanctuary, Incorporated of Guam Victims of Crime Act

Reporting Agency

Office of the Attorney General

### **Reports**

- 1. List of expenditures for services and equipment \$5,000 or greater
- 2. Quarterly financial expenditures and obligation
- 3. Program Progress Report



# Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971 406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • Email: sanctuar@ite.net www.sanctuaryguam.org



April 3, 2013

Mr. Leonardo M. Rapadas Attorney General Office of the Attorney General 287 West O'Brien Drive Hagatna, Guam 96932

Dear Mr. Rapadas:

The information listed below is for the VOCA Program 2nd quarter of Fiscal Year 2013 from January 1, 2013 – March 31, 2013.

We have listed all expenditures for services and equipment that were \$5,000 or greater.

| Services           | -0- |
|--------------------|-----|
| Equipment          | -0- |
| Inventory Property | -0- |

Please let us know if you have any questions.

Sincerely,

Mildred O Lujan Mildred Q. Lujan

Executive Director

#### Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2013 (January 1, 2013 - March 31, 2013) 2nd Quarter Expenditure Report Office of the Attorney General VOCA

| Fund<br>Federal | Contract Amount<br>\$ 3,258 | Object Classification   | Exp | enditure                                       |
|-----------------|-----------------------------|---|-----|--|
| reuerai         | φ 3,200                     | Salary<br>Benefits<br>Travel<br>Contractual<br>Supplies & Materials<br>Equipment<br>Utilities<br>Miscellaneous<br>Grand Total | \$  | 3,941<br>722<br>-<br>-<br>-<br>-<br>-<br>4,663 |

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2011 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

Mildrid Q. LUJAN MILDRED Q. LUJAN EXECUTIVE DIRECTOR

DATE: 04/04/2013

12:50 PM

04/04/13

Accrual Basis

|  | Oct - Dec 12         | Jan - Mar 13              | TOTAL                     |
|--|----------------------|---------------------------|---------------------------|
| Ordinary Income/Expense<br>Income<br>Grants                                | 0.00                 | 1,873.64                  | 1,873.64                  |
| Total Income   | 0.00                 | 1,873.64                  | 1,873.64                  |
| Gross Profit   | 0.00                 | 1,873.64                  | 1,873.64                  |
| Expense<br>Personnel<br>Fringe Benefits<br>FICA<br>Health<br>Worker's Comp | 0.00<br>0.00<br>0.00 | 271.98<br>355.80<br>94.66 | 271.98<br>355.80<br>94.66 |
| Total Fringe Benefits  | 0.00                 | 722.44                    | 722.44                    |
| Salaries and Wages<br>Project Coordinator II                               | 0.00                 | 3,940.72                  | 3,940.72                  |
| Total Salaries and Wages   | 0.00                 | 3,940.72                  | 3,940.72                  |
| Total Personnel  | 0.00                 | 4,663.16                  | 4,663.16                  |
| Total Expense  | 0.00                 | 4,663.16                  | 4,663.16                  |
| Net Ordinary Income  | 0.00                 | -2,789.52                 | -2,789.52                 |
| Net Income   | 0.00                 | -2,789.52                 | -2,789.52                 |



# SANCTUARY, INCORPORATED



"Helping Youth and Families Help Themselves" since 1971 Address: 406 Mai Mai Rd., Chalan Pago, Guam 96910 \* Tel: 475-7101 \* Fax: 477-3117 \* Crisis Hotline: 475-7100 Website: www.sanctuaryguam.org \* E-mail: inquiries@sanctuaryguam.org

### **Transmittal Form**

Date: April 5, 2013

To: Office of the Attorney General Attn: Franklin Artero

### Enclosed herewith are the following documents:

1. 2<sup>nd</sup> Quarter Report (January 21, 2013 – March 31, 2013)

### **Purpose/Action Needed:**

Needs your approval on the above

- Needs reply or comment
- I To fulfill your requirement
- Other: \_\_\_\_\_

Cordially,

Mildred Q. Sc Mildred O. Lujan **Executive Director** 

**ACKNOWLEDGEMENT** Receipt of the above is hereby acknowledged:

| Print Name: | Eleanir Atolgic | Signature: | ( HEVER - | CARE Solowing S |
|-------------|-----------------|------------|-----------|-----------------|
| Date:       | 5 Apr 13        | Time:      | 1218 pm   | E AM 1210MS     |
|             |                 |            | 7         | CERT            |



# SANCTUARY, INCORPORATED



"Helping Youth and Families Help Themselves" since 1971 Address: 406 Mai Mai Rd., Chalan Pago, Guam 96910 \* Tel: 475-7101 \* Fax: 477-3117 \* Crisis Hotline: 475-7100 Website: www.sanctuaryguam.org \* E-mail: inquiries@sanctuaryguam.org

April 5, 2013

To: Franklin P. Artero Program Coordinator Office of the Attorney General

From: Mildred Q. Lujan Executive Director Sanctuary, Incorporated of Guam

Re: Program and Financial Report

Attached is the quarterly program status report for January 21, 2013 through March 31, 2013.

Should you have any questions, please feel free to contact myself or OJ Taitano at 475-7101 ext. 119.

Sincerely,

Mildred Q. Lujan Mildred Q. Lujan

# SANCTUARY, INCORPORATED OF GUAM VICTIM OF CRIME ACT GRANT

## Quarterly Progress Program Report For 2<sup>nd</sup> Quarter Ending 3/31/13

- A) PROJECT GRANT NO.: 2011-VA-GX-0065
- B) CONTRACT NO.: C130600470
- C) **FEDERAL FY OF FUNDING:** 2013
- D) **PROJECT TITLE:** Sanctuary, Incorporated Victim Assistance Program
- E) REPORTING PERIOD: January 21, 2013 March 31, 2013
- F) SUBGRANTEE NAME AND ADDRESS: Sanctuary, Incorporated

#406 Maimai Road

Chalan Pago, Guam 96910

- G) **REPORT CONTACT:** Mildred Q. Lujan, Executive Director
- H) ACCOUNT NO.: 5101H101120SE113-280

#### I. EXECUTIVE SUMMARY

For this fiscal year, Sanctuary was awarded the sum of \$35,668 under Victims of Crime Act (VOCA) grant as indicated above. The funding is made available through the Office of the Attorney General, Government of Guam which is supported through funding from the Victims of Crime Act Grant, Office for Victims of Crime, Office of Justice programs, and is administered by U.S. Department of Justice. The primary purpose of funding is to provide supportive services in psychological counseling to youth between ages of 12 and 21 who seek services through Sanctuary as a result of being affected by domestic violence, child abuse (physical, mental, emotional, and verbal), sexual assault, or other crimes.

In meeting the contract requirements, Sanctuary provides counseling and intervention services through Valerie Reyes, MA, IMFT, CSACIII, ICADC employed with Sanctuary Incorporated of Guam, Doris Tolentino, MSW, a licensed Individual Marriage and Family Therapist and Helen Onedera, University of Guam Masters of Clinical Psychology student intern who receives clinical supervision by Valerie Reyes. The counseling services are provided either individually or in groups. The group counseling is conducted in-house and allows youth to give their feedback and suggestions regarding their experiences of abuse and/or domestic violence. The group also serves as an outlet for youth to share their experiences of separation from family as well as shelter issues that relate to their experiences.



4 <sup>7</sup> 5

Sanctuary will continue its efforts in providing services to young people who are victims of family violence, child/sexual abuse and will conduct numerous outreach activities (night outreach, mall displays and school presentations) to increase awareness of all Sanctuary services. Counseling and needed support services are essential and mandatory services to our clientele. There are limited services available on the island for children between the ages of 12 and 21 in dealing with their issues relating to domestic violence, child abuse, and sexual assault. Staff will continue to participate in various training activities such as Crisis Prevention and Intervention, ASIST (Applied Suicide Intervention Skills Training), First Aid and CPR training; and Case Management as it relates to residents in shelter, aftercare and outreach.

### VICTIMS OF CRIME ACT VICTIM STATISTICS WORKSHEET

| FOR THE PERIOD OF:  |              | January 2013 - March 2013             |
|---|--------------|---------------------------------------|
| Organization:   |              | SANCTUARY, INC                        |
|   | FIND ATTON   |                                       |
| TYPE OF VICTIMIZATION           1. Child Victims of Physical Abuse (0-17) |              | TOTAL<br>3                            |
|   |              | 3                                     |
| 2. Child Victims of Sexual A<br>3. Victims of DUI/DWI                     | 10use (0-17) |                                       |
| <i>4. Victims of DUDDW1</i><br><i>4. Victims of Family Violen</i>         | <u></u>      |                                       |
| 4. Victims of Family Violen<br>5. Adult Victims of Sexual A               |              |                                       |
| 5. Adua vicinis of Sexual A<br>6. Elder Abuse                             | 10105        |                                       |
| 7. Adults Molested as Child   | ren          | 1                                     |
| 8. Survivors of Homicide Vi   |              | · · · · · · · · · · · · · · · · · · · |
| 9. Assault  |              |                                       |
| 10. Robbery   |              |                                       |
| 11. Other   | (TOTAL A-K)  | 2                                     |
| A. Arson  |              |                                       |
| B. Burglary   |              |                                       |
| C. Child Neglect (Endang  | germent)     | 2                                     |
| D. Fraud  |              | 0                                     |
| 1. Forgery  |              |                                       |
| 2. Fraud  |              |                                       |
| 3. Indentity Theft  |              |                                       |
| E. Harassment   |              | 0                                     |
| 1. Criminal Mischief  |              |                                       |
| 2. Criminal Trespass  |              |                                       |
| 3. Disorderly Conduct   |              |                                       |
| 4. Harassment   |              |                                       |
| 5. Terrorizing  |              |                                       |
| F. Kidnapping   |              |                                       |
| G. Stalking (DV and NO)   |              | 0                                     |
| <i>H. Theft</i><br>1. Theft by Deception                                  |              | U                                     |
|   |              |                                       |
| 2. Theft of a Motor Vehi  |              |                                       |
| 3. Theft of Intellectual Pr   | roperty      |                                       |
| 4. Theft of Property  |              |                                       |
| 5. Theft of Services  |              |                                       |
| I. Vehicular Crimes (Non DUI/DWI)   |              | 0                                     |
| 1. Leaving the scene of an accident                                       |              |                                       |
| 2. Leaving the scene of an accident w/ Injuries                           |              |                                       |
| 3. Reckless Driving w/ Injuries   |              |                                       |
| J. Other: Specify   |              |                                       |
| K. Other: Specify   |              |                                       |
|   | GRAND TOTAL  | 6                                     |
|   |              |                                       |

Victims with Disabilities:

#### VICTIMS OF CRIME ACT VICTIM STATISTICS WORKSHEET

1

#### Attachment 6

# Sanctuary, Incorporated of Guam Energy Efficient and Conservation Project

### Reporting Agency

Guam Environmental Protection Agency/Guam Energy Office

# Reports

- 1. Quarterly financial expenditures and obligation
- 2. Program progress report



# Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971 406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • Email: sanctuar@ite.net www.sanctuaryguam.org



April 3, 2013

Mr. Peter Calvo Director Guam Environmental Protection Agency/Guam Energy Office 548 North Marine Drive Tamuning, Guam 96913

Dear Mr. Calvo:

The information listed below is for the Energy Efficiency & Conservation Project 2nd quarter of Fiscal Year 2013 from January 1, 2013 – March 31, 2013.

We have listed all expenditures for services and equipment that were \$5,000 or greater.

| Services           | -0- |
|--------------------|-----|
| Equipment          | -0- |
| Inventory Property | -0- |

Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan

Executive Director

#### Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2013 (January 1, 2013 - March 31, 2013) 2nd Quarter Expenditure Report Guam Energy Office Energy Efficiency & Conservation Project

| Fund    | Contract<br>Amount | Object Classification | Expenditure |       |
|---------|--------------------|-----------------------|-------------|-------|
| General | \$<br>200,000      |                       |             |       |
|         |                    | Salary                | \$          | -     |
|         |                    | Benefits              |             | -     |
|         |                    | Travel                |             | -     |
|         |                    | Contractual           |             | -     |
|         |                    | Supplies & Materials  |             | 3,673 |
|         |                    | Equipment             |             | -     |
|         |                    | Utilities             |             | -     |
|         |                    | Miscellaneous         |             |       |
|         |                    | Grand Total           | \$          | 3,673 |

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2013 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

Mildred Q. Lujan

MILDRED Q. LUJAN EXECUTIVE DIRECTOR

DATE: 04/04/2013

4:29 PM

04/03/13 Accrual Basis

# Sanctuary, Incorporated Profit & Loss by Class-Energy Efficiency (EPA) October 2012 through March 2013

|   | Oct - Dec 12 | Jan - Mar 13 | TOTAL      |
|---|--------------|--------------|------------|
| Ordinary Income/Expense<br>Income                     |              |              |            |
| Grants  | 165,376.00   | 3,673.15     | 169,049.15 |
| Total Income  | 165,376.00   | 3,673.15     | 169,049.15 |
| Gross Profit  | 165,376.00   | 3,673.15     | 169,049.15 |
| Expense<br>Professional Fees<br>Consultation Services | 149,863.40   | 0.00         | 149,863.40 |
| Total Professional Fees                               | 149,863.40   | 0.00         | 149,863.40 |
| Supplies<br>Program                                   | 0.00         | 3,673.15     | 3,673.15   |
| Total Supplies  | 0.00         | 3,673.15     | 3,673.15   |
| Total Expense   | 149,863.40   | 3,673.15     | 153,536.55 |
| Net Ordinary Income                                   | 15,512.60    | 0.00         | 15,512.60  |
| Net Income  | 15,512.60    | 0.00         | 15,512.60  |

### Attachment 7

# Sanctuary, Incorporated of Guam Energy Efficient and Conservation Project

Reporting Agency

Guam Housing and Urban Renewal Authority (GHURA)

### **Reports**

1. Quarterly financial expenditures and obligation



# Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971 406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • Email: sanctuar@ite.net www.sanctuaryguam.org



April 3, 2013

Mr. Mike Duenas Director Guam Housing and Urban Renewal Authority (GHURA) 117 Bien Venida Avenue Sinajana, GU 96910

Dear Mr. Duenas:

The information listed below is for the Energy Efficiency & Conservation Project 2nd quarter of Fiscal Year 2013 from January 1, 2013 – March 31, 2013.

We have listed all expenditures for services and equipment that were \$5,000 or greater.

| Services           | -0- |
|--------------------|-----|
| Equipment          | -0- |
| Inventory Property | -0- |

Please let us know if you have any questions.

Sincerely,

Mildred O. Lujan Mildred Q. Lujan

Executive Director

#### Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2013 (January 1, 2013 - March 31, 2013) 2nd Quarter Expenditure Report Guam Housing and Urban Renewal Authority (GHURA) Permanent Housing Program

| General/Federal \$ 320,000 |              |
|----------------------------|--------------|
| Salary                     | \$<br>11,188 |
| Benefits                   | 763          |
| Travel                     | -            |
| Contractual                | 254          |
| Supplies & Materials       | 36           |
| Equipment                  | -            |
| Utilities                  | -            |
| Miscellaneous              | -            |
| Vehicle Lease              | -            |
| Grand Total                | \$<br>12,242 |

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2013 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

Mildred Q. Lujan

MILÓRED Q. LUJAN

DATE: 04/04/2013

4:31 PM 04/03/13

Accrual Basis

# Sanctuary, Incorporated Profit & Loss by Class-PHP (GHURA) October 2012 through March 2013

|   | Oct - Dec 12 | Jan - Mar 13 | TOTAL      |
|---|--------------|--------------|------------|
| Ordinary Income/Expense<br>Expense<br>Personnel |              |              |            |
| Fringe Benefits                                 |              |              |            |
| FICA  | 0.00         | 763.27       | 763.27     |
| Total Fringe Benefits                           | 0.00         | 763.27       | 763.27     |
| Salaries and Wages                              |              |              |            |
| Program Director                                | 0.00         | 2,832.20     | 2,832.20   |
| Program Director II                             | 0.00         | 2,903.60     | 2,903.60   |
| Quality Assurance Officer                       | 0.00         | 1,466.40     | 1,466.40   |
| Residential Supervisor                          | 0.00         | 1,761.20     | 1,761.20   |
| Substance Abuse Counselor I                     | 0.00         | 2,224.60     | 2,224.60   |
| Total Salaries and Wages                        | 0.00         | 11,188.00    | 11,188.00  |
| Total Personnel                                 | 0.00         | 11,951.27    | 11,951.27  |
| Repair & Maintenance<br>Shelter                 | 0.00         | 254.40       | 254.40     |
| Total Repair & Maintenance                      | 0.00         | 254.40       | 254.40     |
| Supplies<br>Program                             | 0.00         | 36.00        | 36.00      |
| Total Supplies                                  | 0.00         | 36.00        | 36.00      |
| Total Expense                                   | 0.00         | 12,241.67    | 12,241.67  |
| Net Ordinary Income                             | 0.00         | -12,241.67   | -12,241.67 |
| Net Income                                      | 0.00         | -12,241.67   | -12,241.67 |

Page '