



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 15, 2014

To: Honorable Judith Won Pat
Speaker
32nd Guam Legislature

32-14-1511
Office of the speaker
Judith T. Won Pat, Ed. D.
Date 4.15.14
Time 2:25 PM
Received by [Signature]

Enclosed herewith are the following documents:

1. FY2014 2nd quarter list of expenditures over \$5,000
2. FY2014 2nd quarter list of appropriations/expenditure report
3. FY2014 2nd quarter progress report

Purpose/Action Needed:

- Needs your approval on the above
- Needs reply or comment
- To fulfill your requirement
- Other: In compliance with Public Law 28-150 herein reports for all our programs which receive funding through a Government of Guam agency

2014 APR 15 PM 3:16
[Signature]

Cordially,

Mildred Q. Lujan
Mildred Q. Lujan
Executive Director

ACKNOWLEDGEMENT

Receipt of the above is hereby acknowledged:

Print Name: _____

Signature: _____

Date: _____

Time: _____



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, 2014

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

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, Guam Behavioral Health and Wellness Center, Department of Youth Affairs, and the Office of the Attorney General. 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, 2014.

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.

Mās Rikueto,

Mildred Q. Lujan
Executive Director

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 09, 2014

RECEIVED
4/9/14 2:40pm

Ms. Doris M. Aguon
Executive Director
Serve Guam! Commission
Guam Capital Investment Corporation
414 West Soledad Avenue
Hagatña, Guam 96932

Dear Ms. Aguon:

Attached for your review is the ^{2nd} ~~1st~~ Quarter Federal Financial Report for Sanctuary, Incorporated AmeriCorps Program for quarter ending March 31, 2014 for Grant Year 2013-2014.

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

Sincerely,

Mildred Lujan
Mildred Lujan
Executive Director
Sanctuary, Incorporated

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Corporation for National and Community Service		2. Federal Grant or Other Identifying Number Assigned by Federal Agency 10AC120075		Page 1	of 1
--	--	--	--	------------------	----------------

3. Recipient Organization (Name and complete address including Zip code)
SANCTUARY, INCORPORATED - AYUDA PARA I KOMUNIDAT

4a. DUNS Number 855025284	4b. EIN 96-0002543	5. Recipient Account Number or Identifying Number 11AFHGU0010011	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
-------------------------------------	------------------------------	--	--	---

8. Project/Grant Period From: (Month, Day, Year) 1-Oct-13	To: (Month, Day, Year) 30-Sep-14	9. Reporting Period End Date (Month, Day, Year) January 01, 2014 - March 31, 2014
---	--	---

10. Transactions
(Use lines a-c for single or multiple grant reporting)


Federal Cash		
a. Cash Receipts		
b. Cash Disbursements		
c. Cash on Hand (line a minus b)		\$0.00
Federal Expenditures and Unobligated Balance:		
d. Total Federal funds authorized		\$540,013.00
e. Federal share of expenditures		\$47,493.37
f. Federal share of unliquidated obligations		\$0.00
g. Total Federal share (sum of lines e and f)		\$47,493.37
h. Unobligated balance of Federal funds (line d minus g)		\$492,519.63
Recipient Share:		
i. Total recipient share required		\$25,252.00
j. Recipient share of expenditures		\$4,080.06
k. Remaining recipient share to be provided (line i minus j)		\$21,171.94
Program Income:		
l. Total Federal program income earned		\$0.00
m. Program income expended in accordance with the deduction alternative		\$0.00
n. Program income expended in accordance with the addition alternative		\$0.00
o. Unexpended program income (line l minus line m or line n)		\$0.00

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
N/A	N/A	N/A	N/A	N/A		0
g. Totals:						0

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Mildred Q Lujan, Executive Director	b. Signature of Authorized Certifying Official 	c. Telephone (Area code, number and extension) (671) 475-7101
		d. Email address inquiries@sanctuaryqum.org
		e. Date Report Submitted (Month, Day, Year) 9-Apr-14

14. Agency use only:
Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
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 for this information collection 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

FORMULA GRANT

FROM: SANCTUARY, INCORPORATED
 AC PROGRAM NAME: AYUDA PARA I KOMUNIDAT
 ADDRESS: 406 MAI MAI ROAD
 CHALAN PAGO, 96910

GRANT AWARD NUMBER: 11AFHGU0010011	GRANT ID NUMBER: 13AC156206	DOA VENDOR NUMBER S1456000	DOA CONTRACT NUMBER C123400000	EMPLOYER ID: 96-0002543	DUNNS NUMBER: 85502584
--	---------------------------------------	--------------------------------------	--	-----------------------------------	----------------------------------

PROGRAM PERIOD: 2013-2014	PERIOD CLAIMING FOR: MARCH 2014
-------------------------------------	---

REQUEST NUMBER: 2013-03	FINAL CLAIM:	YES	NO
-----------------------------------	--------------	-----	----

FUNDS REQUESTED	<u>\$ 30,480.25</u>
GRANT AWARD	\$ 540,013.00
LESS: PREVIOUSLY REQUESTED:	\$ 17,013.12
SUB-TOTAL	\$ 522,999.88
LESS: AMOUNT OF THIS REPORT	<u>\$(30,480.25)</u>
GRANT BALANCE:	<u>\$ 492,519.63</u>

Certification: I certify to the best of my knowledge that this report is correct and that expenditures are approved and signed for purposes set forth and in the Grant award. I understand that failure to submit on time due to late and chronic reporting will result on one warning notice, suspension of contract and corrective actions to include possible withholding of payment.

PROGRAM DIRECTOR: *Dino* DATE: 4-9-14

CERTIFYING OFFICER: *[Signature]* DATE: 4-09-2014

SGC/ DOL USE ONLY – Reviewed against PERIODIC EXPENSE REPORT (PER):

TIFFANY SAN NICOLAS SGC ADMINISTRATIVE AIDE (RECEIVING REPORTS: FISCAL & PROGRAM) HARD COPY/ ECOPY (DOL EMAIL)	DATE: <u>4/9/14</u> TIME: <u>2:40pm</u>	CARMELITA O'BRIEN DOL ADMINISTRATIVE ASSISTANT (PER REIMBURSEMENT)	DATE: TIME:
DARREL WILKERSON SGC PROGRAM OFFICER (AC PROGRAM REPORTS) HARD COPY/ ECOPY (DOL EMAIL)	DATE: TIME:	DOA - HHS	DATE:

SGC/ DOL – ASSURANCE & CERTIFICATION:

DOL CERTIFYING OFFICER: _____ Date: _____
Nellie Asanuma

SGC EXECUTIVE DIRECTOR: _____ Date: _____
Doris Aguon

NOS	CHECK MARK	REC'D BY	DESCRIPTION OF DOCUMENTS TO BE SUBMITTED
	✓		SGC/ AC FISCAL & PROGRAM DOCUMENTS (ELECTONIC & HARD COPY) print & submit every 10 th of Month in program <i>dol email account</i> .
			FISCAL GMR: MODULE C/ F/ H - <input type="checkbox"/> Financial & Grants Management <input type="checkbox"/> Equipment Inventory – Close Out <input type="checkbox"/> Residual Supplies – Close Out
	✓	TW	PERIODIC EXPENSE REPORT (PER): CNCS: Due 10 th - Monthly & Supporting Documents; receipts, invoice, bank cancelled checks and/or bank stmts., (e.g. QuickBooks summary, EFT summary from bank)
			PER MATCH: (MODULE J) Due 10 th - 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
	✓	TW	FFR (CNCS and GUAM LEGISLATURE Submitted quarterly with attached organization letter)
			A-133 (External Audit for all programs) - submit eCopy
	✓	TW	GUAM AMERICORPS PORTAL SYSTEM (GAPS) vs. eGRANTS <input type="checkbox"/> Member Checklist (1 st Reimbursement) <input type="checkbox"/> Monthly Member Service Schedule (Satellites – Members site location) <input type="checkbox"/> Monthly Service Log (MSL's and 2 <i>Volunteer Recruitment</i>) <input type="checkbox"/> Member Time Log (w/member file) <input type="checkbox"/> Member Roster Summary <input type="checkbox"/> eGrants; within 3 days Enrollment/ Retention/ Exit Approval

RECEIVED
4/9/14 2:42 PM

AMERICORPS PROGRAMS

			<input type="checkbox"/> Program No Cost Extension <input type="checkbox"/> Member Checklist <input type="checkbox"/> Program Management Checklist <input type="checkbox"/> Policies & Procedure <input type="checkbox"/> Provisions & CFR <input type="checkbox"/> Blue Print <input type="checkbox"/> Grants Management Review (GMR) <input type="checkbox"/> Financial & Grants Management <input type="checkbox"/> Impact & Accountability
--	--	--	--

**THEORY OF CHANGE (TOC) : PERFORMANCE MEASURES (MONTHLY & QUARTERLY) –
Submit eCopy (Monthly & Quarterly) to program DOL acct**

	✓	TW	<input type="checkbox"/> (COMMUNITY NEED) <input type="checkbox"/> OUTPUT/ INTERVENTION <input type="checkbox"/> EVIDENCE (RESEARCH BASED) <input type="checkbox"/> INTERMEDIATE OUTCOME (MEETING GOALS & OBJECTIVES) <input type="checkbox"/> END OUTCOME (FINAL MEASUREMENT OF ATTITUDE, KNOWLEDGE, BEHAVIOR OR CONDITION – 12 MOS)
			MONTHLY RISK ASSESSMENT: FISCAL & PROGRAM – (10 th of each month)
			CLOSE OUT OF PROGRAMS <input type="checkbox"/> Fiscal <input type="checkbox"/> Program

SGC_ Standard Operating Procedure – Process Instructions:
 Step: 1 – Program Director/Fiscal are to fill out Reimbursement Cover, Periodic Expense Report (Sections I, II ,III). Program Director to submit with and supporting documents
 Step: 2 - SGC to review for compliance. stamp, date and sign, for reimbursement processing



Ayuda Para / Komunitas - 11AFHGU0010011

SGC - Standard Operating Procedures - Process Instructions:
 Step: 1 - Program Director/Fiscal are to fill out Periodic Expense Report(Sections I, II, III) Program Director to submit with Reimbursement Cover and supporting documents
 Step: 2 - SGC to review for compliance, stamp, date and sign, for reimbursement processing

SECTION I	ENCS SHARE	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	PROGRAM TOTAL	ENCS BUDGET YTD BAL
A Personnel															
Program Director	32,512.00	2,250.86	2,250.86	2,250.86											
Program Coordinator	26,187.00	2,014.40	2,014.40	2,014.40											
Accounting Asst II	25,647.00	1,972.80	1,972.80	1,972.80											
Adm'n Asst	21,632.00	1,664.00	1,664.00	1,664.00											
Total - Personnel	105,978.00	7,902.06	7,902.06	7,902.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,706.18	82,271.82
B Fringe															
FICA	8,107.00	604.50	604.50	604.50											
Health Insurance	6,480.00	0.00	0.00	345.60											
Workers Comp	311.00	0.00	0.00	108.81											
Total - Fringe	14,898.00	604.50	604.50	1,058.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,267.91	12,630.09
S/Total (A/B)	120,876.00	8,506.56	8,506.56	8,960.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,974.09	94,901.91
C Staff Travel															
National Volunteer Conf	0.00	0.00	0.00	0.00											
MYSN	0.00	0.00	0.00	0.00											
Local Mileage	0.00	0.00	0.00	0.00											
S/Total - staff 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
C Member Travel															
MYSN	0.00	0.00	0.00	0.00											
Local Mileage	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	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
D Equipment															
Equipment	0.00	0.00	0.00	0.00											
E Supplies:															
Program-Office Supplies / Materials	3,000.00	0.00	0.00	0.00											
Gasoline	1,200.00	0.00	0.00	438.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Service Gears	3,908.00	0.00	0.00	0.00											
S/Total -Supplies	8,108.00	0.00	0.00	438.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	438.04	7,661.96
F Contractual:															
Vehicle lease	5,850.00	0.00	0.00	0.00											
Telephone	0.00	0.00	0.00	0.00											
Cell Phone	3,600.00	0.00	0.00	215.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S/Total -Contractual	9,450.00	0.00	0.00	215.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	215.12	9,234.88



Section I
SANCTUARY INCORPORATED - AYUDA PARA I KOMUNITAS

Section I	PROGRAM SHARE	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	PROGRAM TOTAL	LNCS BUDGET YTD BAL
A Personnel															
Program Director	13,934.00	964.66	964.66	964.66										2,897.98	11,046.02
Accounting Assistant/II	2,849.00	219.20	219.20	219.20										657.60	2,191.40
Administrative Aide	0.0	0.0												0.0	0.0
Program Coordinator	0.0	0.0												0.0	0.0
Total - Personnel	16,783.00	1,183.86	1,183.86	1,183.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,551.58	13,231.42
B Fringe															
FICA	1,284.00	90.56	90.56	90.56										272.88	1,012.32
Health Insurance	4,320.00	0.00	0.00	256.80										256.80	4,063.20
Worker's Compensation	125.00	0.00	0.00	0.00										0.00	125.00
Total - Fringe	5,729.00	90.56	90.56	347.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	528.48	5,200.52
S/Total (A/B)	22,512.00	1,274.42	1,274.42	1,531.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,080.06	18,431.94
C Staff Travel															
National Volunteer Conf	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
MYSN	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
Local Mileage	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 - staff 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
C Member Travel															
MYSN	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
Local Mileage	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 - 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	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
D Equipment	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
E Supplies:															
Program Supplies / Materials	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
Office Supplies	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
Gasoline	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
Service Gears	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 - Supplies	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
F Contractual:															
Xerox Copier	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
Internet Service	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
Vehicle Lease	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
Telephone	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
Cell Phone	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
GVC Conf.	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 - Contractual	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

G Staff Training												
AC Policies & Procedures	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Evaluation	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/Staff 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
Member Training												
Pre-Service Orientation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
First Aid & CPR	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CERT 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
Team Building	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Assist	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Active Citizens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Principal of Service Learning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Diversity 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
Inclusion Awareness	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Resume 101	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Life After AmeriCorps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sexual Harassment Awareness	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GVC Training/ Tech Assistance	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: 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
H/Evaluation	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: Evaluation	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:												
AC Member Sex offender	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AC Member Court Clearance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FBI Check	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Drug Testing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CNCS/SGC Meeting/Conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4x6 Banner Advertisment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Stand alone Banner	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Utilities(Power,water,trash)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Newsletter/Publication Printing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Media	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 - OPCC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Section I Total	2,752.98	1,274.42	1,274.42	1,531.22	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	18,431.94
Section II												
Allowing Allowance												18.12%
Half Time	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Member support Cost												
FICA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Worker's Compensation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Section II 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
Section III												
Corporation Fixed Percentage												
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
Federally Approved Indirect Cost												
S/Total	2,740.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Section III Total	2,740.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S/Total	2,740.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Section IV												
Corporation Fixed Percentage												
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
Federally Approved Indirect Cost												
S/Total	2,740.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Section IV Total	2,740.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S/Total	2,740.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
BUDGET TOTAL	25,252.00	1,274.42	1,274.42	1,531.22	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	4,080.06
PER Total:	25,252.00	1,274.42	1,274.42	1,531.22	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	4,080.06

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

"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 14, 2014

To: James Gillan
Director
Bureau of Social Service, Division of Public Health Welfare
Department of Public Health and Social Service

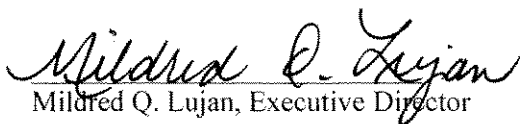
From: Mildred Q. Lujan
Executive Director
Sanctuary, Incorporated of Guam

Re: Program Report

Attached is the quarterly program status report for January 1, 2014 through March 31, 2014.

Should you have any questions, please feel free to contact myself at 475-7101 ext. 101 or OJ Taitano at 475-7101 ext. 119.

Sincerely,



Mildred Q. Lujan, Executive Director
Sanctuary Incorporated of Guam



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 **\$742.31 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 2014	2	2
February 2014	1	5
March 2014	5	3
Total:	8	10

RECEIVED
HR / Personnel Office
Division Of General Administration

APR 14 2014

DPH&SS / DGA

Time:

Locator#:



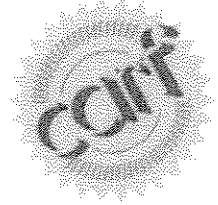
Sanctuary, Incorporated of Guam

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 11, 2014

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 2014 from January 1, 2014 to March 31, 2014.

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 2014 (January 1, 2014 - March 31, 2014)
2nd Quarter Expenditure Report
Department of Public Health and Social Services
Foster Care

Fund	Contract Amount	Object Classification	Expenditure
General	\$ 30,000		
		Salary	\$ 4,637
		Benefits	1,048
		Travel	0
		Contractual	0
		Supplies & Materials	342
		Equipment	0
		Utilities	1,068
		Miscellaneous	0
		Grand Total	<u>\$ 7,095</u>

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2014 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:



 MILDRED Q. LUJAN
 EXECUTIVE DIRECTOR

DATE: 04/11/2014

Sanctuary, Incorporated
Profit & Loss Budget vs. Actual - Foster Care
 October 13 to December 2013

	Oct - Dec 13	Jan - Mar 14	Apr - Jun 14	Jul - Sep 14	Y-T-D	Budget	\$ Over Budget	% of Budget	GL Adjustments
									Oct - Dec 13 Variance
Ordinary Income/Expense									
Income									
Grants	8,276.33	7,750.60	-	-	16,026.93	-	16,026.93	100.0%	8,276.33
Total Income	8,276.33	7,750.60	-	-	16,026.93	-	16,026.93	100.0%	8,276.33
Gross Profit	8,276.33	7,750.60	-	-	16,026.93	-	16,026.93	100.0%	8,276.33
Expense									
Contractual Services									
Social Development									
Client Fund									
contractual		240.00	-	-	240.00	-	240.00	0.0%	0.00
Total Social Development		240.00	-	-	240.00	-	240.00	0.0%	0.00
Total Contractual Services		240.00	-	-	240.00	-	240.00	0.0%	0.00
Insurance		65.31	-	-	65.31	-	65.31	0.0%	21.77 (21.77)
supplies									
Office Supplies									
Personnel									
Fringe Benefits									
FICA	325.34	325.34	-	-	650.68	-	650.68	100.0%	325.34
Health	429.24	673.84	-	-	1,103.08	-	1,103.08	100.0%	478.16 (48.92)
Worker's Comp									0.00
Total Fringe Benefits	754.58	999.18	-	-	1,753.76	-	1,753.76	100.0%	803.50 (48.92)
Holiday/Overtime									0.00
Project Assistant II	4,636.80	4,636.80	-	-	9,273.60	-	9,273.60	100.0%	4,636.80
Total Salaries & Wages	4,636.80	4,636.80	-	-	9,273.60	-	9,273.60	100.0%	4,636.80
Total Personnel	5,391.38	5,635.98	-	-	11,027.36	-	11,027.36	100.0%	5,440.30 (48.92)
Police/Court Clearances		15.00	-	-	15.00	-	15.00	0.0%	0.00
Supplies									
Program									0.00
Food									0.00
Shelter									0.00
Total Supplies									0.00
Utilities									
Cable	701.40	467.60	-	-	1,169.00	-	1,169.00	100.0%	0.00
Internet	900.06	600.04	-	-	1,500.10	-	1,500.10	100.0%	0.00
Power									900.06
Water									0.00
Total Utilities	1,601.46	1,067.64	-	-	2,669.10	-	2,669.10	100.0%	0.00
Total Expense	6,992.84	7,023.93	-	-	14,016.77	-	13,936.46	100.0%	5,452.07 (1,530.77)
Net Ordinary Income	1,283.49	726.67	-	-	2,010.16	-	2,090.47	100.0%	2,814.26 (1,530.77)
Net Income	1,283.49	726.67	-	-	2,010.16	-	2,090.47	100.0%	2,814.26 (1,530.77)

Sanctuary, Incorporated
Profit & Loss by Class
 October 2013 through March 2014

	Oct - Dec 13	Jan - Mar 14	TOTAL
Ordinary Income/Expense			
Income			
Grants	8,276.33	7,750.60	16,026.93
Total Income	8,276.33	7,750.60	16,026.93
Gross Profit	8,276.33	7,750.60	16,026.93
Expense			
Contractual Services			
Social Development			
Client Fund	0.00	240.00	240.00
Total Social Development	0.00	240.00	240.00
Total Contractual Services	0.00	240.00	240.00
Insurance	21.77	65.31	87.08
Personnel			
Fringe Benefits			
FICA	325.34	325.34	650.68
Health	478.16	673.84	1,152.00
Total Fringe Benefits	803.50	999.18	1,802.68
Salaries and Wages			
Project Assistant II	4,636.80	4,636.80	9,273.60
Total Salaries and Wages	4,636.80	4,636.80	9,273.60
Salaries and Wages - Holiday/OT			
Holiday/Overtime	0.00	0.00	0.00
Total Salaries and Wages - Holiday/OT	0.00	0.00	0.00
Total Personnel	5,440.30	5,635.98	11,076.28
Police/Court Clearance	0.00	15.00	15.00
Utilities			
Cable	0.00	467.60	467.60
Internet	0.00	600.04	600.04
Total Utilities	0.00	1,067.64	1,067.64
Total Expense	5,462.07	7,023.93	12,486.00
Net Ordinary Income	2,814.26	726.67	3,540.93
Net Income	<u>2,814.26</u>	<u>726.67</u>	<u>3,540.93</u>

Attachment 3

Sanctuary, Incorporated of Guam
Rehabilitation Services for Adolescents

Reporting Agency

Guam Behavioral Health and Wellness Center

Reports

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



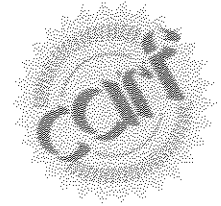
Sanctuary, Incorporated of Guam

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 •

www.sanctuaryguam.org



April 1, 2014

To: Ray Vega
Acting Director
Guam Behavioral Health & Wellness Center

Attn: Don P. Sabang
Drug and Alcohol Supervisor
Guam Behavioral Health & Wellness Center

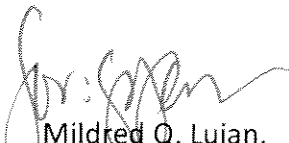
From: Mildred Q. Lujan
Executive Director
Sanctuary, Incorporated

Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Bi-Weekly Program Status Report for the weeks of March 16, 2014 – March 31, 2014.

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

Sincerely,


Mildred Q. Lujan,
Executive Director



Sanctuary, Incorporated

406 MaiMai Road
Chalan Pago, Guam 96910

Invoice

Date	Invoice #
3/31/2014	D2014-012

Bill To
DMHSA Guam Behaviooral Health & Wellness 790 Gov. Carlos G. Camacho Road Tamuning, Guam 96913

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
	Contribution from Funding Source MAR2014	26,416.00	26,416.00
		Total	\$26,416.00

\$13,333.³³/₁₀₀

FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homio	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 3/31/2014
TO: Mr. Ray Vega Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. S1456001 Document No. Contract No. Job Order No. Purchase Order No. Invoice No. DMHSA-2014-012	
COSTS INCURRED BY CATEGORY		AMOUNT
1. Personnel		\$ 20,086.00
2. Fringe Benefits		\$ 2,400.00
3. Contractual		\$ 400.00
4. Other		\$ 350.00
5. Supplies		\$ 1,000.00
6. Utilities		\$ 2,180.00

TOTAL PAYMENT REQUEST:

~~\$ 26,416.00~~

\$13,333.³³

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' Homio and that this is a true and certified original.

Mildred Q. Lujan 03/31/2014
MILDRED Q. LUJAN Date
Sanctuary, Incorporated
Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2014-011 to be true and correct; and that services for March 1 - 15, 2014 have been rendered; and payment for this period is due.

Don Sabang 4/1/14

Don Sabang
D & A Supervisor

Rehabilitation Services for Adolescents March 16, 2014 through March 31, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
<p>II.1 Increase treatment capacity in ASAM Level 0.5 Education, known as the "Na' Homlo" program, and serve up to thirty (30) adolescents per treatment cycle and perform the following tasks: State the number of clients served, as well as those who successfully completed within the reporting period. If applicable, state the number of clients transferred to another level of care and those who were on a "wait-list."</p> <p>In narrative form, state how activities from II.1.a to II.1.d were implemented and addressed?</p> <p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p> <p>State any commendations to show the strengths of the Program:</p> <p>State any recommendations for the improvement of service delivery:</p>	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> As of March 31, 2014 all 0.5 cases were closed. There are no active cases open due to unfunded level of care 3 Cases were transferred to a higher level of care 3 Successful completion of recommended Education sessions <p>All cases were reassessed using the American Society of Addiction Medicine. Based on the ASAM Criteria, appropriate cases were transferred to a higher level of care. If treatment goals were met, cases were closed.</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> 6 group sessions 29 participants in attendance [03/22/14 (14); 03/29/14 (15);] Groups are held on Saturday from 12-2 pm and education groups are held from 2:15 – 3:15 at the Sanctuary, Inc. Main Office. Number of Successful Completions: 0 Number of Clients Transferred to another level of Care: 0 Number of Clients on the Wait List: 6 12 Active Clients NON-DUPLICATE
<p>II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and serve up to twenty (20) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as 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-list."</p>	

Rehabilitation Services for Adolescents March 16, 2014 through March 31, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?	The Group lesson/activity was: Daily Schedule and Calendars; Triggers; Trust; Faces of Change; Boredom; Pros & Cons; 12 step tips. Each client was provided the opportunity to discuss each topic.
In narrative form, briefly state how clients benefited from the core functions or services from this level?	Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.
State any commendations to show the strengths of the Program:	The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other to continue working on their goals and share their experience on what has helped them overcome obstacles.
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 treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as 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-list."	During this bi-weekly reporting period: <ul style="list-style-type: none"> • 10 sessions were conducted • 48 participants in attendance [03/21/14 (12); 03/22/14 (14); 03/28/14 (10); 03/29/14 (12)] • 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. • Number of Successful Completions: 1 • Number of Clients Transferred to another level of Care: 1 • Number of Clients on the Wait List: 3
II.3a Treatment capacity in ASAM Level 0.7 for all individuals who completed level II. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients	Active Clients: 9 During this Bi-weekly reporting period: <ul style="list-style-type: none"> • 5 Clients in Aftercare (Social Support) Level 0.7 • Transfer to another level of Care: 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; Calendar; Relapse Justification II; Trigger-Thought-Cravings-Use; What Do You Want To Do With Your Substance Use; Boredom; Your Decision to

Rehabilitation Services for Adolescents

March 16, 2014 through March 31, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

Use or Not; Sex and Recovery; Thought-Stopping Techniques; Forest Gump; and Focus of Change: Do I Have a Problem With Drugs or Alcohol. Clients were provided 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 and sober to help them to make informed and well thought out decisions about their use. Small group discussions facilitate understanding of the importance of each topic in recovery. Role-play, rehearsal, repetition, and practice in session help clients to identify strengths and needs. 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 were conducted
- Family Members in attendance (3/22=13; 3-29 = 7; 3/15=1; 3-/23 = 2)
- Group time identified for Saturdays from 12:00pm—1:30 pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: N/A
- Number of Clients Transferred to another level of Care: N/A
- Number of Clients on the Wait List: N/A
- **NON-DUPLICATE 19**

MATRIX Model Parent Education / Support Group

In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?
 3-22-2014, Movie "Behind the Orange Curtain"
 3-29-2014, Group – "Characteristics of People with Unhealthy Boundaries"
 3-16-2014, Family Session – "Families in Recovery"
 3-23-2014, Group – "Triggers and Cravings"

Rehabilitation Services for Adolescents	
March 16, 2014 through March 31, 2014	
	Sanctuary, Inc. Bi-Weekly Progress Report
Bi-Weekly Reporting Period:	
Task/Activity	

<p>In narrative form, briefly state how Family benefited from the core functions or services from this level?</p>	<p>3-22-2014 Families viewed a documentary on drug use in a small community where drug use has taken its toll on the young adults in their community. Parents shared their experiences and losses as they tried to understand addiction in their families and community. 3-29-2014 Family Members shared and discussed the unhealthy boundaries they have addressed and unhealthy boundaries they continue to struggle with today. 3-6-2014 Family member was introduced to topics in recovery and was able to identify similarities between family members going through recovery and relationship with child. 3-23-2014 Parents were introduced to the disease model and were able to identify triggers for specific substances.</p>
<p>State any commendations to show the strengths of the Program:</p>	<p>Due to the census of the Family Members wanting to have group on a weekend, accommodations were made moving the group to Saturdays. Each Family member who is not able to attend the groups on Saturdays is still considered and accommodations continue to be made on a case by case basis, in this reporting period, Sunday Sessions were held to accommodate working parents who are not able to Saturday groups. 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.</p>
<p>State any recommendations for the improvement of service delivery:</p>	<p>During this bi-weekly reporting period: <ul style="list-style-type: none"> • 6 Clients were served • Transfer to another level of Care: 2 (Aftercare) • Wait Listing: 2 Phase Breakdown: <ul style="list-style-type: none"> • Orientation: 3 • Awareness: 0 • Enhancement: 0 • Enlightenment: 3 </p>
<p>II.5 Maintain treatment capacity in ASAM Level III.5 to serve 6 to 8 adolescents (male or female) at any given time. State the number of clients served, as well as 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-list."</p>	<p>During this bi-weekly reporting period: <ul style="list-style-type: none"> • 6 Clients were served • Transfer to another level of Care: 2 (Aftercare) • Wait Listing: 2 Phase Breakdown: <ul style="list-style-type: none"> • Orientation: 3 • Awareness: 0 • Enhancement: 0 • Enlightenment: 3 </p>

Rehabilitation Services for Adolescents March 16, 2014 through March 31, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
<p>II.5a 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</p> <p>In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?</p> <p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p> <p>State any commendations to show the strengths of the Program:</p>	<ul style="list-style-type: none"> • Empowerment: 0 <p>During this Bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 2 Clients in Aftercare (Social Support) Level 0.7 • Transfer to another level of Care: 0 <p>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, relationship intelligence; emotional wellness; 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.</p> <p>The continuity of treatment in this level of care provides the clients consistent contact with residential staff and the opportunity for support when the need arises.</p> <p>Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In 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.</p> <p>All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.</p> <p>Multi-level Interventions are still considered the best practice. It provides and allows insight, growth, emotional well-being, recognition of strengths, ability to communicate, group and family counseling and the opportunity to share openly, express them-selves and work on problems.</p> <p>Program staff continues to work with Department of Youth Affairs, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community</p>
<p>State any recommendations for the improvement of service delivery:</p> <p>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.</p> <p>II.7 Work with DMHSA and its partners to establish a system of care for substance abuse</p>	

Rehabilitation Services for Adolescents March 16, 2014 through March 31, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
<p>treatment for Asian/Pacific Islanders: Give a brief summary of activities that occurred with DMHSA and its partners during the reporting period.</p> <p>II.8 Ensure all clients receive appropriate screening and assessment for placement into ASAM Levels 0.5, I, II, III.5, and 0.7: Briefly state how sections II.7.a to II.7.e are being addressed.</p> <p>II.9 Provide its staff with opportunities for staff development by performing the following tasks: Briefly state the status of staff members seeking certification with IC & RC and what trainings they attended during the reporting period.</p>	<p>Substance Abuse Planning & Development (CSAPD) Committee, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.</p> <p>Ongoing Screening / Assessments continue daily using ASAM to determine Patient Placement Appropriateness.</p> <p>Assessments are ongoing throughout client's treatment episode.</p> <ul style="list-style-type: none"> Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the inpatient / outpatient programs. One counselor is a licensed IMFT Therapist. 1 staff continues to work on CEU's that apply towards the ICRC Certification. 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. Case Manager is working toward IC&RC Certification. <p>DMHSA Representative:</p> <p>Received By: <u>[Signature]</u></p> <p>Position Title: <u>Case Manager</u></p> <p>Date of Submission: <u>4/1/14 2:08pm</u></p>
<p>Sanctuary Representative:</p> <p>Valerie Reyes <u>[Signature]</u></p> <p>Position Title: <u>Clinical Director</u></p> <p>Date: <u>April 1, 2014</u></p>	



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



March 18, 2014

To: Ray Vega
Acting Director
Guam Behavioral Health & Wellness Center

Attn: Don P. Sabang
Drug and Alcohol Supervisor
Guam Behavioral Health & Wellness Center

From: Mildred Q. Lujan
Executive Director
Sanctuary, Incorporated

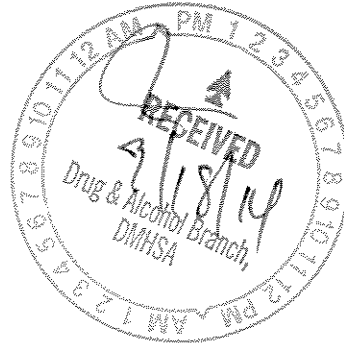
Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Bi-Weekly Program Status Report for the weeks of March 1, 2014 – March 15, 2014.

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

Sincerely,

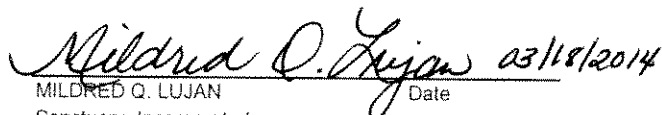
Mildred Q. Lujan,
Executive Director



FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 3/15/2014
TO: Mr. Ray Vega Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. S1456001 Document No. Contract No. Job Order No. Purchase Order No. Invoice No. DMHSA-2014-011	
COSTS INCURRED BY CATEGORY		AMOUNT
1. Personnel	\$ 20,086.00	
2. Fringe Benefits	\$ 2,400.00	
3. Contractual	\$ 400.00	
4. Other	\$ 350.00	
5. Supplies	\$ 1,000.00	
6. Utilities	\$ 2,180.00	

TOTAL PAYMENT REQUEST: \$ 26,416.00

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
Sanctuary, Incorporated
Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2014-011 to be true and correct; and that services for March 1 - 15, 2014 have been rendered; and payment for this period is due.

Don Sabang
D & A Supervisor

**Rehabilitation Services for Adolescents
February 16, 2014 through February 28, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

II.1 Increase treatment capacity in ASAM Level 0.5 Education, known as the "Na' Homlo" program, and serve up to thirty (30) adolescents per treatment cycle and perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those who were on a "wait-list."

During this bi-weekly reporting period:

- 2 sessions were conducted
- 4 participants in attendance (3/8/14 = 2; 3/15/14 = 2)
- Group held on Thursday from 4:30 – 5:30 pm at the Sanctuary, Inc. Main Office.
- 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, state how activities from II.1.a to II.1.d were implemented and addressed?

14 Active Clients NON-DUPLICATE

The Group lesson/activity was: weekly check-in, review of group rules, Marijuana – The escape to nowhere; co-occurring disorders; steroids. Each client was provided the opportunity to discuss and process the topic.

In narrative form, briefly state how clients benefited from the core functions or services from this level?

Participants benefited from the last sessions by: Clients were able to gain sufficient information about the effects of steroids and marijuana use. Clients were given the opportunity to watch a movie about how the use of substances had affected them and their family. The movie also talked about the steps they took to recover from substances.

State any commendations to show the strengths of the Program:

The strength of the classes was that each client was provided the opportunity to learn in a safe environment ways to prevent relapse and to determine if they have a problem with drugs/alcohol in a small group setting.

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.

II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and serve up to twenty (20) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to

During this bi-weekly reporting period:

- 6 sessions were conducted
- 61 participants in attendance [03/01/14 (7); 03/08/14 (8); 03/15/14 (6)]
- Groups are held on Saturday from 12-2 pm and education groups are held from 2:15 – 3:15 at the Sanctuary, Inc. Main Office.

**Rehabilitation Services for Adolescents
February 16, 2014 through February 28, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

another level of care and those on a "wait-list."

- Number of Successful Completions: 3
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 7

13 Active Clients NON-DUPLICATE

The Group lesson/activity was: Daily Schedule and Calendars; Abusing prescription medications and inhalants; Marijuana – The escape to nowhere; Co-occurring disorders; steroids; stages of recovery; school and future goals; alcohol arguments; destructive behaviors. Each client was provided the opportunity to discuss each topic.

In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?

In narrative form, briefly state how clients benefited from the core functions or services from this level?

Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.

State any commendations to show the strengths of the Program:

The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other to continue working on their goals and share their experience on what has helped them overcome obstacles.

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 treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as 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-list."

During this bi-weekly reporting period:

- 13 sessions were conducted
- 63 participants in attendance [03/01/14 (10); 03/07/14 (8); 03/08/14 (19); 03/14/14 (10); 03/15/14 (16)]
- 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.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 4

**Rehabilitation Services for Adolescents
February 16, 2014 through February 28, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

08 Active Clients NON-DUPLICATE

II.3a Treatment capacity in ASAM Level 0.7 for all individuals who completed level II. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients

During this Bi-weekly reporting period:

- 5 Clients in Aftercare (Social Support) Level 0.7
- Transfer to another level of Care: 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; Calendar; Dealing with Feelings and Depression; Staying Busy; You're Here Because Why; Alcohol Arguments; Steroids; Stages of recovery; Guilt and Shame; School and Future Goals; Co-Occurring Disorders; Taking Care of Yourself; Pros and Cons; Triggers; Life Satisfaction Scale; and Marijuana: The Escape to Nowhere. Clients were provided 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.

In narrative form, briefly state how clients benefited from 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 their use. Small group discussions facilitate understanding of the importance of each topic in recovery. Role-play, rehearsal, repetition, and practice in session help clients to identify strengths and needs. 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 open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.

MATRIX Model Parent Education / Support Group

During this bi-weekly reporting period:

- 3 session was conducted

**Rehabilitation Services for Adolescents
February 16, 2014 through February 28, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

- 23 Family Members in attendance [3-1-2014 (8); 3-8-2014 (7); 3-15-2014 (8)]
- Group time identified for Saturdays from 12:00pm—1:30pm at the Sanctuary, Inc. Main Office.

13 Active Family Members NON-DUPLICATE

Topics:

- 3-1-2014: "How Ready Am I to Help?"
- 3-8-2014: "Setting Appropriate Boundaries"
- 3-15-2014: "Healthy Boundaries Check Up"

3-1-2014: Family Members rated how ready they feel they are at this point of their loved one's treatment progress.

Appropriate boundaries were discussed on 3-8-2014 sharing and processing the frustrations of setting boundaries with their adolescents.

3-15-2014 Family members worked on defining what are the rules in their family as well as identify what consequences they are comfortable imposing taking into account culturally appropriate practices.

The supportive / Educational process of the group continues to provide family members the opportunity to learn about the process of recovery for their loved one(s), progressive nature of addiction, and available programs available to them and their family members.

Motivational incentives are highly recommended to encourage more family participation.

During this bi-weekly reporting period:

- 7 Clients were served.
- Transfer to another level of Care: 1 (Aftercare)
- Wait Listing: 4

Phase Breakdown:

- Orientation: 2

In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?

In narrative form, briefly state how Family benefited from the core functions or services from this level?

State any commendations to show the strengths of the Program:

State any recommendations for the improvement of service delivery:

IL5 Maintain treatment capacity in ASAM Level III.5 to serve 6 to 8 adolescents (male or female) at any given time. State the number of clients served, as well as 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-list."

**Rehabilitation Services for Adolescents
February 16, 2014 through February 28, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

- Awareness: 0
- Enhancement: 2
- Enlightenment: 1
- Empowerment: 2

During this Bi-weekly reporting period:

- 2 Clients in Aftercare (Social Support) Level 0.7
- Transfer to another level of Care: 0

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, relationship intelligence; emotional wellness; 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.

The continuity of treatment in this level of care provides the clients consistent contact with residential staff and the opportunity for support when the need arises.

Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In 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.

All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.

Multi-level Interventions are still considered the best practice. It provides and allows insight, growth, emotional well-being, recognition of strengths,

II.5a 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

In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?

In narrative form, briefly state how clients benefited from the core functions or services from this level?

State any commendations to show the strengths of the Program:

State any recommendations for the improvement of service delivery:

II.6 Implement evidence-based models and practices in all levels of care and shall demonstrate the

**Rehabilitation Services for Adolescents
February 16, 2014 through February 28, 2014**

Bi-Weekly Reporting Period:

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

following: In narrative form, state how the activities from II.6.a to II.6.d were implemented and addressed.
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.
II.8 Ensure all clients receive appropriate screening and assessment for placement into ASAM Levels 0.5, I, II, III.5, and 0.7: Briefly state how sections II.7.a to II.7.e are being addressed.

ability to communicate, group and family counseling and the opportunity to share openly, express themselves and work on problems.
 Program staff continues to work with Department of Youth Affairs, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.
 Ongoing Screening / Assessments continue daily using ASAM to determine Patient Placement Appropriateness.

Assessments are ongoing throughout client's treatment episode.

II.9 Provide its staff with opportunities for staff development by performing the following tasks: Briefly state the status of staff members seeking certification with IC & RC and what trainings they attended during the reporting period.

- Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.
- One counselor is a licensed IMFT Therapist.
- 1 staff continues to work on CEU's that apply towards the ICRC Certification.
- 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.
- Case Manager is working toward IC&RC Certification.

Sanctuary Representative:

Valerie Reyes
 Position Title: Clinical Director
 Date: February 3, 2014

DMHSA Representative:

Received By: *[Signature]*
 Position Title: *NPS #*
 Date of Submission: *3/18/14 [Signature]*



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



March 4, 2014

To: Ray Vega
Acting Director
Guam Behavioral Health & Wellness Center

Attn: Don P. Sabang
Drug and Alcohol Supervisor
Guam Behavioral Health & Wellness Center

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 16, 2014 to February 28, 2014.

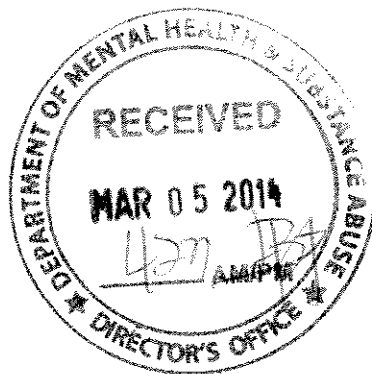
If you should have any questions, please feel free to contact myself or Valerie Reyes at 475-7101.

Sincerely,


Mildred Q. Lujan,
Executive Director



FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo		Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 2/28/2014
TO: Mr. Ray Vega Director Guam Behavioral Health & Wellness Center (DMHSA)		Vendor Acct. No. S1456001 Document No. Contract No. Job Order No. Purchase Order No. Invoice No. DMHSA-2014-010	
COSTS INCURRED BY CATEGORY		AMOUNT	
1. Personnel		\$ 20,086.00	
2. Fringe Benefits		\$ 2,400.00	
3. Contractual		\$ 400.00	
4. Other		\$ 350.00	
5. Supplies		\$ 1,000.00	
6. Utilities		\$ 2,180.00	



TOTAL PAYMENT REQUEST: \$ 26,416.00

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 03/05/2014
 MILDRED Q. LUJAN Date
 Sanctuary, Incorporated
 Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2014-010 to be true and correct; and that services for February 16 - 28, 2014 have been rendered; and payment for this period is due.

 Don Sabang
 D & A Supervisor

FILE

Rehabilitation Services for Adolescents

February 16, 2014 through February 28, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Task/Activity

II.1 Increase treatment capacity in ASAM Level 0.5 Education, known as the "Na' Homlo" program, and serve up to thirty (30) adolescents per treatment cycle and perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those who were on a "wait-list."

During this bi-weekly reporting period:

- 2 sessions were conducted
- 4 participants in attendance (3/8/14 = 2; 3/15/14 = 2)
- Group held on Thursday from 4:30 – 5:30 pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 0

14 Active Clients NON-DUPLICATE

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, Marijuana – The escape to nowhere; co-occurring disorders; steroids. Each client was provided the opportunity to discuss and process the topic.

In narrative form, briefly state how clients benefited from the core functions or services from this level?

Participants benefited from the last sessions by: Clients were able to gain sufficient information about the effects of steroids and marijuana use. Clients were given the opportunity to watch a movie about how the use of substances had affected them and their family. The movie also talked about the steps they took to recover from substances.

State any commendations to show the strengths of the Program:

The strength of the classes was that each client was provided the opportunity to learn in a safe environment ways to prevent relapse and to determine if they have a problem with drugs/alcohol in a small group setting.

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.

II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and serve up to twenty (20) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to

During this bi-weekly reporting period:

- 6 sessions were conducted
- 61 participants in attendance [03/01/14 (7); 03/08/14 (8); 03/15/14 (6)]
- Groups are held on Saturday from 12-2 pm and education groups are held from 2:15 – 3:15 at the Sanctuary, Inc. Main Office.

Rehabilitation Services for Adolescents February 16, 2014 through February 28, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
another level of care and those on a "wait-list."	<ul style="list-style-type: none"> • Number of Successful Completions: 3 • Number of Clients Transferred to another level of Care: 0 • Number of Clients on the Wait List: 7
In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?	<p>13 Active Clients NON-DUPLICATE</p> <p>The Group lesson/activity was: Daily Schedule and Calendars; Abusing prescription medications and inhalants; Marijuana – The escape to nowhere; Co-occurring disorders; steroids; stages of recovery; school and future goals; alcohol arguments; destructive behaviors. Each client was provided the opportunity to discuss each topic.</p>
In narrative form, briefly state how clients benefited from the core functions or services from this level?	<p>Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.</p>
State any commendations to show the strengths of the Program:	<p>The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other to continue working on their goals and share their experience on what has helped them overcome obstacles.</p>
State any recommendations for the improvement of service delivery:	<p>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.</p>
II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as 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-list."	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 13 sessions were conducted • 63 participants in attendance [03/01/14 (10); 03/07/14 (8); 03/08/14 (19); 03/14/14 (10); 03/15/14 (16)] • 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. • Number of Successful Completions: 0 • Number of Clients Transferred to another level of Care: 0 • Number of Clients on the Wait List: 4

**Rehabilitation Services for Adolescents
February 16, 2014 through February 28, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

08 Active Clients NON-DUPLICATE

II.3a Treatment capacity in ASAM Level 0.7 for all individuals who completed level II. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients

During this Bi-weekly reporting period:

- 5 Clients in Aftercare (Social Support) Level 0.7
- Transfer to another level of Care: 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; Calendar; Dealing with Feelings and Depression; Staying Busy; You're Here Because Why; Alcohol Arguments; Steroids; Stages of recovery; Guilt and Shame; School and Future Goals; Co-Occurring Disorders; Taking Care of Yourself; Pros and Cons; Triggers; Life Satisfaction Scale; and Marijuana: The Escape to Nowhere. Clients were provided 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.

In narrative form, briefly state how clients benefited from 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 their use. Small group discussions facilitate understanding of the importance of each topic in recovery. Role-play, rehearsal, repetition, and practice in session help clients to identify strengths and needs. 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 open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.

MATRIX Model Parent Education / Support Group

During this bi-weekly reporting period:

- 3 session was conducted

Rehabilitation Services for Adolescents February 16, 2014 through February 28, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
	<ul style="list-style-type: none"> 23 Family Members in attendance [3-1-2014 (8); 3-8-2014 (7); 3-15-2014 (8)] Group time identified for Saturdays from 12:00pm—1:30pm at the Sanctuary, Inc. Main Office. <p>13 Active Family Members NON-DUPLICATE</p> <p>Topics: 3-1-2014: "How Ready Am I to Help?" 3-8-2014: "Setting Appropriate Boundaries" 3-15-2014: "Healthy Boundaries Check Up"</p> <p>3-1-2014: Family Members rated how ready they feel they are at this point of their loved one's treatment progress.</p> <p>Appropriate boundaries were discussed on 3-8-2014 sharing and processing the frustrations of setting boundaries with their adolescents.</p> <p>3-15-2014 Family members worked on defining what are the rules in their family as well as identify what consequences they are comfortable imposing taking into account culturally appropriate practices.</p> <p>The supportive / Educational process of the group continues to provide family members the opportunity to learn about the process of recovery for their loved one(s), progressive nature of addiction, and available programs available to them and their family members.</p> <p>Motivational incentives are highly recommended to encourage more family participation.</p> <p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> 7 Clients were served. Transfer to another level of Care: 1 (Aftercare) Wait Listing: 4 <p>Phase Breakdown:</p> <ul style="list-style-type: none"> Orientation: 2
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	
In narrative form, briefly state how Family benefited from the core functions or services from this level?	
State any commendations to show the strengths of the Program:	
State any recommendations for the improvement of service delivery:	
II.5 Maintain treatment capacity in ASAM Level III.5 to serve 6 to 8 adolescents (male or female) at any given time. State the number of clients served, as well as 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-list."	

**Rehabilitation Services for Adolescents
February 16, 2014 through February 28, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

<p>II.5a 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</p>	<ul style="list-style-type: none"> • Awareness: 0 • Enhancement: 2 • Enlightenment: 1 • Empowerment: 2 <p>During this Bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 2 Clients in Aftercare (Social Support) Level 0.7 • Transfer to another level of Care: 0
<p>In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?</p>	<p>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, relationship intelligence; emotional wellness; 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.</p>
<p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p>	<p>The continuity of treatment in this level of care provides the clients consistent contact with residential staff and the opportunity for support when the need arises.</p>
<p>State any commendations to show the strengths of the Program:</p>	<p>Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In 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.</p>
<p>State any recommendations for the improvement of service delivery:</p>	<p>All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.</p>
<p>II.6 Implement evidence-based models and practices in all levels of care and shall demonstrate the</p>	<p>Multi-level Interventions are still considered the best practice. It provides and allows insight, growth, emotional well-being, recognition of strengths,</p>

Rehabilitation Services for Adolescents

February 16, 2014 through February 28, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

following: In narrative form, state how the activities from II.6.a to II.6.d were implemented and addressed.
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.
II.8 Ensure all clients receive appropriate screening and assessment for placement into ASAM Levels 0.5, I, II, III.5, and 0.7: Briefly state how sections II.7.a to II.7.e are being addressed.

ability to communicate, group and family counseling and the opportunity to share openly, express themselves and work on problems.
 Program staff continues to work with Department of Youth Affairs, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.
 Ongoing Screening / Assessments continue daily using ASAM to determine Patient Placement Appropriateness.

Assessments are ongoing throughout client's treatment episode.



II.9 Provide its staff with opportunities for staff development by performing the following tasks:
 Briefly state the status of staff members seeking certification with IC & RC and what trainings they attended during the reporting period.

- Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.
- One counselor is a licensed IMFT Therapist.
- 1 staff continues to work on CEU's that apply towards the ICRC Certification.
- 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.
- Case Manager is working toward IC&RC Certification.

Sanctuary Representative:


 Valerie Reyes
 Position Title: Clinical Director
 Date: February 3, 2014

DMHSA Representative:

Received By: 
 Position Title: Expert
 Date of Submission: 3/18/14 



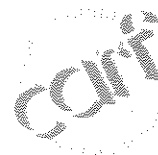
Sanctuary, Incorporated of Guam

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



February 21, 2014

To: Ray Vega
Acting Director
Guam Behavioral Health & Wellness Center

Attn: Don P. Sabang
Drug and Alcohol Supervisor
Guam Behavioral Health & Wellness Center

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, 2014 – February 15, 2014.

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


Sincerely,

Mildred Q. Lujan
Mildred Q. Lujan,
Executive Director

FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homio		Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 2/15/2014
TO: Mr. Ray Vega Director Guam Behavioral Health & Wellness Center (DMHSA)		Vendor Acct. No. S1456001 Document No. Contract No. Job Order No. Purchase Order No. Invoice No. DMHSA-2014-009	
COSTS INCURRED BY CATEGORY		AMOUNT	
1. Personnel		\$ 20,086.00	
2. Fringe Benefits		\$ 2,400.00	
3. Contractual		\$ 400.00	
4. Other		\$ 350.00	
5. Supplies		\$ 1,000.00	
6. Utilities		\$ 2,180.00	

TOTAL PAYMENT REQUEST: \$ 26,416.00

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' Homio and that this is a true and certified original.


02/18/2014
 MILDRED Q. LUJAN Date
 Sanctuary, Incorporated
 Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2014-009 to be true and correct; and that services for February 1- 15, 2014 have been rendered; and payment for this period is due.

 Don Sabang
 D & A Supervisor

Rehabilitation Services for Adolescents

February 01, 2014 through February 15, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

II.1 Increase treatment capacity in ASAM Level 0.5 Education, known as the "Na' Homlo" program, and serve up to thirty (30) adolescents per treatment cycle and perform the following tasks: State the number of clients served, as well as those who successfully completed within the reporting period. If applicable, state the number of clients transferred to another level of care and those who were on a "wait-list."

During this bi-weekly reporting period:

- 02 sessions were conducted
- 08 participants in attendance: 2-12-14 (4), 2-13-14 (4)
- Group held on Wednesday & Thursday from 4:30 – 5:30 pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 6 pending orientation

Non-Duplicate Total Active Clients: 15

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, presentations on: Chew, E-cigarettes, Ill effects of Tobacco products, Triggers: thought stopping process

In narrative form, briefly state how clients benefited from the core functions or services from this level?

Participants benefited from the last sessions by: Clients were able to conduct their own individual presentation geared towards their peers, by providing vital researched information on the ill effects of tobacco and alcohol products.

State any commendations to show the strengths of the Program:

The strength of the classes was that each client was provided the opportunity to learn in a safe environment and ways to become comfortable to share their thoughts and skills an individual

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.

II.2 Increase treatment capacity in ASAM Level 1 Outpatient, known as the "Pathways" program and serve up to twenty (20) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as 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-list."

During this bi-weekly reporting period:

- 8 sessions were conducted
- 71 participants in attendance (02/01/14 (20); 02/08/14(21); 02/15/14 (30))
- Groups are held on Saturday from 12 to 1 and 1 to 2 pm with education group from 2:15 to 3:15 pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 0

**Rehabilitation Services for Adolescents
February 01, 2014 through February 15, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 09

Non-Duplicate Active Clients: 13

In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?
In narrative form, briefly state how clients benefited from the core functions or services from this level?

The Group lesson/activity was: Thought stopping techniques: making the link, Trigger (Internal and External), Users in my home; Alcohol, Club drugs; Triggers-thoughts-cravings-use; Relapse Analysis chart. Each client was provided the opportunity to discuss each topic.

Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.

The strength of the group is that clients are able to provide positive support to one another by encouraging each other to continue to strive and work towards their goals. Clients continue to provide suggestions of activities that they are able to practice in groups and have fun in treatment.

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.

State any commendations to show the strengths of the Program.
State any recommendations for the improvement of service delivery.

II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as 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-list."

During this bi-weekly reporting period:

- 12 sessions were conducted
- 83 participants in attendance [2/01/14 (11); 2/07/14 (12); 2/8/14 (24); 2/14/14 (12); 2/15/14 (24)]
- Group time identified for Fridays from 3:30 - 4:30pm & 4:30-5:30pm and Saturdays from 12:00pm - 3:15pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 4 (pending orientation and registration)

Non-Duplicate Active Clients: 11

Rehabilitation Services for Adolescents
February 01, 2014 through February 15, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Task/Activity

II.3a Treatment capacity in ASAM Level 0.7 for all individuals who completed level II. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients

During this Bi-weekly reporting period:

- 5 Clients in Aftercare (Social Support) Level 0.7
- Transfer to another level of Care: 0

Non-Duplicate Active Clients: 5

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. Calendar: Trust; Pros and Cons; Triggers; Relapse Analysis Chart; Trigger~Thought-Cravings-Use; Alcohol; Thought-Stopping Techniques. Relapse is Not a Failure; External Trigger Questionnaire; Managing Anger; and Club Drugs. Clients were provided 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.

In narrative form, briefly state how clients benefited from 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 their use. Small group discussions facilitate understanding of the importance of each topic in recovery. Role-play, rehearsal, repetition, and practice in session help clients to identify strengths and needs. 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 open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates

MATRIX Model Parent Education / Support Group

During this bi-weekly reporting period:

- 3 sessions were conducted
- 35 Family Members in attendance [2/01/14 (10); 2/08/14 (16); 2/15/14 (9)]
- Group time identified for Saturdays from 12:00pm—1:30 pm at the Sanctuary, Inc. Main

Rehabilitation Services for Adolescents

February 01, 2014 through February 15, 2014

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

Office.

Non-Duplicate Active Family Members: 2

In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?

Feb 1, 2014: "I Respectfully Disagree with You" Discussion on how conflict is handled and addressed in their family setting

Feb 8, 2014: "Setting Healthy Boundaries and Limits" Dialogue on what is expected in family units, consequences for not following expectations and expected roles, and discomfort of enforcing consequences were addressed.

Feb 15, 2014: "Creating Healthy, Functional Families" using Matrix model Quiz, family members shared their experienced difficulties as they raise their teen/young adults who struggle with substance use disorder

In narrative form, briefly state how Family benefited from the core functions or services from this level?

Parents and Family members were able to openly discuss issues and ways in which their family has addressed conflict, communication, setting boundaries, rules, and expectations.

State any commendations to show the strengths of the Program:

Groups held on Saturday to accommodate majority census of "best time" for parents.

Motivational incentives such as snacks, coffee, and a dedicated group room for group have helped to increase attendance.

State any recommendations for the improvement of service delivery:

Recommendations for funding to provide gas coupons to parents as transportation continues to be the prevailing challenges reported by family members as to the reason for not being able to attend groups.

III.5 Maintain treatment capacity in ASAM Level

III.5 to serve 6 to 8 adolescents (male or female) at any given time. State the number of clients served, as well as 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-list."

During this bi-weekly reporting period:

- 5 active clients.
- Transfer to another level of Care: 0
- Wait Listing: 3

Phase Breakdown:

- Orientation: 0
- Awareness: 2
- Enhancement: 1
- Enlightenment: 1

**Rehabilitation Services for Adolescents
February 01, 2014 through February 15, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Task/Activity

- Empowerment: 1

Non-Duplicate Active Clients

During this Bi-weekly reporting period:

- 1 Clients in Aftercare (Social Support) Level 0.7
- Transfer to another level of Care: 1

II.5a 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

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, relationship intelligence, emotional wellness; 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 core functions or services from this level?

The continuity of treatment in this level of care provides the clients consistent contact with residential staff and the opportunity for support when 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 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 service delivery:

All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.

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.

Multi-level Interventions are still considered the best practice. It provides and allows insight, growth, emotional well-being, recognition of strengths, ability to communicate, group and family counseling and the opportunity to share openly, express them-selves and work on problems.

Rehabilitation Services for Adolescents
February 01, 2014 through February 15, 2014

Bi-Weekly Reporting Period:

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

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.

Program staff continues to work with Department of Youth Affairs, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, National Association of Social Workers (NASW) and Association of Individual Marriage and Family Therapist (AIMFT) monthly.

Sanctuary Representative:

[Signature]

DMHSA Representative:

Valerie S. MA, IMFT, CSAC III, ICADC
 Position Title: Clinical Director
 Date: February 20, 2014

Received By: *[Signature]*

[Signature]

Position Title:

[Signature]

Date of Submission:

2/24/14 12pm



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



February 3, 2014

To: Ray Vega
Acting Director
Guam Behavioral Health & Wellness Center

Attn: Don P. Sabang
Drug and Alcohol Supervisor
Guam Behavioral Health & Wellness Center

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 16, 2014 to January 31, 2014

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

Sincerely,

Mildred Q. Lujan,
Executive Director

FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 1/31/2014
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. S1456001 Document No. Contract No. Job Order No. Purchase Order No. Invoice No. DMHSA-2014-008	
COSTS INCURRED BY CATEGORY		AMOUNT
1. Personnel		\$ 20,086.00
2. Fringe Benefits		\$ 2,400.00
3. Contractual		\$ 400.00
4. Other		\$ 350.00
5. Supplies		\$ 1,000.00
6. Utilities		\$ 2,180.00

TOTAL PAYMENT REQUEST:

~~\$ 26,416.00~~ ^{DS}

\$ 13,333. ²³

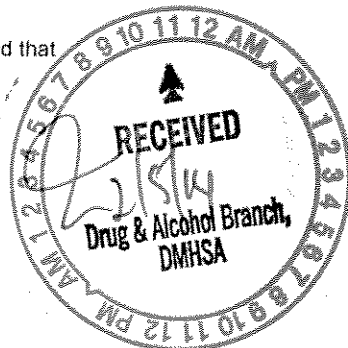
I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo and that this is a true and certified original.

Mildred Q. Lujan 02/03/2014
 MILDRED Q. LUJAN Date
 Sanctuary, Incorporated
 Executive Director

Recommended for payment: I certify invoice No. DMHSA-2014-008 to be true and correct; and that services for January 16- 31, 2014 have been rendered; and payment for this period is due.

Don Sabang
 D & A Supervisor

Don P. Sabang 2/5/14 DS
 2/14 DS



**Rehabilitation Services for Adolescents
January 01 2014 through January 15, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Task/Activity

II.1 Increase treatment capacity in ASAM Level 0.5 Education, known as the "Na' Homlo" program, and serve up to thirty (30) adolescents per treatment cycle and perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those who were on a "wait-list."

During this bi-weekly reporting period:

- 4 sessions were conducted
- 14 participants in attendance: 1-22-14 (5), 1-23-14 (2), 1-29-14 (5), 1-30-14 (2)
- Group held on Thursday from 4:30 - 5:30 pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 0

16 Active Clients NON-DUPLICATE

Lessons taught, treatment planning, long & short term effects on tobacco, decision making and triggers, pros and cons of drugs and alcohol.

In narrative form, state how activities from II.1.a to II.1.d were implemented and addressed?

Benefit: clients gained knowledge on the ill effects of drugs, alcohol, and tobacco. Clients developed their own goals and discussed what want to achieve while continuing services

State any commendations to show the strengths of the Program:

Strength: clients were able to discuss in a comfortable environment sharing personal experiences based on peers and family.

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.

II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and serve up to twenty (20) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as 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-list."

During this bi-weekly reporting period:

- 4 sessions were conducted
- 14 participants in attendance |01/11/14 (5) 01/25/14(9)|
- Groups are held on Saturday from 12-2 pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 10 12 Active Clients NON-DUPLICATE

**Rehabilitation Services for Adolescents
January 01 2014 through January 15, 2014**

Task/Activity

In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?

In narrative form, briefly state how clients benefited from the core functions or services from this level?

State any commendations to show the strengths of the Program:

State any recommendations for the improvement of service delivery:

II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as 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-list."

II.3a Treatment capacity in ASAM Level 0.7 for all individuals who completed level II. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable,

Sanctuary, Inc. Bi-Weekly Progress Report

The Group lesson/activity was: Having a good time without being high; AHRD workshop. Each client was provided the opportunity to discuss each topic.

Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives. The strength of the group is that clients are able to provide positive support to one another by encouraging each other to continue to strive and work towards their goals. Clients continue to provide suggestions of activities that they are able to practice in groups and have fun in treatment. 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.

During this bi-weekly reporting period:

- 10 sessions were conducted
- 59 participants in attendance (1/17/14 (13); 1/18/14 (12); 1/21/14 (6); 1/25/14 (14); 1/31/14 (14))
- 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
- Number of Successful Completions: 2
- Number of Clients Transferred to another level of Care: 2
- Number of Clients on the Wait List: 5 (pending orientation and registration)

13 Active Clients NON-DUPLICATE

During this Bi-weekly reporting period:

5 Active Clients NON-DUPLICATE

**Rehabilitation Services for Adolescents
January 01 2014 through January 15, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Task/Activity

state the number of clients

- Transfer to another level of Care: 0

In narrative form, briefly state how activities from H.3.a to H.3.e were implemented and addressed?

The Group lesson/activity was: weekly check-in; review of group rules; Calendar: Clean & Sober; Destructive Behaviors; Having Fun in Recovery with the Use of Alcohol and Drugs; School and Future Goals; Abusing Prescription Medication and Inhalants; AHRD Presentation; Scheduling. It is Important; and 12-Step Tips. Clients were provided 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.

In narrative form, briefly state how clients benefited from 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 their use. Small group discussions facilitate understanding of the importance of each topic in recovery. Role-play, rehearsal, repetition, and practice in session help clients to identify strengths and needs. 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 open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.

MATRIX Model Parent Education / Support Group

During this bi-weekly reporting period:

- 2 sessions were conducted
- 21 Family Members in attendance (1/18/14 [9]; 1/25/14 [12])
- Group time identified for Saturdays from: 12:00pm - 1:40pm at the Sanctuary, Inc. Main Office

In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and

17 Active Family Members NON-DUPLICATE

1-18-2014 - Movie "Days of Wine & Roses"

**Rehabilitation Services for Adolescents
January 01 2014 through January 15, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Task/Activity

addressed?

In narrative form, briefly state how Family benefited from the core functions or services from this level?

State any commendations to show the strengths of the Program:

State any recommendations for the improvement of service delivery:

II.5 Maintain treatment capacity in ASAM Level III.5 to serve 6 to 8 adolescents (male or female) at any given time. State the number of clients served, as well as 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-list."

II.5a Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of

1-25-2014 - Presentation from AHRD on Adolescent/Young Adults Program Available

1-18-2014: Movie "Days of Wine & Roses" Family members were able to see in the film how alcoholism is a progressive disease that affects the entire family even the non-drinking family members.

1-25-2014: Presentation from AHRD helped family members become more aware of the programs available for their children/young adults who are most especially struggling with school and how they can get assistance with the goal of graduating from high school through AHRD. Additionally, family members were also able to gather information on programs available to their children after graduation from high school like the Trades Academy. The supportive / Educational process of the group continues to provide family members the opportunity to learn about the process of recovery for their loved one(s), progressive nature of addiction, and available programs available to them and their family members.

Motivational incentives are highly recommended to encourage more family participation.

During this bi-weekly reporting period:

- 5 Clients were served (NON-Duplicate)
- Transfer to another level of Care: 0
- Wait Listing: 6

Phase Breakdown:

- Orientation: 2
- Awareness: 0
- Enhancement: 1
- Enlightenment: 1
- Empowerment: 1
-

During this Bi-weekly reporting period:

**Rehabilitation Services for Adolescents
January 01 2014 through January 15, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

- 2 Clients in Aftercare/Social Support Level 0.7 (NON-Duplicate)
- Transfer to another level of Care: 1 (higher level of care-level II)

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, relationship intelligence, emotional wellness; 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.

The continuity of treatment in this level of care provides the clients consistent contact with residential staff and the opportunity for support when the need arises

Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In 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.

All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.

Multi-level Interventions are still considered the best practice. It provides and allows insight, growth, emotional well-being, recognition of strengths, ability to communicate, group and family counseling and the opportunity to share openly, express themselves and work on problems.

Program staff continues to work with Department of Youth Affairs, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.

Bi-Weekly Reporting Period:

Task/Activity

clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients

In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed.

In narrative form, briefly state how clients benefited from the core functions or services from this level?

State any recommendations to show the strengths of the Program:

State any recommendations for the improvement of service delivery:

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.

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.

**Rehabilitation Services for Adolescents
January 01 2014 through January 15, 2014**

Bi-Weekly Reporting Period:

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

II.8 Ensure all clients receive appropriate screening and assessment for placement into ASAM Levels 0.5, I, II, III.5, and 0.7; Briefly state how sections II.7.a to II.7.c are being addressed.

Ongoing Screening / Assessments continue daily using ASAM to determine Patient Placement Appropriateness.

Assessments are ongoing throughout client's treatment episode.

II.9 Provide its staff with opportunities for staff development by performing the following tasks: Briefly state the status of staff members seeking certification with IC & RC and what trainings they attended during the reporting period.

- Sagan Na' Homlo currently has 3 certified IC/RC Counselor working with the youth in the inpatient / outpatient programs.
- One counselor is a licensed IMF-1 Therapist.
- 1 staff continues to work on CEU's that apply toward the IC/RC Certification.
- 1 staff is currently working on becoming a Recovery Coach by attending training and meeting with Clinical Supervisor for supervision to prepare for IC/RC Certification.
- Case Manager is working toward IC&RC Certification.

Sanctuary Representative:

DMHSA Representative:

Valerie Reyes
Position Title: Clinical Director
Date: February 3, 2014

Received By:

Position Title:

Date of Submission:



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



January 21, 2014

To: Ray Vega
Acting Director
Guam Behavioral Health & Wellness Center

Attn: Don P. Sabang
Drug and Alcohol Supervisor
Guam Behavioral Health & Wellness Center

From: Mildred Q. Lujan
Executive Director
Sanctuary, Incorporated

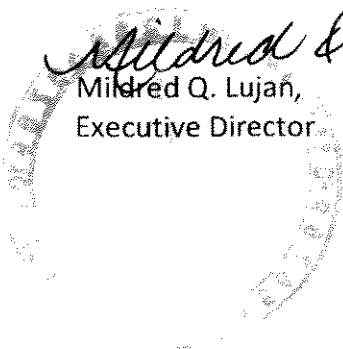
Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Bi-Weekly Program Status Report for the weeks of January 1, 2014 to January 15, 2014

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

Sincerely,


Mildred Q. Lujan,
Executive Director

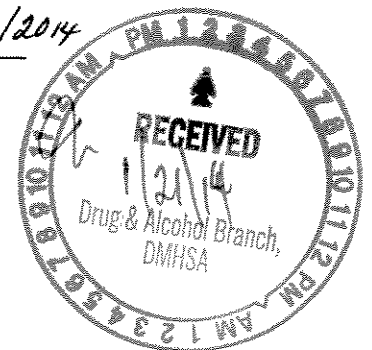


FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo		Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 1/15/2014
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)		Vendor Acct. No. S1456001 Document No. Contract No. Job Order No. Purchase Order No. Invoice No. DMHSA-2014-007	
COSTS INCURRED BY CATEGORY		AMOUNT	
1. Personnel		\$	20,086.00
2. Fringe Benefits		\$	2,400.00
3. Contractual		\$	400.00
4. Other		\$	350.00
5. Supplies		\$	1,000.00
6. Utilities		\$	2,180.00

TOTAL PAYMENT REQUEST: \$ 26,416.00

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 Date
 Sanctuary, Incorporated
 Executive Director



Recommended for payment: I certify Invoice No. DMHSA-2014-007 to be true and correct; and that services for January 1- 15, 2014 have been rendered; and payment for this period is due.

 Don Sabang
 D & A Supervisor

Rehabilitation Services for Adolescents

January 01 2014 through January 15, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Task/Activity

II.1 Increase treatment capacity in ASAM Level 0.5 Education, known as the "Na' Homlo" program, and perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those who were on a "wait-list."

During this bi-weekly reporting period:

- 05 sessions were conducted
- 17 participants in attendance: 1-2-14 (3), 1-8-14 (5), 1-9-14 (3), 1-15-14 (5), 1-16-14 (1)
- Group held on Thursday from 4:30 – 5:30 pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 1
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 3 pending orientation

III. Clients with Pending Orientation

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, treatment planning, decision making, presentation on Tobacco & gateway drugs, underage drinking law on Guam.

In narrative form, briefly state how clients benefited from the core functions or services from this level?

Participants benefited from the last sessions by: Clients were able to identify their goals, gain knowledge on the Underage Drinking Law on Guam as well as facts about Tobacco and long/short term effect of tobacco and gateway drugs.

State any commendations to show the strengths of the Program.

The strength of the classes was that each client was provided the opportunity to learn in a safe environment and ways become comfortable to share their thoughts and process about the topic of discussion.

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.

II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and serve up to twenty (20) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as 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-list."

During this bi-weekly reporting period:

- 4 sessions were conducted
- 07 participants in attendance [01/04/14 (4); 01/11/14(3)]
- Groups are held on Saturday from 12-2 pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 10 pending orientation.

Rehabilitation Services for Adolescents January 01 2014 through January 15, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	II.3a
In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?	The Group lesson/activity was: When did you start using; Relapse Justification I; Triggers; Dealing with problems. Each client was provided the opportunity to discuss each topic.
In narrative form, briefly state how clients benefited from the core functions or services from this level?	Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.
State any commendations to show the strengths of the Program:	The strength of the group is that clients are able to provide positive support to one another by encouraging each other to continue to strive and work towards their goals.
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 treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as 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-list."	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 8 sessions were conducted • 48 participants in attendance [1/11/14 (10); 1/10/14 (12); 1/4/14 (14); 1/3/14 (12)] • 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. • Number of Successful Completions: 0 • Number of Clients Transferred to another level of Care: 0 • Number of Clients on the Wait List: 4 (pending orientation and registration)
II.3a Treatment capacity in ASAM Level 0.7 for all individuals who completed level II. State the number of clients served, as well as those who successfully	During this Bi-weekly reporting period:

Rehabilitation Services for Adolescents January 01 2014 through January 15, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
completed, within the reporting period. If applicable, state the number of clients	<ul style="list-style-type: none"> • Transfer to another level of Care: 0
In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?	<p>The Group lesson/activity was: weekly check-in; review of group rules; Calendar; You're Here Because Why?; Cigarette Arguments; Club Drugs; Relapse Justification I; Alcohol Arguments; When Did You Start Using?; Dealing with Problems; Stages of Recovery; Making the Link; and Users in My Home. Clients were provided 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.</p> <p>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 their use. Small group discussions facilitate understanding of the importance of each topic in recovery. Role-play, rehearsal, repetition, and practice in session help clients to identify strengths and needs. In addition, group participation teaches empathy and helps to develop effective communication skills.</p> <p>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.</p> <p>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.</p> <p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 2 sessions were conducted • 15 Family Members in attendance (1/4/14 [8]; 1/11/14 [7]) • Group time identified for Saturdays from 12:00pm—1:00pm at the Sanctuary, Inc. Main Office.
In narrative form, briefly state how clients benefited from the core functions or services from this level?	
State any commendations to show the strengths of the Program:	
State any recommendations for the improvement of service delivery:	
MATRIX Model Parent Education / Support Group	
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	<p>1-04-2014 – Matrix Topic: “Triggers & Cravings”</p> <p>1-11-2014 – Matrix Topic: “Avoiding / Coping with Relapse”</p>

Rehabilitation Services for Adolescents January 01 2014 through January 15, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
<p>In narrative form, briefly state how Family benefited from the core functions or services from this level?</p>	<p>1-04-2014: The powerful craving process of addiction was discussed in detail paying emphasis on the irrational vs. rational decisions made for those suffering from active addiction answering the question "why can't they just stop"</p> <p>1-11-2014: Avoiding/Coping with Relapse allowed parents to evaluate their understanding and belief of relapse, who is responsible, and what to do if their child relapses.</p> <p>The supportive / Educational process of the group continues to provide family members the opportunity to learn about the process of recovery for their loved one.</p> <p>Motivational incentives are highly recommended to encourage more family participation.</p>
<p>State any commendations to show the strengths of the Program:</p>	
<p>State any recommendations for the improvement of service delivery:</p>	
<p>II.5 Maintain treatment capacity in ASAM Level III.5 to serve 6 to 8 adolescents (male or female) at any given time. State the number of clients served, as well as 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-list."</p>	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 5 Clients were served. • Transfer to another level of Care: 0 • Wait Listing: 8 <p>Phase Breakdown:</p> <ul style="list-style-type: none"> • Orientation: 2 • Awareness: 0 • Enhancement: 0 • Enlightenment: 3 • Empowerment: 0
<p>II.5a 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</p>	<p>During this Bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 2 Clients in Aftercare (Social Support) Level 0.7 • Transfer to another level of Care: 0
<p>In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?</p>	<p>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,</p>

Rehabilitation Services for Adolescents	
January 01 2014 through January 15, 2014	
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
In narrative form, briefly state how clients benefited from the core functions or services from this level?	decision making, relapse prevention, life skills, team building, relationship intelligence; emotional wellness; 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.
State any commendations to show the strengths of the Program:	The continuity of treatment in this level of care provides the clients consistent contact with residential staff and the opportunity for support when the need arises.
State any recommendations for the improvement of service delivery:	Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In 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.
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.	All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.
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.	Multi-level Interventions are still considered the best practice. It provides and allows insight, growth, emotional well-being, recognition of strengths, ability to communicate, group and family counseling and the opportunity to share openly, express them-selves and work on problems.
II.8 Ensure all clients receive appropriate screening and assessment for placement into ASAM Levels 0.5, I, II, III.5, and 0.7: Briefly state how sections II.7.a to II.7.e are being addressed.	Program staff continues to work with Department of Youth Affairs, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.
II.9 Provide its staff with opportunities for staff	Effective January 2, 2014 all Referrals will be accepted directly by Sanctuary with Referrals no longer needed by GBHWC-New Beginnings as indicated on report from December 15-31, 2013. Screening / Assessments continue daily for ASAM PPC Appropriateness.

- Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the

Rehabilitation Services for Adolescents

January 01 2014 through January 15, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

development by performing the following tasks:
Briefly state the status of staff members seeking certification with IC & RC and what trainings they attended during the reporting period.

- inpatient / outpatient programs.
- One counselor is a licensed IMFT Therapist.
- 1 staff continues to work on CEU's that apply towards the ICRC Certification.
- 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.
- Case Manager is working toward IC&RC Certification.

Sanctuary Representative:

Valerie Reyes
Position Title: Clinical Director
Date: January 21, 2014

DMHSA Representative:

Received By: [Signature]
Position Title: WPS I
Date of Submission: 1/21/14 2:15pm

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

"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



Department of Youth Affairs

April 15, 2014

APR 15 2014

Director's Office

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, 2014 through March 31, 2014.

Should you have any questions, please feel free to contact myself at 475-7101 ext. 101 or OJ Taitano at 475-7101 ext. 119.

Sincerely,


Mildred Q. Lujan, Executive Director
Sanctuary Incorporated of Guam

FY 2014 RUNAWAY HOMELESS YOUTH (RHY) BASIC CENTER

Department of Youth Affairs

QUARTERLY PERFORMANCE REPORT FORM

ORGANIZATION/AGENCY: Sanctuary, Incorporated of Guam	
VENDOR NUMBER: S1456001	
PERSON COMPLETING REPORT: Crystal J. Flores	
TELEPHONE: 475-7113	FAX: 477-3117
REPORT PERIOD: January 1, 2014 to March 31, 2014	DATE OF REPORT: April 15, 2014

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:

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

<p>Activity A: The Emergency Shelter program will provide individual supportive counseling at least twice a week for each youth residing in the shelter.</p> <p>Time Line: Daily; ongoing daily sessions</p> <p>Responsible Parties: Case Manager and/or Program Director, and Residential Assistants</p>	<p>Results:</p> <ul style="list-style-type: none"> • During this reporting period, five (5) youth resided in the shelter during the month of January. Five (5) youth resided in the shelter during the month of February. Nine (9) youth resided in the month of March. At least one hundred sixty six (166) individual supportive counseling sessions were conducted that encompassed educational, health and personal growth.
<p>Activity B: To provide therapeutic and recreational activities for youth to promote personal well-being.</p> <p>Timeline: Daily</p> <p>Responsible Parties: Case Manager and/or Program Director, and Residential Assistants</p>	<p>Results:</p> <ul style="list-style-type: none"> • On a weekly basis, the program facilitates various support activities for therapeutic and recreational purpose such as life skills to include money management, cooking skills, home management, mentoring, and exercise to promote social skills and personal growth.
<p>Objective II. To increase crisis intervention services to runaway and homeless youth and their families by providing 24-hour services up to 200 youth, parents, and/or community members.</p> <p>Indicators/Outcomes/Periodicity: <i>Accessibility of children and their families in crisis situations who use Emergency Shelter services.</i></p> <p>Activity A: 24-hour crisis hotline is open to the general public to provide immediate feedback, assessments and referrals to appropriate agencies.</p> <p>Time line: ongoing</p> <p>Responsible Parties: Crisis Intervention Worker, Case Manager, and Program Director</p>	<p>Results:</p> <ul style="list-style-type: none"> • One hundred seventy-six (176) contacts were made via 24-hour crisis hotline. • 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.
<p>Activity B: Provide referral services for all youth and their family members assessed for services needed from other agencies.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Crisis Intervention Worker, Case Manager and Program Director</p>	<p>Results:</p> <ul style="list-style-type: none"> • An estimation of one hundred sixty (160) referrals was made to other agencies and organizations such as, Guma' San Jose, Catholic Social Services, Guam Behavioral Health and Wellness Center (GBHWC), Alee Shelter, and Drug and Alcohol services.

<p>Objective III: To reduce the problems of youth between the ages of 12 through 17 who are runaway, homeless and victims of abuse by providing temporary shelter and aftercare services for up to ten youth at any given time while they resolve problematic issues.</p> <p>Indicators/Outcomes/Periodicity: <i>Accessibility of emergency 24-hr placement for runaway and homeless youth needing assistance or guidance to begin the reunification process.</i></p> <p>Activity A: The project will provide temporary shelter and aftercare service for up to ten youth between the ages of 12 through 17 years of age, for up to 30 days while providing youth with supportive counseling, and connecting youth and families with other agencies.</p> <p>Activity B: The project will provide basic necessities such as food, clothing, shelter, and transportation services to and from school and appointments while also providing supportive counseling and guidance to promote reunification and reconciliation.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Program Director and Case Manager.</p>	<p>Results: During this quarter a total of twelve (12) youth received shelter services. There were eight (8) new intakes admitted to shelter, two (2) youth re-entered shelter two times, four (4) youth continued to receive shelter services in the month of September. Seventeen (17) clients continued in aftercare services once reunified with their parent/legal guardian from the month of October to December.</p> <p>During this reporting quarter, one (1) client transitioned to foster parents, one (1) client transitioned to legal guardian, three (3) clients transitioned to their parent, one (1) client transitioned to Sagan Na'homlo', and one (1) client transitioned to Serenity.</p> <p>Results: During this quarter, all youth admitted into shelter met their basic needs, reunified with familial placement or referred to appropriate agencies or organizations to further meet the youth and family's needs. The Case Manager and Program Director worked with other agencies and organizations to help work towards promoting reunification and reconciliation between the youth and family.</p>
<p>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.</p> <p>Indicators/Outcomes/Periodicity: <i>Conflict Mediation skills of children and their families</i></p> <p>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.</p> <p>Time line: ongoing</p>	<p>Results: Eighteen (18) family skills training sessions were provided this reporting period to youth and their families experiencing crisis. Family sessions were conducted as well to develop a reunification plan. During this quarter all other youth transitioned back home to a parent/legal</p>

<p>Responsible Parties: Crisis Intervention Worker, Case Manager and Program Director.</p>	<p>guardian, alternate familial placement or a foster care home.</p>
<p>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.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Program Directors, Case Manager, and AmeriCorps volunteers.</p>	<p>Results:</p> <ul style="list-style-type: none"> • Eleven (11) High School YAM classes were conducted this reporting period with an average of four (4) youth in attendance and were mentored by Sanctuary's AmeriCorps Volunteers during the group session. • Twelve (12) Middle School YAM classes were conducted during this reporting period with an average of seven (7) youth in attendance and were mentored by Sanctuary's AmeriCorps Volunteers during the group session. Group participants consisted of youth in Sanctuary's Emergency Shelter program, as well as outside referrals from other agencies such as GDOE, 1 Famagu'on-ta and Probation.
<p>Objective V: To decrease recidivism and problems of runaway and homeless youth and their families to assist with their transition back home and meet their long-term needs.</p> <p>Indicators/Outcomes/Periodicity: <i>Availability of supportive services to children and their families in crisis situations.</i></p> <p>Activity A: The project will provide individual supportive counseling for 120 youth and their parent/legal guardians assisting them in making appropriate decisions relative to their family dynamics.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Program Directors and Case Manager</p>	<p>Results: Individual supportive counseling sessions were provided this reporting period to assist youth and their parent/legal guardians to make appropriate decisions relative to their family dynamics. The breakdown of the sessions are as follow:</p> <ul style="list-style-type: none"> - One hundred sixty six (166) youth individual supportive counseling sessions - Eighteen (18) parent individual supportive counseling sessions - IPP completion rate for this quarter is at 90%
<p>Activity B: The project will provide case management services for up to 200 youth and their families that will enhance stabilize and strengthen their relationships.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Program Director and Case Manager</p>	<p>Results: Twelve (12) youth received case management services via Co-Ed Shelter and seventeen (17) participated in Aftercare services.</p>

Problems Encountered:

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. Both 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 not to seek aftercare services. Further, parent involvement in programs (groups and supportive counseling) is limited; parents do not participate in all the services we recommend despite their agreement to participate and access other services upon intake of client.

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 continues to partner with agencies such as Child Protective Services by holding monthly meetings to discuss ways to better serve clientele.

Performance Measures:

Social Competence	Case Manager and shelter staff observed improvement in social interactions and, defined as maintaining a positive relationships with others in 12 of the 17 (70.5%) clients served within this reporting period. Observations are based on demeanor and nature of client interactions as documented using daily client progress reports.
Family Relationships	Noted improvements in family relationships, defined as willingness to address family issues, and improved styles of communication, has been reported by case manger for 11 of the 17 (64.7%) of the clients served this reporting period. Future increase in improved family relationships are expected for the clients who were accessing shelter services during the end of the reporting cycle; more time needed to work with youth and families.
Families Satisfied with Program	Four (4) individual family members completed the satisfaction survey. Fifty percent reported to be satisfied with all aspects of the program. One hundred percent of the four surveyed, reported that they will access Sanctuary services for future familial issues. Areas surveyed include: <ol style="list-style-type: none">1) Noted quality in family relationships2) Future access of services3) Accessibility and response time4) Overall rating of services5) Recommending services to others
Client Satisfaction	Four (4) clients completed our satisfaction survey. 75% reported an increased quality in familial relationships, 75% stated that they had good or very good access to services with prompt response

	time, 75% rated overall services as good or very good, and 25% of clients surveyed have indicated that they would very likely refer others to Sanctuary for services needed.
--	--



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 11, 2014

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 2014 from January 1, 2014 – March 31, 2014.

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 2014 - (January 1, 2014 - March 31, 2014)
2nd Quarter Expenditure Report
Department of Youth Affairs
Runaway Homeless Program

Fund	Contract Amount	Object Classification	Expenditure
General	\$ 321,556		
		Salary	90,887.36
		Benefits	12,403.80
		Travel (Mileage)	0.00
		Contractual	6,243.24
		Supplies & Materials	1,791.83
		Equipment	0.00
		Utilities	13,814.15
		Miscellaneous	711.25
		Vehicle Lease	0.00
		Grand Total	<u>125,851.63</u>

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2014 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:



 MILDRED Q. LUJAN
 EXECUTIVE DIRECTOR

DATE: 04/11/2014

	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Debit</u>	<u>Credit</u>	<u>Balance</u>
Accounts Receivable	10/31/2013	RHY-2014-00	Dept. of Youth Affairs	27,025.07		27,025.07
	11/30/2013	RHY2014-002	Dept. of Youth Affairs	30,763.47		57,788.54
	12/31/2013	RHY2014-003	Dept. of Youth Affairs	39,341.42		97,129.96
	01/31/2014	RHY2014-004	Dept. of Youth Affairs	34,131.82		131,261.78
	02/28/2014	RHY2014-005	Dept. of Youth Affairs	43,248.95	0.00	174,510.73
			Total Accounts Receivables:	174,510.73		

Salary and Wages

Program Director

10/17/2013	O J Thomas Taitano	242.76		174,267.97
10/31/2013	O J Thomas Taitano	242.76		174,025.21
11/14/2013	O J Thomas Taitano	242.76		173,782.45
11/27/2013	O J Thomas Taitano	242.76		173,539.69
12/12/2013	O J Thomas Taitano	242.76		173,296.93
12/26/2013	O J Thomas Taitano	485.52		172,811.41
01/09/2014	O J Thomas Taitano	242.76		172,568.65
01/23/2014	O J Thomas Taitano	242.76		172,325.89
02/06/2014	O J Thomas Taitano	849.66		171,476.23
02/20/2014	O J Thomas Taitano	849.66		170,626.57
03/07/2014	O J Thomas Taitano	849.66		169,776.91
03/20/2014	O J Thomas Taitano	768.74	0.00	169,008.17
	Subtotal:	5,502.56		

Program Coordinator I

10/17/2013	Mamaling R. Reyes	1,007.20		168,000.97
10/31/2013	Mamaling R. Reyes	1,007.20		166,993.77
11/14/2013	Mamaling R. Reyes	1,007.20		165,986.57
11/27/2013	Mamaling R. Reyes	1,007.20		164,979.37
12/12/2013	Mamaling R. Reyes	1,485.62		163,493.75
01/09/2014	Mamaling R. Reyes	478.42		163,015.33
01/23/2014	Mamaling R. Reyes	478.42		162,536.91
02/06/2014	Mamaling R. Reyes	478.42		162,058.49
02/20/2014	Mamaling R. Reyes	428.06		161,630.43
03/06/2014	Mamaling R. Reyes	478.42		161,152.01
03/20/2014	Mamaling R. Reyes	881.30	0.00	160,270.71
	Subtotal:	8,737.46		

Project Assistant II

10/17/2013	Eugene Q. Anderson	386.40		159,884.31
10/31/2013	Eugene Q. Anderson	386.40		159,497.91
11/14/2013	Eugene Q. Anderson	386.40		159,111.51
11/27/2013	Eugene Q. Anderson	386.40		158,725.11
12/12/2013	Eugene Q. Anderson	386.40	0.00	158,338.71
	Subtotal:	1,932.00		

Case Manager II

11/14/2013	Joleen Baza	117.69	0.00	158,221.02
	Subtotal:	117.69		

Residential Assistant

10/17/2013	April Joy F Aguon	128.63	158,092.39
10/17/2013	Josie Q. Santiago	118.34	157,974.05
10/17/2013	Camarin Lujan	728.00	157,248.05
10/17/2013	Celia Whitman	772.80	156,473.25
10/17/2013	Georgiana Rae J Almeida	728.00	155,745.25
10/17/2013	Nelsina N. Mori	839.80	154,905.45
10/17/2013	Sarita Ilesugam	866.54	154,018.91
10/17/2013	Leinani M. Duenas	705.25	153,313.66
10/17/2013	Teresa M. Perez	744.17	152,569.49
10/31/2013	Camarin Lujan	364.00	152,205.49
10/31/2013	Celia Whitman	697.94	151,507.55
10/31/2013	Francisco G. Cruz I	118.34	151,389.21
10/31/2013	Josie Q. Santiago	118.34	151,270.87
10/31/2013	Leinani M. Duenas	728.00	150,542.87
10/31/2013	Nelsina N. Mori	832.00	149,710.87
10/31/2013	Teresa M. Perez	437.06	149,273.81
11/01/2013	Troy Munoz	696.84	148,576.97
11/14/2013	Aidan Carlos A. Rojas	643.83	147,933.14
11/14/2013	Alex F Cabrera	230.53	147,702.61
11/14/2013	Antonio Diaz	234.33	147,468.28
11/14/2013	Georgiana Rae J Almeida	687.05	146,781.23
11/14/2013	Nelsina N. Mori	821.60	145,959.63
11/14/2013	Janelle S. Lizama	687.05	145,272.58
11/14/2013	Leinani M. Duenas	728.00	144,544.58
11/14/2013	Teresa M. Perez	319.80	144,224.78
11/27/2013	Leinani M. Duenas	723.46	143,501.32
11/27/2013	Sarita Ilesugam	950.02	142,551.30
11/27/2013	Aidan Carlos A. Rojas	652.93	141,898.37
11/27/2013	Alex Cabrera	722.22	141,176.15
11/27/2013	Georgiana Rae J Almeida	357.18	140,818.97
11/27/2013	Josie Q. Santiago	118.34	140,700.63
11/27/2013	Nelsina N. Mori	871.00	139,829.63
12/12/2013	Alex Cabrera	722.22	139,107.41
12/12/2013	April Joy F Aguon	634.40	138,473.01
12/12/2013	Georgiana Rae J Almeida	707.91	137,765.10
12/12/2013	Nelsina N. Mori	891.02	136,874.08
12/12/2013	Sarita Ilesugam	881.07	135,993.01
12/12/2013	Leinani M. Duenas	728.00	135,265.01
12/26/2013	Alex Cabrera	852.80	134,412.21
12/26/2013	April Joy F Aguon	824.20	133,588.01
12/26/2013	Georgiana Rae J Almeida	634.73	132,953.28
12/26/2013	Janelle S. Lizama	734.83	132,218.45
12/26/2013	John A. Chargualaf	705.25	131,513.20
12/26/2013	Leinani M. Duenas	702.98	130,810.22
12/26/2013	Nelsina N. Mori	832.00	129,978.22
12/26/2013	Sarita Ilesugam	1,064.96	128,913.26
01/09/2014	Alex Cabrera	591.63	128,321.63
01/09/2014	April Joy F Aguon	777.40	127,544.23
01/09/2014	Nelsina N. Mori	878.02	126,666.21
01/09/2014	Sarita Ilesugam	941.75	125,724.46
01/09/2014	Georgiana Rae J Almeida	790.81	124,933.65
01/09/2014	Janelle S. Lizama	796.26	124,137.39
01/09/2014	John A. Chargualaf	696.15	123,441.24
01/09/2014	Leinani M. Duenas	717.08	122,724.16
01/23/2014	Alex Cabrera	852.80	121,871.36
01/23/2014	April Joy F Aguon	751.40	121,119.96
01/23/2014	Nelsina N. Mori	832.00	120,287.96
01/23/2014	Sarita Ilesugam	882.40	119,405.56
01/23/2014	Georgiana Rae J Almeida	712.08	118,693.48
01/23/2014	Janelle S. Lizama	728.00	117,965.48
01/23/2014	John A. Chargualaf	682.50	117,282.98
01/23/2014	Leinani M. Duenas	728.00	116,554.98
02/06/2014	Alex Cabrera	852.80	115,702.18
02/06/2014	April Joy F Aguon	824.20	114,877.98

02/06/2014	Nelsina N. Mori	832.00		114,045.98
02/06/2014	Sarita Ilesugam	882.40		113,163.58
02/06/2014	Georgiana Rae J Almeida	702.98		112,460.60
02/06/2014	Janelle S. Lizama	698.43		111,762.17
02/06/2014	John A. Chargualaf	682.50		111,079.67
02/06/2014	Leinani M. Duenas	718.90		110,360.77
02/20/2014	Alex Cabrera	852.40		109,508.37
02/20/2014	April Joy F. Aguon	800.80		108,707.57
02/20/2014	Nelsina N. Mori	832.00		107,875.57
02/20/2014	Sarita Ilesugam	882.40		106,993.17
02/20/2014	Georgiana Rae J Almeida	721.18		106,271.99
02/20/2014	Janelle S. Lizama	728.00		105,543.99
02/20/2014	John A. Chargualaf	655.20		104,888.79
02/20/2014	Leinani M. Duenas	728.00		104,160.79
02/20/2014	Celia Whitman	386.40		103,774.39
03/06/2014	Alex Cabrera	722.22		103,052.17
03/20/2014	Alex Cabrera	862.80		102,199.37
03/20/2014	Celia D.G. Whitman	772.80		101,426.57
03/06/2014	Celia Whitman	429.88		100,996.69
03/06/2014	Georgiana Rae J Almeida	705.25		100,291.44
03/20/2014	Georgiana Rae J Almeida	685.23		99,606.21
03/06/2014	Janelle S. Lizama	712.08		98,894.13
03/20/2014	Janelle S. Lizama	728.00		98,166.13
03/06/2014	John A. Chargualaf	687.05		97,479.08
03/20/2014	John A. Chargualaf	573.30		96,905.78
03/06/2014	Leinani M. Duenas	664.30		96,241.48
03/20/2014	Leinani M. Duenas	728.00	0.00	95,513.48
03/06/2014	Nelsina N. Mori	832.00		94,681.48
03/20/2014	Nelsina N. Mori	798.20		93,883.28
03/06/2014	Sarita Ilesugam	794.16		93,089.12
03/20/2014	Sarita Ilesugam	882.40		92,206.72
	Subtotal:	66,014.30		

Residential Supervisor

10/17/2013	Jeanette M. Tenorio	1,139.20		91,067.52
10/31/2013	Jeanette M. Tenorio	1,139.20		89,928.32
11/14/2013	Jeanette M. Tenorio	1,139.20		88,789.12
11/27/2013	Jeanette M. Tenorio	1,139.20		87,649.92
12/12/2013	Jeanette M. Tenorio	1,139.20		86,510.72
01/23/2014	Jeanette M. Tenorio	996.80		85,513.92
02/06/2014	Jeanette M. Tenorio	1,139.20		84,374.72
02/20/2014	Jeanette M. Tenorio	854.40		83,520.32
03/06/2014	Jeanette M. Tenorio	854.40		82,665.92
03/20/2014	Jeanette M. Tenorio	854.40	0.00	81,811.52
	Subtotal:	10,395.20		

Administrative Staff

10/17/2013	Helen D. S. Onedera	696.54		81,114.98
10/31/2013	Helen D. S. Onedera	696.54		80,418.44
11/14/2013	Helen D. S. Onedera	696.54		79,721.90
11/27/2013	Helen D. S. Onedera	696.54		79,025.36
12/12/2013	Helen D. S. Onedera	696.54		78,328.82
12/26/2013	Helen D. S. Onedera	696.54		77,632.28
10/17/2013	Joseph A. Chargualaf	458.28		77,174.00
10/31/2013	Joseph A. Chargualaf	458.28		76,715.72
11/14/2013	Joseph A. Chargualaf	458.28		76,257.44
11/27/2013	Joseph A. Chargualaf	458.28		75,799.16
12/12/2013	Joseph A. Chargualaf	458.28		75,340.88
12/26/2013	Joseph A. Chargualaf	458.28		74,882.60
10/17/2013	Katharine L. Dominguez	753.16		74,129.44

10/31/2013	Katharine L. Dominguez	753.16	73,376.28
11/14/2013	Katharine L. Dominguez	753.16	72,623.12
11/27/2013	Katharine L. Dominguez	753.16	71,869.96
12/12/2013	Katharine L. Dominguez	753.16	71,116.80
12/26/2013	Katharine L. Dominguez	753.16	70,363.64
10/17/2013	Michael A. Franquez	642.58	69,721.06
10/31/2013	Michael A. Franquez	642.58	69,078.48
11/14/2013	Michael A. Franquez	642.58	68,435.90
11/27/2013	Michael A. Franquez	642.58	67,793.32
12/12/2013	Michael A. Franquez	642.58	67,150.74
12/26/2013	Michael A. Franquez	642.58	66,508.16
10/17/2013	Mildred Q. Lujan	1,183.70	65,324.46
10/31/2013	Mildred Q. Lujan	1,183.70	64,140.76
11/14/2013	Mildred Q. Lujan	1,183.70	62,957.06
11/27/2013	Mildred Q. Lujan	1,183.70	61,773.36
12/12/2013	Mildred Q. Lujan	1,183.70	60,589.66
12/26/2013	Mildred Q. Lujan	1,183.70	59,405.96
10/17/2013	Robert L. Epstein	923.02	58,482.94
10/31/2013	Robert L. Epstein	923.02	57,559.92
11/14/2013	Robert L. Epstein	923.02	56,636.90
11/27/2013	Robert L. Epstein	923.02	55,713.88
12/12/2013	Robert L. Epstein	923.02	54,790.86
12/26/2013	Robert L. Epstein	923.02	53,867.84
11/27/2013	Teresa M. Perez	405.08	53,462.76
12/26/2013	Teresa M. Perez	405.08	53,057.68
12/12/2013	Toni Marie Perez	230.24	52,827.44
12/26/2013	Toni Marie Perez	527.39	52,300.05
12/26/2013	Virginia C. Ibay	1,741.14	50,558.91
01/09/2014	Helen D. S. Onedera	696.54	49,862.37
01/23/2014	Helen D. S. Onedera	696.54	49,165.83
01/09/2014	Joseph A. Chargualaf	458.28	48,707.55
01/23/2014	Joseph A. Chargualaf	458.28	48,249.27
01/09/2014	Katharine L. Dominguez	753.16	47,496.11
01/23/2014	Katharine L. Dominguez	753.16	46,742.95
01/09/2014	Michael A. Franquez	642.58	46,100.37
01/23/2014	Michael A. Franquez	642.58	45,457.79
01/09/2014	Mildred Q. Lujan	1,183.70	44,274.09
01/23/2014	Mildred Q. Lujan	1,183.70	43,090.39
01/09/2014	Robert L. Epstein	923.02	42,167.37
01/23/2014	Robert L. Epstein	923.02	41,244.35
01/09/2014	Teresa M. Perez	405.08	40,839.27
01/23/2014	Teresa M. Perez	405.08	40,434.19
01/09/2014	Toni Marie Perez	546.82	39,887.37
01/23/2014	Toni Marie Perez	546.82	39,340.55
01/09/2014	Virginia C. Ibay	648.66	38,691.89
01/23/2014	Virginia C. Ibay	648.66	38,043.23
02/06/2014	Helen D. S. Onedera	696.54	37,346.69
02/20/2014	Helen D. S. Onedera	696.54	36,650.15
02/06/2014	Joseph A. Chargualaf	458.28	36,191.87
02/20/2014	Joseph A. Chargualaf	458.28	35,733.59
02/06/2014	Katharine L. Dominguez	753.16	34,980.43
02/20/2014	Katharine L. Dominguez	753.16	34,227.27
02/06/2014	Michael A. Franquez	642.58	33,584.69
02/20/2014	Michael A. Franquez	642.58	32,942.11
02/06/2014	Mildred Q. Lujan	1,183.70	31,758.41
02/20/2014	Mildred Q. Lujan	1,183.70	30,574.71
02/06/2014	Robert L. Epstein	923.02	29,651.69
02/20/2014	Robert L. Epstein	923.02	28,728.67
02/06/2014	Teresa M. Perez	405.08	28,323.59
02/20/2014	Teresa M. Perez	405.08	27,918.51
02/06/2014	Toni Marie Perez	546.82	27,371.69
02/20/2014	Toni Marie Perez	546.82	26,824.87

02/06/2014	Virginia C. Ibay	859.86		25,965.01
02/20/2014	Virginia C. Ibay	648.66		25,316.35
03/07/2014	Helen D. S. Onedera	696.54		24,619.81
03/20/2014	Helen D. S. Onedera	696.54		23,923.27
03/06/2014	Joseph A. Chargualaf	458.28		23,464.99
03/20/2014	Joseph A. Chargualaf	458.28		23,006.71
03/07/2014	Katharine L. Dominguez	753.16		22,253.56
03/20/2014	Katharine L. Dominguez	753.16		21,500.39
03/07/2014	Michael A. Franquez	642.58		20,857.81
03/20/2014	Michael A. Franquez	642.58		20,215.23
03/07/2014	Mildred Q. Lujan	1,183.70		19,031.53
03/20/2014	Mildred Q. Lujan	1,183.70		17,847.83
03/07/2014	Robert L. Epstein	923.02		16,924.81
03/20/2014	Robert L. Epstein	923.02		16,001.79
03/06/2014	Teresa M. Perez	405.08		15,596.71
03/20/2014	Teresa M. Perez	405.08		15,191.63
03/06/2014	Toni Marie Perez	546.82		14,644.81
03/20/2014	Toni Marie Perez	546.82		14,097.99
03/06/2014	Virginia C. Ibay	648.66		13,449.33
03/20/2014	Virginia C. Ibay	648.66	0.00	12,800.67
	Subtotal	69,010.85		

Salaries and Wages - Holiday/OT

11/27/2013	Alex F Cabrera	195.88		12,604.79
12/12/2013	Alex F Cabrera	195.88		12,408.91
03/06/2014	Alex F Cabrera	195.88		12,213.03
11/27/2013	April Joy Q. Aguon	109.20		12,103.83
12/26/2013	April Joy Q. Aguon	78.00		12,025.83
03/06/2014	April Joy Q. Aguon	191.10		11,834.73
03/06/2014	Celia D.G. Whitman	65.21		11,769.52
10/31/2013	Georgiana Rae J Almeida	113.75		11,655.77
11/14/2013	Georgiana Rae J Almeida	85.31		11,570.46
11/27/2013	Georgiana Rae J Almeida	20.48		11,549.98
12/12/2013	Georgiana Rae J Almeida	95.55		11,454.43
12/13/2013	Georgiana Rae J Almeida	71.66		11,382.77
12/26/2013	Georgiana Rae J Almeida	95.55		11,287.22
01/09/2014	Georgiana Rae J Almeida	278.93		11,008.29
11/27/2013	Janelle S. Lizama	27.30		10,980.99
01/09/2014	Janelle S. Lizama	334.43		10,646.56
12/26/2013	John A. Chargualaf	95.55		10,551.01
01/09/2014	John A. Chargualaf	95.55		10,455.46
10/31/2013	Leinani M. Duenas	100.10		10,355.36
11/27/2013	Leinani M. Duenas	20.48		10,334.88
12/26/2013	Leinani M. Duenas	20.48		10,314.40
03/06/2014	Leinani M. Duenas	95.55		10,218.85
10/17/2013	Nelsina N. Mori	7.80		10,211.05
11/27/2013	Nelsina N. Mori	117.00		10,094.05
12/12/2013	Nelsina N. Mori	189.54		9,904.51
01/09/2014	Nelsina N. Mori	163.02		9,741.49
10/17/2013	Sarita Ilesugam	4.14		9,737.35
11/27/2013	Sarita Ilesugam	202.74		9,534.61
12/12/2013	Sarita Ilesugam	153.09		9,381.52
01/09/2014	Sarita Ilesugam	202.74		9,178.78
03/06/2014	Sarita Ilesugam	132.40		9,046.38
03/06/2014	Toni Marie Perez	46.42		8,999.96
03/20/2014	Toni Marie Perez	202.95		8,797.01
02/06/2014	Virginia C. Ibay	211.20		8,585.81
03/06/2014	Virginia C. Ibay	128.05		8,457.76
03/20/2014	Virginia C. Ibay	354.19	0.00	8,103.57
	Subtotal:	4,697.10		

Personnel		Fringe Benefits				
	10/31/2013		FICA Expense	1,887.47		6,216.10
	11/30/2013		FICA Expense	1,910.71		4,305.39
	12/26/2013		FICA Expense	1,968.28		2,337.11
	03/31/2014		FICA Expense - adjustment	0.00		2,337.11
	01/31/2014		FICA Expense	2,071.63		265.48
	02/28/2014		FICA Expense	2,125.66		(1,860.18)
	03/31/2014		FICA Expense	2,830.90		(4,691.08)
	10/01/2013		Health Insurance	1,963.73		(6,654.81)
	11/01/2013		Health Insurance	1,963.73		(8,618.54)
	12/01/2013		Health Insurance	1,963.73		(10,582.27)
	01/01/2014		Health Insurance	1,963.73		(12,546.00)
	02/01/2014		Health Insurance	1,963.73		(14,509.73)
	03/01/2014		Health Insurance	1,596.53		(16,106.26)
			Subtotal: Health Insurance	24,209.83		
Contractual						
Police/Court Clearance						
	02/12/2014		court clearanc Superior Court of Guam	140.00		(16,246.26)
	02/12/2014		traffic clearanc Superior Court of Guam	75.00	0.00	(16,321.26)
			Subtotal:	215.00		
Repair & Maintenance						
Shelter						
	10/09/2013		Willie's Appliance Home Service	150.00		(16,471.26)
	12/18/2013	23741	Barrett Plumbing	169.63		(16,640.89)
	01/21/2014	23792	ERC Maintenance	38.49		(16,679.38)
	01/21/2014	23792	ERC Maintenance	43.49	0.00	(16,722.87)
			Subtotal:	401.61		
Vehicle						
	10/03/2013	23657	Anthony Crisostomo	350.00	0.00	(17,072.87)
			Subtotal:	350.00		
Others						
	01/08/2014	UMA3498	Treasurer of Guam	95.00		(17,167.87)
	01/23/2014	01/14SI	PNG, Inc.	44.00		(17,211.87)
	12/01/2013	0714	Xerox	358.12		(17,569.99)
	12/01/2003	1st Invoice	Am Insurance	1,051.00		(18,620.99)
	01/01/2014	2nd Invoice	Am Insurance	1,051.00		(19,671.99)
	01/01/2014	0719	Xerox	275.62		(19,947.61)
	01/01/2014	0724	Xerox	241.83		(20,189.44)
	02/01/2014	3rd Invoice	Am Insurance	1,051.00		(21,240.44)
	03/01/2014	4th Invoice	Am Insurance	1,051.00	0.00	(22,291.44)
			Subtotal:	5,218.57		
Website						
	12/06/2013	23742	Bank of Guam	105.00		(22,396.44)
	02/03/2014	23800	Bank of Guam	70.00		(22,466.44)
	02/26/2014	#6895 FEB2t	Bank of Guam	35.00	0.00	(22,501.44)
			Subtotal:	210.00		
Supplies						
Food						
	10/01/2013	249420	Pepsi Cola Bottling Co. of Guam, Inc.	46.00		(22,547.44)
	10/09/2013	249561	Pepsi Cola Bottling Co. of Guam, Inc.	51.75		(22,599.19)
	10/16/2013	249654	Pepsi Cola Bottling Co. of Guam, Inc.	51.75		(22,650.94)
	10/29/2013	249858	Pepsi Cola Bottling Co. of Guam, Inc.	74.75		(22,725.69)
	11/07/2013	249999	Pepsi Cola Bottling Co. of Guam, Inc.	74.75		(22,800.44)
	11/19/2013	250174	Pepsi Cola Bottling Co. of Guam, Inc.	69.00		(22,869.44)
	11/27/2013	250382	Pepsi Cola Bottling Co. of Guam, Inc.	51.75		(22,921.19)
	12/13/2013	250772	Pepsi Cola Bottling Co. of Guam, Inc.	69.00		(22,990.19)
	12/18/2013	250907	Pepsi Cola Bottling Co. of Guam, Inc.	57.50		(23,047.69)
	12/31/2013	251090	Pepsi Cola Bottling Co. of Guam, Inc.	57.50		(23,105.19)
	01/08/2014	251311	Pepsi Cola Bottling Co. of Guam, Inc.	51.24		(23,156.43)
	01/21/2014	251506	Pepsi Cola Bottling Co. of Guam, Inc.	48.74		(23,205.17)
	01/31/2014	251720	Pepsi Cola Bottling Co. of Guam, Inc.	47.28		(23,252.45)
	02/12/2014	251906	Pepsi Cola Bottling Co. of Guam, Inc.	54.36		(23,306.81)
	02/21/2014	252048	Pepsi Cola Bottling Co. of Guam, Inc.	42.28		(23,349.09)
	03/13/2014	252338	Pepsi Cola Bottling Co. of Guam, Inc.	60.40		(23,409.49)
	03/21/2014	252750	Pepsi Cola Bottling Co. of Guam, Inc.	54.36	0.00	(23,463.85)
			Subtotal:	962.41		

Office						
	12/02/2013	Quote	Standard Office Supplies	14.61		
	12/02/2013	Quote	Guam Modern Office Supply	9.04		(23,478.46)
	01/28/2014	23798	Luen Fung	34.20		(23,487.50)
	03/10/2014	Quote	Micronesia Guam, Inc.	37.00	0.00	(23,521.70)
				Subtotal:	94.85	
Program						
	10/21/2013	Invoice No. 5	Micronesia Guam, Inc.	37.00		(23,595.70)
	11/14/2013	23695	Micronesia Guam, Inc.	37.00		(23,632.70)
	12/12/2013	Quote	Luen Fung	15.46		(23,648.16)
	12/17/2013	23738	Micronesia Guam, Inc.	37.00		(23,685.16)
	12/20/2013	Inv# 0716306	Xerox Corporation	78.26		(23,763.42)
	12/24/2013	Quote	Quality Distributors	41.00		(23,804.42)
	01/28/2014	Quote	Quality Distributors	82.00		(23,886.42)
	02/25/2014	quote	Luen Fung	34.20	0.00	(23,920.62)
				Subtotal:	361.92	
Shelter						
	12/12/2013	23740	Luen Fung	15.46		(23,936.08)
	12/24/2013	23752	Quality Distributors	41.00		(23,977.08)
	01/28/2014	23797	Quality Distributors	82.00		(24,059.08)
	03/14/2014	23851	Benson Guam, Enterprises	55.57		(24,114.65)
	03/17/2014	927856	Benson Guam, Enterprises	24.24		(24,138.89)
	03/20/2014	23863	Luen Fung	42.69		(24,181.58)
	03/25/2014	23872	Benson Guam, Enterprises	34.53		(24,216.11)
	03/25/2014	23870	ERC Trading	25.99		(24,242.10)
				Subtotal:	321.48	
Transportation						
Gasoline						
	10/31/2013	23763	IP & E Guam	545.36		(24,787.46)
	12/31/2013	1231131743	IP & E Guam	130.59		(24,918.05)
	11/30/2013	23822	IP & E Guam	213.97		(25,132.02)
	11/30/2013	23822	IP & E Guam	50.74		(25,182.76)
	01/31/2014	1311418743	IP & E Guam	421.47		(25,604.23)
	02/28/2014	228141743	IP & E Guam	238.11	0.00	(25,842.34)
				Subtotal:	1,600.24	
Utilities						
Cable						
	10/01/2013	4164575	OCT Docomo Pacific	19.12		(25,861.46)
	10/01/2013	4155801	Docomo Pacific	19.12		(25,880.58)
	10/01/2013	4155800	OCT Docomo Pacific	19.12		(25,899.70)
	11/01/2013	4193151	NOV Docomo Pacific	19.12		(25,918.82)
	11/01/2013	4184393	Docomo Pacific	19.12		(25,937.94)
	11/01/2013	4184392	NOV Docomo Pacific	19.12		(25,957.06)
	12/01/2013	4212833	Docomo Pacific	19.12		(25,976.18)
	12/01/2013	4212832	DEC Docomo Pacific	19.12		(25,995.30)
	12/19/2013	4221500	Docomo Pacific	19.12		(26,014.42)
	03/01/2014	01380682-1 N	Docomo Pacific	19.32		(26,033.74)
	03/01/2014	00656538-1 N	Docomo Pacific	57.95	0.00	(26,091.69)
				Subtotal:	249.35	

Cellular Phones					
	10/15/2013	GSMBUS-207 Guam Telephone Authority	637.86		(26,729.55)
	02/01/2014	GSMBUS-207 Guam Telephone Authority	45.44		(26,774.99)
	02/01/2014	GSMBUS-207 Guam Telephone Authority	224.09		(26,999.08)
	03/01/2014	GSMBUS-207 Guam Telephone Authority	61.50		(27,060.58)
	03/01/2014	GSMBUS-207 Guam Telephone Authority	141.15	0.00	(27,201.73)
		Subtotal:	1,110.04		
Fax					
	10/01/2013	99124 OCT20 IT & E	3.33		(27,205.06)
	11/01/2013	99124 NOV20 IT & E	3.33		(27,208.39)
	12/01/2013	99124 DEC20 IT & E	3.33		(27,211.72)
	01/01/2014	99124 JAN14 IT & E	3.33		(27,215.05)
	01/31/2014	099124 IT & E	3.33		(27,218.38)
	02/01/2014	99124 FEB14 IT & E	3.33		(27,221.71)
	03/01/2014	99124 IT & E	3.33	0.00	(27,225.04)
		Subtotal:	23.31		
Internet					
	10/01/2013	4164575 OCT Docomo Pacific	79.52		(27,304.56)
	10/01/2013	4155801 Docomo Pacific	79.52		(27,384.08)
	11/01/2013	4184391 NOV Docomo Pacific	79.52		(27,463.60)
	11/01/2013	4193151 NOV Docomo Pacific	79.52		(27,543.12)
	11/01/2013	4184393 Docomo Pacific	79.52		(27,622.64)
	12/01/2013	4212832 DEC Docomo Pacific	79.52		(27,702.16)
	12/01/2013	4212833 Docomo Pacific	79.52		(27,781.68)
	12/19/2013	4221500 Docomo Pacific	397.60		(28,179.28)
	01/01/2014	01380682-1 Docomo Pacific	79.52		(28,258.80)
	01/01/2014	01313600-1 Docomo Pacific	79.52		(28,338.32)
	01/01/2014	4241253 Docomo Pacific	79.52		(28,417.84)
	02/01/2014	01313600-1 F Docomo Pacific	79.52		(28,497.36)
	02/01/2014	01380682-1 Docomo Pacific	79.52		(28,576.88)
	02/01/2014	01348242-1 F Docomo Pacific	49.48		(28,626.36)
	02/01/2014	00656850-1 F Docomo Pacific	79.52		(28,705.88)
	03/01/2014	00656538-1 N Docomo Pacific	300.02		(29,005.90)
	03/01/2014	01380682-1 N Docomo Pacific	50.01	0.00	(29,055.91)
		Subtotal:	1,830.87		
Long Distance					
	02/01/2014	137856 IT & E	112.25		(29,168.16)
	03/01/2014	137853 IT & E	140.84	0.00	(29,309.00)
		Subtotal:	253.09		
Power					
	11/18/2013	23755 Guam Power Authority	2,414.50		(31,723.50)
	11/18/2013	23755 Guam Power Authority	670.70		(32,394.20)
	12/02/2013	23714 Guam Power Authority	2,112.15		(34,506.35)
	01/15/2014	23836 Guam Power Authority	2,151.64		(36,657.99)
	02/17/2014	00170516 Guam Power Authority	1,898.36		(38,556.35)
	02/17/2014	00244995 Guam Power Authority	18.79		(38,575.14)
	03/14/2014	00170516 Guam Power Authority	3,076.25	0.00	(41,651.39)
		Subtotal:	12,342.39		

Telephone

10/15/2013	BUS-1111092	Guam Telephone Authority	959.24		
01/01/2014	BUS-1111092	Guam Telephone Authority	350.29		(42,610.63)
11/01/2013	1574	IT&E	133.00		(42,960.92)
12/01/2013	1574	IT&E	133.00		(43,093.92)
12/31/2013	1574	IT&E	133.00		(43,226.92)
01/01/2014	1574	IT&E	133.00		(43,359.92)
01/31/2014	1574	IT&E	133.00		(43,492.92)
02/01/2014	BUS-1111092	Guam Telephone Authority	575.75		(43,625.92)
11/01/2013	BUS-1110921	Guam Telephone Authority	350.96		(44,201.67)
12/01/2013	BUS-1111092	Guam Telephone Authority	346.07		(44,552.63)
03/01/2014	BUS-1111092	Guam Telephone Authority	241.25	0.00	(44,898.70)
					(45,139.95)
		Subtotal:	3,488.66		

Trash Collection Fees

11/15/2013	23768	Guahan Waste Control, Inc.	142.25		(45,282.20)
12/01/2013	DEC2013	Guahan Waste Control, Inc.	142.25		(45,424.45)
12/15/2013	0497593-IN	Guahan Waste Control, Inc.	142.25		(45,566.70)
01/15/2014	0500000-IN	Guahan Waste Control, Inc.	142.25		(45,708.95)
02/15/2014	0502101-IN	Guahan Waste Control, Inc.	142.25	0.00	(45,851.20)
		Subtotal:	711.25		

Water

10/23/2013	23681	Guam Water Works Authorit Acct. W02066	369.60		(46,220.80)
01/14/2014	23779	Guam Water Works Authority	274.29		(46,495.09)
02/13/2014	INV14020210	Guam Water Works Authority	160.81		(46,655.90)
11/19/2013	W0603044	Guam Water Works Author Acct# W0603	16.32		(46,672.22)
11/19/2013	23779	Guam Water Works Author Acct# W0206	336.86		(47,009.08)
11/19/2013	23779	Guam Water Works Authority	181.85		(47,190.93)
12/16/2013	W0603044	Guam Water Works Authority	16.39		(47,207.32)
12/16/2013	23779	Guam Water Works Authority	202.92		(47,410.24)
12/16/2013	23779	Guam Water Works Authority	112.83		(47,523.07)
01/14/2014	W0502044	Guam Water Works Authority	16.32		(47,539.39)
03/17/2014	W0206621 M/	Guam Water Works Authority	931.47	0.00	(48,470.86)
		Subtotal:	2,619.66		
					(48,470.86)

GRAND TTALS

222,981.59

48,470.86

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

"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



Transmittal Form

Date: April 11, 2014

To: Franklin P. Artero
Office of the Attorney General

Enclosed herewith is the following document:

- 2nd Quarter Report (January 1, 2014 to March 31, 2014)

Purpose/Action Needed:

Needs your approval on the above

Needs reply or comment

To fulfill your requirement

Other: _____

Senseramente,

Mildred Q. Lujan

Mildred Q. Lujan
Executive Director

ACKNOWLEDGEMENT

Receipt of the above is hereby acknowledged:

Print Name: Lishawna Mendiola

Signature: *[Signature]*

Date: April 11, 2014

Time: 1051

APR 11 2014 1051



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 11, 2014

To: Franklin P. Artero
Office of the Attorney General


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

Re: Program Report

Attached is the quarterly program status report for January 1, 2014 to March 31, 2014.

Should you have any questions, please feel free to contact myself at 475-7101 ext. 101 or OJ Taitano at 475-7101 ext. 119.

Sincerely,


Mildred Q. Lujan, Executive Director
Sanctuary Incorporated of Guam



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 11, 2014

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 2014 from January 1, 2014 – March 31, 2014.

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

SANCTUARY, INCORPORATED OF GUAM
VICTIM OF CRIME ACT GRANT

Quarterly Progress Program Report
For 2nd Quarter Ending 3/31/14

- A) **PROJECT GRANT NO.: 2012-VA-GX-0029**
- B) **CONTRACT NO.: C131100018**
- C) **FEDERAL FY OF FUNDING: 2014**
- D) **PROJECT TITLE: Sanctuary, Incorporated Victim Assistance Program**
- E) **REPORTING PERIOD: January 2014 – March 2014**
- F) **SUBGRANTEE NAME AND ADDRESS: Sanctuary, Incorporated**
#406 Maimai Road
Chalan Pago, Guam 96910
- G) **REPORT CONTACT: Mildred Lujan, Executive Director**
- H) **ACCOUNT NO.: 5101H121120SE113-280**

I. EXECUTIVE SUMMARY

For this fiscal year, Sanctuary was awarded the sum of \$35,240 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 has implemented intervention services through Valarie Reyes, MIA, IFT, CSACIII, ICADC employed with Sanctuary Incorporated of Guam. Sanctuary continues to have an open contract with Doris Tolentino, MSW a licensed Individual Marriage and Family Therapist. Joleen Baza, University of Guam (UOG) Masters of Clinical Psychology student who is receiving clinical supervision under Valarie Reyes. The counseling services are provided individually. The identified counselor will then receive feedback and provide suggestions after each session regarding their experiences of abuse and/or domestic violence.

APR 11 2014
1051

PROGRAM ACTIVITIES

Sanctuary has taken initiative in net-working with other agencies in promoting awareness of prevention in child abuse or sexual abuse as well as in family violence. Sanctuary participates in monthly meetings sponsored by the Family Violence Coalitions (non-profit organizations) and contributes to the development of the program for the benefit of the community. The crisis worker in participated in a Child Torture, Fatality and Sexual Abuse Prevention Skills Training on February 20, 2014. In March 14, 2014 the crisis worker attended a four hour training focusing on Responding and Preventing Sexual Assault/Violence among LGBT Community.

II. CONCERNS/PROBLEMS AND PROPOSED SOLUTIONS

An analysis of data for this quarter indicated that the majority of youth who came into emergency shelter from Child Protective Services (CPS) Department of Public Health and Social Services (DPHSS). The second highest number of referrals came from Parents/Legal Guardians and Department of Youth Affairs (DYA). The Guam Public School System (GPSS), family and friends ranked third in number of referrals. Majority of the referrals and placements into Emergency Shelter by these agencies were related to victims of sexual and physical abuse.

A major concern that the program continues to experience is the increase of victims of sexual and physical abuse. Extra sensitivity is required for these youth when they are in shelter. A proposed solution is to ensure that the clients in shelter are receiving the appropriate behavioral health services to meet their needs. The cases are staffed on a weekly basis with a clinical director. The island community looks to Sanctuary, Incorporated for help and assistance in their time of crisis.

III. PLANS FOR THE NEXT QUARTER

Sanctuary will continue its efforts to secure necessary funding to provide services to young people who are victims of family violence, child/sexual abuse. 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 to deal with their issues related 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; 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 1, 2014 to March 31, 2014	
Organization:		Sanctuary Incorporated of Guam	
AGE		TOTAL	
0-12			
13-17		7	
18-24			
25-59			
60+			
Unknown			
NATIONAL ORIGIN		TOTAL	
1. African American:		6. Filipino:	1
2. Asian :		7. Hispanic:	
3. Caucasian/White:	1	8. Other Pacific Islander:	2
4. Chamorro:	2	9. Other: Cuukese/Japanese	1
5. Chuukese:		10. Unknown:	
GENDER		TOTAL	
Male		1	
Female		6	
Unknown			
Institutions Victimized		TOTAL	
Business Owned Building/Office/Property			
Religious Organization Building/Office/Property			
Federal Government Building/Office/Property			
Government of Guam Building/Office/Property			
Public or Private School Building/Office/Property			
TYPES OF SERVICES PROVIDED		TOTAL	
Crisis Counseling		176	
Follow-up Contact		52	
Therapy			
Group Treatment/Support			
Shelter/Safe House			
Information & Referral (In- Person)			
Criminal Justice Support/Advocacy			
Assistance in Filing Compensation Claims			
Emergency Financial Assistance			
Emergency Legal Advocacy			
Personal Advocacy			
Telephone Information & Referral		158	
Other: (specify)			
Other: (specify)			

**VICTIMS OF CRIME ACT
VICTIM STATISTICS WORKSHEET**

FOR THE PERIOD OF:	January 1, 2014 to March 31, 2014
Organization:	Sanctuary Incorporated of Guam
TYPE OF VICTIMIZATION	
	TOTAL
<i>1. Child Victims of Physical Abuse (0-17)</i>	2
<i>2. Child Victims of Sexual Abuse (0-17)</i>	2
<i>3. Victims of DUI/DWI</i>	
<i>4. Victims of Family Violence</i>	1
<i>5. Adult Victims of Sexual Abuse</i>	
<i>6. Elder Abuse</i>	
<i>7. Adults Molested as Children</i>	
<i>8. Survivors of Homicide Victims</i>	
<i>9. Assault</i>	
<i>10. Robbery</i>	
<i>11. Other (TOTAL A-K)</i>	2
<i>A. Arson</i>	
<i>B. Burglary</i>	
<i>C. Child Neglect (Endangerment)</i>	2
<i>D. Fraud</i>	0
1. Forgery	
2. Fraud	
3. Identity Theft	
<i>E. Harassment</i>	0
1. Criminal Mischief	
2. Criminal Trespass	
3. Disorderly Conduct	
4. Harassment	
5. Terrorizing	
<i>F. Kidnapping</i>	
<i>G. Stalking (DV and NON-DV)</i>	
<i>H. Theft</i>	0
1. Theft by Deception	
2. Theft of a Motor Vehicle	
3. Theft of Intellectual Property	
4. Theft of Property	
5. Theft of Services	
<i>I. Vehicular Crimes (Non DUI/DWI)</i>	0
1. Leaving the scene of an accident	
2. Leaving the scene of an accident w/ Injuries	
3. Reckless Driving w/ Injuries	
<i>J. Other: Specify</i>	Attempted Agg Murder
<i>K. Other: Specify</i>	
GRAND TOTAL	7

Victims with Disabilities:	
-----------------------------------	--