

SANCTUARY, INCORPORATED OF GUAM

"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



October 15, 2015

HONORABLE JUDITH T. WON PAT

Speaker 33rd Guam Legislature 155 Hessler Place Hagatna, GU 96910

33-15-095 5 Office of the Speaker Judith T. Won Pat, Ed.D

Håfa 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 nonprofit 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 Public Health and Social Services, Guam Behavioral Health and Wellness Center, Department of Youth Affairs, Guam Housing and Urban Renewal Authority, 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 October 1, 2014 through December 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.

Senseramente.

Theresa C. Arriola **Executive Director** The second secon

news



Date: _____

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Transmittal Form

Date:	October 15, 2015
То:	HONORABLE JUDITH T. WON PAT Speaker 33 rd Guam Legislature
Enclo	sed herewith are the following documents:
2.	FY2015 1 st quarter list of expenditures over \$5,000 FY2015 1 st quarter list of appropriations/expenditure report FY2015 1 st quarter progress report
Purpo	ose/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 g through a Government of Guam agency
	ramente,
There Execu	Manile sa C. Arriola stive Director
	NOWLEDGEMENT of the above is hereby acknowledged:
Print	Name: Signature:

Time: _____

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

FEDERAL FINANCIAL REPORT

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	ericy and Organizational Element sport is Submitted		Federal Gra	nt or Other Ide	ntifying	Number Assi	med by F	edera	al Agency	Pa	ge 1	of 1
Corporatio	n for National and Community :	Service		10AC1200	75							
Recipient C	rganization (Name and complete	address includir	ng Zip code)			·			·-·		l	page
	SANCTUARY, INCORPORATED	- AYUDA PARA	I KOMUNIDAT	г								
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	or single grant reporting)	·										40.00
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	hare of expenditures										\$54	10,013.00
f. Federal:	share of unliquidated obligations										\$43	31,007.75
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n. Program i	ncome expended in accordance v	with the addition	alternative					\dashv				\$0.00
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Certificatio	n: By signing this report, I cert	ify that it is true	e, complete, ar	nd accurate to	the be	st of my know	vledge.	lam	aware that			
any false, fi	ctitious, or fraudulent informati	on may subject	me to crimina	il, civil, or adn	inistra	itive penaltica	. (U.S. C	ode.	Title 18. Section	1001)		
. Typed or Prin	ted Name and Title of Authorized	Certifying Officia	al				c. Tel	ephor	ie (Area code, ni	umber and exten	sion)	
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litricad Luion G	Executive Director						d. Em	a# ad	dress			
. Signature of A	withorized Certifying Official/							2	grafes d sension grafes	76		
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Standard Form 425

OMB Approval Number: 0348-0061

Paperwork Burgen Statement

Expiration Date: 10/31/2011

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.







DEPT. OF ADMINISTRATION STAMP REC'D

REIMBURSEMENT FORMULA GRANT REQUEST FORM

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FROM: SANCTUARY, INCORPORATED AC PROGRAM NAME: AYUDA PARA I KOMUNIDAT

ADDRESS: 406 MAI MAI ROAD

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LESS: AMOUNT OF THIS REPORT	\$ 39,415.49	***************************************			
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Attachment 2

Sanctuary, Incorporated of Guam Foster Care Program

Reporting Agency

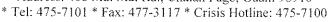
Department of Public Health and Social Services

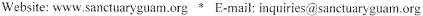
Reports

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



"Helping Youth and Families Help Themselves" since 1971
Address: 406 Mai Mai Rd., Chalan Pago, Guam 96910







January 9, 2015

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 October 1, 2014 through December 31, 2014.

Should you have any questions, please feel free to contact myself at 475-7101 ext. 101 or Mamaling Reyes at 475-7101 ext. 107.

Sincerely,

Mildred Q. Lujan, Executive Director

ildred O. Legan

Sanctuary Incorporated of Guam

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HR/Personnel Office
Division Of General Administration

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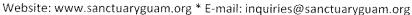
Time:

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"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





Foster Care Payments

Bureau of Social Service, Division of Public Health Welfare

Department of Public Health and Social Service

Report Period: October 1, 2014-December 31, 2014

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 \$779.43 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
October 2014	3	4
November 2014	3	1
December 2014	3	1
Total:	9	6



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: inquiry@sanctuaryguam.org www.sanctuaryguam.org

March 13, 2015

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 1st quarter of Fiscal October 1, 2014 to December 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 2015 (October 1, 2014 - December 31, 2014) 1st Quarter Expenditure Report Department of Public Health and Social Services Foster Care

Fund	Co	ontract Amount	Object Classification	Ε×	penditure
General	\$	40,800			
			Salary Benefits Travel Contractual Supplies & Materials Equipment Utilities Miscellaneous	\$	1,134 1,100 0 200 500 0 466 0
			Grand Total	\$	3,400

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2015 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

MILDRED Q. LUJAN

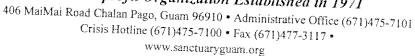
EXECUTIVE DIRECTOR

DATE: 03/13/2016



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971





December 16, 2014

To: Ray Vega 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 Monthly Program Status Report (**Outpatient Services**) for the month of November 2014.

If you should have any questions, please feel free to contact me at 475-7101.

Sincerely,

Mildred Q. Lujan



Sanctuary LogoSanctuary, 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: sanctuary@ite.net www.sanctuaryguam.org



ROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Cama Tamuning, Guam 96913	cho Rd.		DATE: 11/30/2014	
°O:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	S1456001 RFP 08-2013 DMHSA-2014-02 AMOUNT		(outpatient)	
	COSTS INCURRED BY CATEGORY					
	1. Personnel		\$	5,719.69		
	2. Fringe Benefits		\$	675.00		
	3. Contractual		\$	112.50		
	4. Other		\$	98.44		
	5. Supplies		\$	281.25	; }	
	6. Utilities		\$	613.13	}	
A Communication of the Communi						

TOTAL PAYMENT REQUEST:

\$ 7,500.00

lejan 11/24/2014

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Saga 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-2014-029 to be true and correct; and that services for November 1-30, 2014 have been rendered; and payment for this period is due.

Don Sabang
D & A Supervisor

Page 1

Doc. No. 33GL-15-0955

Monthly Reporting Period:	Rehabilitation Services for Adolescents
Monthly Reporting Period:	November 1, 2014 through November 31, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
In narrative form, state how the activities from II.1a to II.1c were implemented and addressed. • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff In narrative form, state how the activities from II.1d to II.1e were implemented and addressed. • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models II.1f Describe in detail how the project will address ssues of age, race, ethnicity, culture and other similar ssues.	Sanctuary program staff attend the Community Substance Abuse Planning Treatment and Development (CSAPTD) meetings to address any barriers to meeting client and program needs, networking, and training needs. Program staff continues to work with Department of Youth Affair, Guam Public School System (GPSS), Juvenile Drug Court (JDC), National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly. Sanctuary has been utilizing The Matrix Model for Teens & Young Adults, an organized set of evidence-based therapeutic interventions. The program consists of research-based techniques integrated into an approach that includes: individual sessions; family sessions; group sessions; introduction to Twelve Step programs; parent substance abuse education and adolescent substance education. The Matrix Model for Teens & Young Adults integrated several treatment approaches in the program to include motivational interviewing and contingency management. Sanctuary program staff are currently working with New Beginnings staff to act as interpreters during the assessment and oriented.
In narrative form, state how the activities from II.1g to II.1j were implemented and addressed. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug abuse Determine appropriateness and eligibility for admission or referral Experienced with the ASAM PPC for Level I and Level II Determine any coexisting conditions that indicate the need for additional professional assessment and services	act as interpreters during the assessment and orientation phase to address language barriers. Sanctuary staff utilize a Biopsychosocial assessment that includes an ASAM assessment to determine eligibility for admission and/or if a referral is needed for further assessment or evaluation. Ongoing Screening / Assessments continue daily using ASAM to determine Patient Placement Appropriateness.

Re	habilitation Services for Adolescents
Monthly Reporting Period:	November 1, 2014 through November 31, 2014
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report
In narrative form, state how the activities from II.1k to II.10 were implemented and addressed. • Adhere to Territory and Federal laws, regulations, and agency policies governing alcohol and other drug abuse services • Demonstrate the proper skills to prepare reports and relevant records, integrating available information to facilitate the continuum of care • Chart pertinent ongoing information pertaining to client • Utilize relevant information from written documents for client care • Adhere to Federal Laws including 42 C.F.R. Part II and HIPPA of 1996 II.2a Provide services for a minimum of 12 adolescents at any given time for Level 1 Outpatient Services.	Program staff participated in 42 C.F.R. part II and HIPPA workshops. Staff ensures that all information collected for client is secured behind two (2) locked doors at all times. Each individual, group or family session and treatment plan is documented in client file. Level I Outpatient program "Pathways" currently has nine (9) active clients. There are five (5) adolescents on the waiting list, pending PPD clearances and orientation. Program staff are working with DYA social workers, I'famagu'onta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics.
In narrative form, state how the activities from II.2b to II.2d were implemented and addressed. Relevant alcohol, tobacco and other drug use/abuse information Assist them to make rational decisions Build social skills to prevent substance	The Group lesson/activity was: Daily Schedule and Calendars; Marijuana – The escape to nowhere; Trust; Relapse is not a failure; trigger chart; Relapse Analysis; Addictive vs. Rational Brain – Neurobiology of Addiction; Trigger, thought, craving use; Thought stopping techniques; Pros and Cons of using and quitting; Prescription meds; school & future goals; Co-occurring disorders; Destructive behaviors; Stages of Recovery; Alcohol arguments; clean and sober. Each client was provided the opportunity to discuss each topic and legal consequences for substance use.
 Build social skills to prevent substance related problems from re-occurring. Information about available alcohol, tobacco and drug resources in the Territory of Guam and off-island 	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 ski 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.

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	November 1, 2014 through November 31, 2014
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report
	77 TO TOUR TOURS NEPULL
 Information about the legal aspects that pertains to drug and alcohol related crimes 	The strength of the class based on staff observation, was that each client was able to share in a smal group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other and share their experience on what has helped them overcome obstacles. The groups allow the parents and their child to practice new skills and in formula to the process.
II.2e Provide detailed provisions in making ASAM Level I Outpatient drug treatment groups accessible to clients, adding evenings and weekend schedules, that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	groups allow the parents and their child to practice new skills and information learned. Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:30 p.m. to 1:30 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education groups are held on Saturdays from 12:00 to 1:30. Program staff are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics.
HI.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs.
II.2g Incorporate provisions that will continue providing at least a minimum of four (4) hours a week for treatment sessions utilizing the Matrix Model for Teens curriculum.	Sanctuary facilitates weekly groups utilizing the Matrix Model for Teens & Young Adults on Mondays from 3:30 to 5:30 and Saturdays from 10:00 to 1:30.
Contractor and outlined in client individualized treatment clans.	Program staff make necessary referrals to GBHWC – I famagu'onta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.
ounione,	Program staff are aware to give preference to this population. None have been identified during this reporting period.
ansition towards the next level of care, as applicable	Program staff meet with clients individually to transition client towards next level of care as needed.
any given time for Level II Intensive Outpatient ervices.	Level II Intensive Outpatient program "High Hopes" currently has five (5) active clients. There are four (4) adolescents on the waiting list, pending PPD clearances and orientation. Program staff are working with DYA social workers, I famagu onta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach

R	ehabilitation Services for Adolescents
Monthly Reporting Period:	November 1, 2014 through November31, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
	immunization clinics.
II.3b Proved detailed provisions for making ASAM Level II Outpatient drug treatment groups accessible, adding evening and weekend schedules that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:30 p.m. to 1:30 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Program staff are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics.
 II.3c Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment. In narrative form, state how the activities from II.3d to II.3e were implemented and addressed. Minimum six (6) hours a week for treatment Utilize Matrix Model for teens curriculum Experience with necessary techniques for IOP 	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs. Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:30 p.m. to 1:30 p.m. Parent education groups are held on Saturdays from 12:00 to 1:30. The Group lesson/activity was: weekly check-in; review of group rules; Daily Schedule and Calendars; Internal Triggers; REBT; External Triggers; Trust; Triggers, thought, craving, use; Thought Stopping techniques; 12 step intro; Triggers; Abusing prescription medications and inhalants; Pros and Cons of using and quitting; School and future goals; Stages of Recovery; Destructive behaviors; Alcohol arguments; Clean and Sober; 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. Participants 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

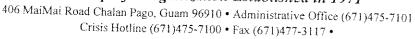
	Rehabilitation Services for Adolescents
Monthly Reporting Period:	November 1, 2014 through November 31, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
H.3f Provide provisions that will address clients needing psychiatric and medical services by consultation or referral arrangements. H.3g Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment. H.3h Provide provisions that will assess and implement notivational strategies that will assist clients with their ransition towards the next level of care. H3i Comply with Charitable Choice Regulations should applicant be a faith based organization. If a client objects to a religious character of the faith based organization shall, within a reasonable time after the date of such objection, efer such individual to an alternative provider. The pplicant shall keep all referral records that may be eviewed upon a program evaluation by GHBWC.	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. Sanctuary currently has a Memorandum of Understanding with two (2) private practitioners that are licensed Individual, Marriage and Family Therapists and ICRC Certilied. The two practitioners provide consultation to program staff as needed. Program staff are aware to give preference to this population. None have been identified during this reporting period. Program staff meet with clients individually to transition client towards next level of care as needed. Sanctuary, Incorporated is not a faith based organization.

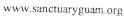
	Rehabilitation Services for Adolescents		
Monthly Reporting Period:	November 1, 2014 through November 11, 2014		
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report		
Sanctuary Representative: Mildred Q. Lujan Position Title: Executive Director Date: December 16, 2014	DMHSA Representative: Received By: Admir Position Title: WS # Date of Submission: The Wille War I was a submission:		



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971







December 16, 2014

To: Ray Vega 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

Mildred C. Lujan

Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Monthly Program Status Report (**Residential Services**) for the month of November 2014.

If you should have any questions, please feel free to contact me at 475-7101.

Sincerely,

Doc. No. 33GL-15-0955

	• Empowerment: 2
	• Enlightenment: 2
	• Епрапсеплепт: 3
another level of care and those on a "wait-list."	• Awareness: 0
applicable, state the number of clients transferred to	• Orientation: 0
successfully completed, within the reporting period. If	Phase Breakdown:
State the number of clients served, as well as those who	
- 4	I :gnitzi.1 tisW •
ponts.	• Transfer to another level of Care: 0 (Aftercare)
appropriate services available within forty-eight	• 7 Clients were served.
admission and/or ensured receipt of the most	180-day Treatment
dependent children are to be given preference in	
II.2i Pregnant adolescent females and females with	I :gnitzi. I tie. W •
	 Transfer to another level of Care: 0 (Aftercare)
(male or female) at any given time.	• 0 Clients were served.
ASAM Level III.5 to serve a minimum of 8 adolescents	30-day Treatment
II.2a, II.2f.a&b Maintain treatment capacity in	During this monthly reporting period:
Ταsk/Activity	շanctuary, Inc. Bi–Weekly Progress Report
şi–Meekly Reporting Period:	November 1, 2014 through November 30, 2014
Я	ehabilitation Services for Adolescents

** Client on waitlist pending PPD Clearance

to II.2.n were implemented and addressed?

In narrative form, briefly state how activities from II.2.a

recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management), individual and family counseling sessions, and individual case management sessions. Clients work on objectives to meet behavioral goals within the program that coincide with their treatment plans. Progress in treatment is reviewed weekly. Residential assistants and counselors implement monitoring and observation, supervision, weekly drug testing, contingency management, and

participate in a regulated daily routine schedule which includes: meditation,

Sagan Na' Homlo is a 24-hour structured residential program where clients

Bi-Weekly Reporting Paris d. Rehabilitation Services for Adolescents	
Bi–Weekly Reporting Period:	November 1, 2014 through November 30, 2014
Task/Activity	Sanctuary In Division
	Sanctuary, Inc. Bi–Weekly Progress Report
	other interventions to help clients meet such goals. All clients that enter Sagan Na'Homlo complete and/or provide Physician certification for PPD clearance and physical examination prior to orientation.
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 clients with 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 ervice delivery:	All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.
I.1a Work with GBHWC and its partners to stablish a system of care for substance abuse reatment that is culturally competent: Give a brief ummary of activities that occurred with GBHWC and its artners during the reporting period.	Program staff continues to work with Department of Youth Affair, 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.
I.1d,e & II.2g: Identify evidenced-based models (i.e., Iatrix For Teens Model, Motivational Interviewing, Priving with Care, Trauma Informed Care, etc.) and ractices to implement that focuses on core treatment.	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. Clients attend at least 6 hours of psycho-educational groups utilizing Matrix Model for Teens curriculum weekly. In addition, clients attend 12-Step groups within the community at least twice a week. Anger

Re	habilitation Services for Adolescents
Bi–Weekly Reporting Period:	November 1, 2014 through November 30, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
implemented and addressed.	Management, Parenting, Tobacco Cessation, Emotional Wellness, Life Skills and Team Building are supplemental groups that clients may attend as well. Motivational Interviewing skills are utilized when needed to help clients move through the stages of change.
II.1 g-j Evaluate the psychological, social, and physiological signs and symptoms of alcohol and drug abuse. Determine the client's appropriateness and eligibility for admission or referral.: Briefly state how sections II.2g to II.2j are being addressed.	Ongoing Screening / Assessments continue daily using ASAM to determine Patient Placement Appropriateness. Assessments are ongoing throughout client's treatment episode.
MATRIX Model Family Education: Family Education / Support Group	 5 sessions were conducted 17 Family Members in attendance Group time identified for Saturdays from 12:00pm—130pm 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
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included: Road Map for Recovery; Creating Healthy Functional Families; Marijuana The Escape to Nowhere; So You're Willing to Share Your Experience; and Is This Normal for My Teen. Open discussion on each topic followed. Questions, answered, and comments were addressed to close out the sessions.
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic offer opportunities for family members to reflect on how they could put each topic discussed to use for them. In addition, group participation teaches empathy and helps to develop effective communication skills.

Ri-Weekly Ponceting D	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	November 1, 2014 through November 30, 2014
Task/Activity	Sanctuary Inc. Ri Woolly D
C to to	Sanctuary, Inc. Bi-Weekly Progress Report
State any commendations to show the strengths of the Program:	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 are still
State any recommendations for the improvement of ervice delivery:	considered and accommodations continue to be made on a case by case basis. 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.

Mildred Lujan Position Title: Program Director / Executive Director Date: December 16, 2014	Position Title: WSA Date of Submission: 21414	1an

Rehabilitation Services for Adolescents		
Bi-Weekly Reporting Period:	November 1, 2014 through November 30, 2014	
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report	
State any commendations to show the strengths of the Program:	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 are still considered and accommodations continue to be made on a case by case basis.	
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.	

Sanctuary Representative:	DMHSA Representative:
Mildred Viejan	Received By: Jamly
Position Title: Program Director / Executive Director	Position Title: (A)SA
Date: December 16, 2014	Elication Man
	Date of Submission:





"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

November 6, 2014

To: Ray Vega

Director

Guam Behavioral Health & Wellness Center

Attn: Don P. Sabang

Drug & 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 Monthly Program Status report (Outpatient Services) for the weeks of October 01, 2014 to October 31, 2014.

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

Sincerely,

Executive Director

CERTIFIED TRUE COPY OF ORIGINAL DOCUMENT



Sanctuary LogoSanctuary, 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: sanctuary@ite.net www.sanctuaryguam.org



ROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Cama Tamuning, Guam 96913	acho Rd.	DATE: 10/31/2014
°O:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	S1456001 RFP 08-201 DMHSA-20 AMOUNT	
	COSTS INCURRED BY CATEGORY			
	1. Personnel		\$ 5,71	9.69
	2. Fringe Benefits		•	75.00
	3. Contractual		·	12.50
	4. Other		·	98.44
	5. Supplies		\$ 2	81.25
engen din nyaéta yang dikampan	6. Utilities		\$ 6	13.13

TOTAL PAYMENT REQUEST:

7,500.00

jan 11/04/2014

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

> Sanctuary, Incorporated **Executive Director**

Recommended for payment: I certify Invoice No. DMHSA-2014-027 to be true and correct; and that services for October 1 - 31, 2014 have been rendered; and payment for this period is due.

Don Sabang D & A Supervisor

Page 1 Doc. No. 33GL-15-0955

Monthly Reporting Period:	Rehabilitation Services for Adolescents
Reporting Feriod:	October 1, 2014 through October 31, 2014
	31, 2014
Task/Activity	
	Sanctuary, Inc. Monthly Progress Report
II.2 Increase treatment capacity in ASAM Level I	
	During this bi-weekly reporting period:
	• 10 ·
number of clients served as wall as the	Strap sessions, or ones for 10/6/14 were constituted
successfully completed, within the request	
TE """ "" SHEEL HE HEEPER OF CHORES (was a feet of the contraction of	10/20/14 (4); 10/25/14 (9); 10/27/14 (6)]
another level of care and those on a "wait-list."	• Groups are held on Monday from 3:30 pm – 5:30 pm and on Saturdays from 10:00 am – 12:00 pm, education groups are held from 12:30 pm – 1:30 pm –
waters.	12:00 pm, education groups are held from 12:30 pm – 1:30 pm at the Sanetuary, Inc. Main
	• Number of Successful Completions: ()
	Number of Change Town Co.
	Number of Clients Transferred to another level of Care: 0 Number of Clients on the West Line 0.
	Number of Clients on the Wait List: 8 pending orientation and ppd clearance
n narrative form state bour particles of the	8 Active Clients NON DUDI (CATE)
n narrative form, state how activities from II.2.a to II.2.c vere implemented and addressed?	THE OFOUD JESSON/activity was Doity C. L. L.
t water office ;	arguments; when did you start using; road map for recovery; trigger thought craving use; thought stopping techniques; making the link; relapse justification. It trigger thought craving use; thought
	stopping techniques; making the light rate
	heart of a child; stages of recovery; done drinking; club drugs; internal triggers; external triggers; users in my home; triggers and crayings; having a good time with and triggers;
the state of the s	users in my home; triggers and cravings; having a good time without being high; you are here
7 parrative form by C	for substance use
le core functions on and a	Clients are taught to analyza agents and the
to core functions of 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. Of
Transaction of the Contraction o	to prevent substance use and releases are said to be a feet goals. Clients are faught skill
fale any commandation of	associated with substance user and required to a substance user and required the partition of the substance user and required to be substanced with substance user and required to be substanced users and required to
rogram:	The strength of the class based on staff about the time and their goals with incentives.
· · · · · · · · · · · · · · · · · · ·	group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other and share their experience on what has belond the area.
	to encourage each other and share their experience on what has helped them overcome obstacles. The groups allow the parents and their child to practice new skills and information.
tate any recommendations for the improvement of S ervice delivery:	groups allow the parents and their child to practice new skills and information learned. Staff to continue our networking efforts with community.
f f	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
.3 Establish an ASAM Lovel III Internal O	updates. updates.
reatment program with a treatment capacity of ten	During this bi-weekly reporting period:

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	October 1, 2014 through October 31, 2014	
Task/Activity	Sanctuary, Inc. Monthly Progress Report	
TUSK/ ACTIVITY		
(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."	• 24 participants in attendance [10/4/14 (3); 10/11//14 (4); 10/13/14 (2); 10/16/14 (5); 10/26/ (2); 10/25/14 (6); 10/27/14 (4)] • Groups are held on Monday from 3:30 pm – 5:30 pm and on Saturdays from 10:00 am –	
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: 0 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? In narrative form, briefly state how clients benefited from the core functions or services from this level?	The Group lesson/activity was: weekly check-in; review of group rules; Daily Schedule and Calendars; Alcohol arguments; cigarette arguments; when did you start using; road map for recovery; trigger thought craving use; thought stopping techniques; making the link; relapse justification 1; triggers; dealing with problems; soft is a heart of a child; stages of recovery; done drinking; club drugs; internal triggers; external triggers; users in my home; triggers and cravings; having a good time without being high; you are here because why. 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	

Monthly Reporting Period:	Rehabilitation Services for Adolescents	
Meporing Feriod:	October 1, 2014 through October 31, 2014	
	, timoogii October 31, 2014	
Task/Activity		
The state of the s	Sanctuary, Inc. Monthly Progress Report	
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	
•		
State any recommendation of		
State any recommendations for the improvement of service delivery:		
sor reco delivery.	open to input and feedback. Staff continues to research the latest information	
B. S. A. PETER.		
MATRIX Model Family Education: Family		
Education / Support Group	During this bi-weekly reporting period:	
	• 4 sessions were conducted	
	• 19 Family Members in attendance	
	 Group time identified for Saturdays from 12:00pm—130pm at the Sanctuary, Inc. Main Office. 	
	Office. Office. Main	
	Number of Successful Completions: N/A	
	Number of Charte Transfer	
	Number of Clients Transferred to another level of Care: N/A	
	• Number of Clients on the Wait List: N/A	
n narrative form, briefly state how activities from Matrix		
work Education/Support Ciroup were implemented as	The group lessons/activities included: Panel Member Guidelines for Teens; I	
ddressed?		
	The contract of the contract o	
<u> </u>	1 5 Mary Street Court Child Childhold More addresses of the 1	
n narrativa form 1.5 m	TO THE CONTROL OF THE	
n narrative form, briefly state how Family benefited from		
ne core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided the importance of each	
	E STORM AND INCLUMENT THE THEORY OF THE PROPERTY OF THE PROPER	
tate any commendations to show the strengths of the		
	Due to the census of the Family Members wanting to I	
	The same of the contract of th	
tate any raccommondati	considered and accommodations continue to be and the groups on Saturdays are still	
ate any recommendations for the improvement of rvice delivery:	considered and accommodations continue to be made on a case by case basis.	
	through articles, journals, and on-line updates.	

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	October 1, 2014 through October 31, 2014
Task/Activity	Sanctuary, Inc. Monthly Progress Report
Sanctuary Representative:	GBHWC Representative:
Sanctuary Representative:	Received By: 1 hund
Submitted By: Eugene Anderson Position Title: Case Manager Reviewed By: Mildred Q. Lujan Position Title: Executive Director Date: November 06, 2014	Position Title: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \





"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

November 6, 2014

To: Ray Vega Director Guam Behavioral Health & Wellness Center

Attn: Don P. Sabang Drug & 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 Monthly Program Status report (Residential Services) for the weeks of October 01, 2014 to October 31, 2014.

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

Sincerely,

Mildred Q. Luian

Executive Director

CERTIFIED TRUE COPY OF ORIGINAL DOCUMENT

GBILLO-Palient Affairs RECEIVED DATE: 11-10-2014 M. affague ASO 3:06@NP38BL 15-0955



Sanctuary LogoSanctuary, 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: sanctuary@ite.net www.sanctuaryguam.org



ROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment	Address: 790 Gov, Carlos G. Co Tamuning, Guam 969	amacho Rd. 113	DATE: 10/31/2014
TO:	Program - Sagan Na' Homlo Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	14 (residential) 014-026	
	COSTS INCURRED BY CATEGORY		AMOUNT	
	1. Personnel		\$ 25,420	0.58
	2. Fringe Benefits		\$ 2,99	9.97
	3. Contractual		\$ 50	0.00
	4. Other		\$ 43	7,50
	5. Supplies		\$ 1,24	9.99
The state of the s	6. Utilities		\$ 2,72	4.96
The state of the s				

TOTAL PAYMENT REQUEST:

\$ 33,333.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Saga 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-2014-026 to be true and correct; and that services for October 1 - 31, 2014 have been rendered; and payment for this period is due.

Don Sabang

Monthly Reporting Period:	Rehabilitation Services for Adolescents	
reporting renog:	October 1, 2014 through October 31, 2014	
Task/Activity		
	Sanctuary, Inc. Monthly Progress Report	
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 clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients	 Enlightenment: 2 Empowerment: 0 During this Monthly 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: Sanctuary continues to host AL-NON Meetings at our Main Facility and is available to	
tate any commendations to show the strengths of the rogram;	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	

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	October 1, 2014 through October 31, 2014
W . 1 7 k . 4. 3.	Sanctuary, Inc. Monthly Progress Report
Task/Activity	
	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 others openly express them-selves and work on problems.
II.7 Work with GBHWC 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 GBHWC and its partners during the reporting period.	Program staff continues to work with Department of Youth Affair, Guam Department of Education (GDOE), 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.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.	Ongoing Screening / Assessments continue daily using ASAM to determine
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 2 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.
MATRIX Model Parent Education / Support Group	 During this bi-weekly reporting period: 4 session were conducted 11 Family Members in attendance Group time identified for Saturdays from 12:00pm—1:30pm at the Sanctuary, Inc. Main Office. Number of Successful Completions: N/A Number of Clients Transferred to another level of Care: N/A

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	October 1, 2014 through October 31, 2014	
Task/Activity	Sanctuary, Inc. Monthly Progress Report	
	Number of Clients on the Wait List: N/A	
	to them on the Walt List. IVA	
In narrative form, briefly state how activities from Matrix	The group lessons/activities included: Panel Member Guidelines for Teens; I	
Parent Education/Support Group were implemented and addressed?	Respectfully Disagree with You; Soft is the Heart of a Child; and Setting	
addressed (Healthy Boundaries and Limits. Family members are given the opportunity	
	to share real-life experiences related to each topic, ask questions, and offer	
In narrative form, briefly state how Family benefited from	feedback for support and process. Small group discussions facilitate understanding of the importance of each	
the core functions or services from this level?	topic in recovery. Various examples provided on each topic offer	
	opportunities for family members to reflect on how they could put each topic	
	discussed to use for them. In addition, group participation teaches empathy	
State	and helps to develop effective communication skills.	
State any commendations to show the strengths of the Program:	Due to the census of the Family Members wanting to have group on a	
a to getting	weekend, accommodations were made moving the group to Saturdays. Each	
	Family member who is not able to attend the groups on Saturdays are still considered and accommodations continue to be made on a case by case basis.	
State any recommendations for the improvement of	Staff to continue networking efforts with community partners as well as be	
service delivery:	open to input and feedback. Staff continues to research the latest information	
	through articles, journals, and on-line updates.	
Sanctuary Representative:	GBHWC Representative:	
Sanctuary Representative:	Received By: Fruiter	
Service y and particular to	Received By 7	
Submitted By: Eugene Anderson	Position Title: WIF	
Position Title: Case Manager	1/0/1/	
Reviewed By: OJ Taitano	Date of Submission: 11 / 6 / 1/ 2:40/	
Position Title: Program Director	Date of Submission: 11/8/14 2:48/	
Date: October 02, 2014		

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



"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

TRA	NSMITTAL SHEET
TO:	FROM:
Ray Vega, Acting Director	Mildred Q. Lujan, Executive Director
COMPANY:	DATE:
Guam Behavioral Health and Wellness Center	JANUARY 12, 2015
URGENT FOR REVIEW PLEAS	E COMMENT — PLEASE REPLY —— PLEASE RECYCLA
DESCRIPTION::	
Enclosed:	
3rd and 4th Quarter Report FY 2014	
1st Quarter report FY2015	
and may contain confidential and privileged inform	, including any attachments, is for the sole use of the intended recipients ation. Any unauthorized review, use, disclosure or distribution is ease contact the sender at (671) 475-7101, and destroy all copies of the
RECEIVED BY:	of memorial fractions
NAMI: Solicies	RECFIVED
mm. Aday Secretar	JAN 0 9 2015 F
	1







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

January 02, 2015

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

Dear Mr. Vega:

The information listed below is for the Drug and Alcohol Program 1st quarter of Fiscal Year 2015 from October 1, 2014 – December 31, 2014.

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

Services

-0-

Equipment

-()-

Inventory Property

-()-

Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan Mildred Q. Lujan

Executive Director

Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2015 (October 1, 2014 - December 31, 2014) 1st Quarter Expenditure Report Department of Mental Health and Substance Abuse Drug and Alcohol Program

Fund	Contract Amount	Object Classification	Expenditure
General/Federal	\$ 490,000		
		Salary	\$ 123,707
		Benefits	19,707
		Travel	**
		Contractual	585
		Supplies & Materials	1,435
		Equipment	· -
		Utilities	8,518
		Miscellaneous	626
		Vehicle Lease	-
		Grand Total	\$ 154,580

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2015 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

MILDRED Q. LUJAN

EXECUTIVE DIRECTOR

DATE: 01/05/2015

Attachment 4

Sanctuary, Incorporated of Guam Runaway and Homeless Youth Basic Center

Reporting Agency

Department of Youth Affairs

<u>Reports</u>

- 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



January 9, 2015

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 October 1, 2014 through December 31, 2014.

Should you have any questions, please feel free to contact myself at 475-7101 ext. 101 or Mamaling Reyes at 475-7101 ext. 107.

Sincerely,

Sanctuary Incorporated of Guam

Activity A: The Emerge

The Emergency Shelter program will provide individual supportive counseling at least twice a week for each youth residing in the shelter.

Time Line: Daily; ongoing daily sessions

Responsible Parties: Case Manager and/or Program Director, and Residential Assistants

Results:

During, this reporting period, nine (9) youth resided in the shelter during the month of October. Six (6) youth resided in the shelter during the month of November. Eight (8) youth resided in the month of December, At least Two Hundred and Ninety Four (294) individual supportive counseling sessions were conducted that included educational, health and personal growth.

Activity B:

To provide therapeutic and recreational activities for youth to promote personal well being.

Timeline: Daily

Responsible Parties:

Case Manager and/or Program Director, and Residential Assistants

Objective II.

To increase crisis intervention services to runaway and homeless youth and their families by providing 24 hours services to 200 youth parent and/or community members.

Indicators/Outcomes/Periodicity: Accessibility of children and their families in crisis situations who use Emergency Shelter services.

Activity A: 24-hour crisis hotline is open to the general public to provide immediate feedback, assessments and referrals to appropriate agencies.

Time line: on-going,

Responsible Parties: Crisis Intervention Worker, Case Manager, and Program Director

Activity B:

Provide referral services for all youth and their family members assessed for services needed from other agencies.

Timeline: ongoing

Results:

 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.

Results:

- Four Hundred and Thirty-Eight (438) 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.

Results:

 An estimation of One Hundred and Two (102) referrals was made to other agencies, organizations, such as Guam Behavioral Health and Wellness Center (GBHWC), Alee Shelter, Drug and Alcohol services, Guam San Jose, AHRD, Guam Police Department, Sanctuary D&A Department, Child

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.

Indicators/Outcomes/Periodicity: Conflict Mediation skills of children and their families

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.

Time line: ongoing

Responsible Parties:

Crisis Intervention Worker, Case Manager and Program Director.

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.

Timeline: ongoing

Responsible Parties: Program Directors, Case Manager, and AmeriCorps volunteers.

Results:

A total of six (6) 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 guardian, alternate familial placement or a foster care home.

Results:

- A total of twenty-one (21) High School YAM classes were conducted this reporting period with a total of six (6) youth in attendance and were mentored by Sanctuary's AmeriCorps Volunteers during the group session.
- A total of twenty-one (21) Middle School YAM classes were conducted during this reporting period with a total of eighteen (18) youth in attendance and were mentored by Sanctuary's AmeriCorps Volunteers during the group session. The group's participants consisted of youth in Sanctuary programs, as well as outside referrals from other agencies such as GDOE, I Famagu'on-ta and Probation.

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.

Indicators/Outcomes/Periodicity: Availability of supportive services to children and their families in crisis situations.

Activity A:

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:

- Two Hundred Ninety Four (294) youth individual supportive counseling

Performance Measures:	
Social Competence	Case Manager and shelter staff have reported
	observed improvement in social interactions and,
	defined as maintaining positive relationships with
	others 9 of 13 (85%) 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 11 out of 13 (85%) based
	on parents verbal feedback to the Case Manager.
	Most of the clients during this reporting period
	were wards of the state. The number provided
	above only includes clients who were able to work
	towards reunification with a family member or
	foster parent. It is challenging to work on a family
	relationship when a family member or foster parent
	is not identified. More than 30 days are needed to
	work on fostering a positive relationship when
	working with CPS clients and their family
	members or foster parent.
Families Satisfied with Program	A total of 8 out of 13 family members completed
	Sanctuary's Satisfaction Survey during this
	reporting period. Of the total number of family
	members who have completed the satisfaction
	survey, 88% have reported to be satisfied with all
	aspects of the program including a 88% of families
	stating that they will access Sanctuary services for
	future familial issues. Areas surveyed include:
	1) Noted quality in family relationships
	2) Future access of services
	3) Accessibility and response time
	4) Overall rating of services
Client Satisfaction	5) Recommending services to others
Cheft Sanstaction	Of all clients who have completed satisfaction survey, 75% have reported an increased quality in
**************************************	familial relationships. A total of 87.5% have stated
2.	that they had good or very good access to services
	with prompt response time. A total of 88% have
	rated overall services as good or very good and
	100% of clients surveyed have indicated that they
	would likely or very likely refer others to Sanctuary
	for services needed.







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

January 02, 2015

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 1st quarter of Fiscal Year 2015 from October 1, 2014 – December 31, 2014.

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

Services
Equipment

Inventory Property -0-

Please let us know if you have any questions.

Sincerely,

-()-

-()-

Mildred Q. Lujan Executive Director

Excedite Directo.

Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2015 - (October 1, 2014 - December 31, 2014) 1st Quarter Expenditure Report Department of Youth Affairs Runaway Homeless Program

Fund	Contract Amount	Object Classification	Expenditure
General	\$ 321,556	Salary	52,516.77
		Benefits	7,069.64
		Travel (Mileage)	0.00
		Contractual	620.40
		Supplies & Materials	5,410.13
		Equipment	0.00
		Utilities	10,056.96
		Miscellaneous	328.67
		Vehicle Lease	0.00
		Grand Total	76,002.57

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2015 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

MILDRED Q. LUJAN

EXECUTIVE DIRECTOR

DATE: 01/08/2015

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







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: inquiry@sanctuaryguam.org www.sanctuaryguam.org

March 13, 2015

Ms. Elizabeth Barrett - Anderson Attorney General Office of the Attorney General 287 West O'Brien Drive Hagatna, Guam 96932

Dear Ms. Barrett - Anderson:

The information listed below is for the VOCA Program 1st quarter of Fiscal Year 2015 from October 1, 2014 – December 31, 2014.

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

Services

-()-

Equipment

-0-

Inventory Property -0-

Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan

Executive Director

COPY WAS

Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2015 (October 1, 2014 - December 31, 2014) 1st Quarter Expenditure Report Office of the Attorney General VOCA

Fund Federal	Contract Amount \$ 34,896	Object Classification	Ехрє	enditure
		Salary Benefits Travel Contractual Supplies & Materials Equipment Utilities Miscellaneous Grand Total	\$	6,806 992 - - - -
		Orang Total	\$	7,799

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: 03/13/2015

SANCTUARY, INCORPORATED OF GUAM VICTIM OF CRIME ACT GRANT

Quarterly Progress Program Report For 1st Quarter Ending 12/31/14

- A) PROJECT GRANT NO.: 2013-VA-GX-0064
- B) CONTRACT NO.: C141100015
- C) **FEDERAL FY OF FUNDING:** 2014-2015
- D) **PROJECT TITLE:** Sanctuary, Incorporated Victim Assistance Program
- E) **REPORTING PERIOD:** October 2014 December 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.: 5101H131120SE113-280

I. EXECUTIVE SUMMARY

For this fiscal year, Sanctuary, Incorporated of Guam (Sanctuary) was awarded the sum of \$34,896.00 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 an open contract with Doris Tolentino, (licensed Individual, Marriage and Family Therapist (IMFT) and Masters in Social Work) for clinical consultation and services. Also providing clinical supervision and consultation is volunteer, Dan Duenas (BA in Sociology, MSW, IMFT, Certified Substance Abuse Counselor, and International Alcohol and Drug Abuse Counselor). Sanctuary's Clinical Director is Edward Taitano (BA in Psychology, minor in Social Work, MHR, and an IMFT). Treatment goals and recommendations made by the therapist help to establish the approach in which to help victims cope with their traumatic experiences.

II. PROGRAM ACTIVITIES

Sanctuary has taken initiative in networking with other agencies in promoting awareness and prevention of domestic violence, child abuse (physical, mental, emotional, and verbal), sexual assault, or other crimes. Sanctuary participates in monthly meetings sponsored by the Guam Coalition against Sexual Assault and Family Violence and contributes to the development of the program for the benefit of the community. Sanctuary participated in an outreach event this quarter in which two Case Managers attended the "Regional Summit: We Know More" conference which is hosted by the Guam Coalition against Sexual Assault and Family Violence.

Sanctuary offers a twenty-four hour crisis hotline to assist youth who are runaway, homeless, victims of abuse (physical, mental, emotional, and verbal), experiencing relationship problems with family and friends, or who are experiencing other behavioral and emotional issues (e.g., drug and alcohol, truancy, beyond control). Sanctuary receives calls from all parties, mostly from youth themselves, Guam Police Department, and Child Protective Services. Sanctuary's crisis intervention service is a short-term helping process that focuses on the

resolution of immediate problems with personal, social, and environmental resources. These services may include, but are not limited to, crisis hotline and face-to-face interventions, outreach, referral services, and intake into the emergency shelter. The crisis hotline also serves as a resource for referrals to other local, non-profit and government agencies that would be of service to youth and their families. The crisis hotline is overseen by a Crisis Case Manager, trained in Applied Suicide Intervention Skills Training (ASIST), Crisis Prevention Intervention (CPI), First Aid/CPR, and has received an orientation on Sanctuary's Uniformed Standard Operating Procedures (USOP). The Crisis Case Manager serves as an advocate for youth and their families and works diligently to provide or connect them with needed services.

III. CONCERNS/PROBLEMS AND PROPOSED SOLUTIONS

Data for this quarter indicated that majority of referrals was made by Child Protective Services (CPS) while Parents or Legal Guardians made the second highest number of referrals. Majority of the referrals and placements into emergency shelter were victims of domestic violence, child abuse (physical, mental, emotional, and verbal), sexual assault, or other crimes.

The island community looks to Sanctuary for help and assistance in their time of crisis. 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. Clinical case staffing occurs on a weekly basis with the Clinical Director who then makes the necessary and appropriate treatment recommendations for other needed services.

IV. PLANS FOR THE NEXT QUARTER

Sanctuary will continue its efforts to secure necessary funding to provide services to youth who are victims of domestic violence, child abuse (physical, mental, emotional, and verbal), sexual assault, or other crimes. Counseling and other support services are needed and essential in working with these victims and their families as services are limited on the island for children between the ages of 12 and 21 in dealing with issues related to domestic violence, child abuse, sexual assault, and other crimes. Sanctuary will continue to participate in various trainings such as CPI, ASIST, First Aid/CPR, and other identified necessary trainings in helping the island's youth and families cope with their traumatic experiences.

VICTIMS OF CRIME ACT VICTIM STATISTICS WORKSHEET

	FOR THE PERIOD OF:	October 1, 2014-Dece	ember 31, 2014
	Organization:	SANCTUAR	Y, INC
<u> </u>	GE	ТОТА	<u> </u>
0-12	OP.	101A	L
13-17		10	
18-24		10	
25-59	······································		
60+			
Unknown			
NATIONAL ORIGIN	TOTAL	NATIONAL ORIGIN	TOTAL
1. African American:	10140	6. Filipino:	IOIAL
2. Asian:	, , , , , , , , , , , , , , , , , , ,	7. Hispanic:	
3. Caucasian/White:	1	8. Other Pacific Islander:	
4. Chamorro:	9	9. Other: Indian	
5. Chuukese:		10. Unknown:	
***************************************		L	
 	DER	TOTAL	Ĺ
Male		4	
Female		7	
Unknown			
Inetitutione	Victimized	TOTAL	·····
Institutions Victimized Business Owned Building/Office/Property		TOTAL	L
Religious Organization Buil			
Federal Government Building/Office/Property			
Government of Guam Build			
Public or Private School Building/Office/Property			
	1 7	<u> </u>	
	ICES PROVIDED	TOTAI	
Crisis Counseling		438	
Follow-up Contact		7	
Therapy		1	· · · · · · · · · · · · · · · · · · ·
Group Treatment/Support		1	
Shelter/Safe House		11	
Information & Referral (In- Person)		255 (Outre	ach)
Criminal Justice Support/Ac			
Assistance in Filing Compe			
Emergency Financial Assist			
Emergency Legal Advocacy			
Personal Advocacy			
Telephone Information & Ro	eterral	102	
Other: (specify)			
Other: (specify)			

VICTIMS OF CRIME ACT VICTIM STATISTICS WORKSHEET

	FOR THE PERIOD OF:	October 1, 2014-December 31, 2014
	Organization:	SANCTUARY, INC
TYPE OF VIC		TOTAL
1. Child Victims of Physical		3
2. Child Victims of Sexual A	Abuse (0-17)	3
3. Victims of DUI/DWI		
4. Victims of Family Violen		
5. Adult Victims of Sexual A	Abuse	
6. Elder Abuse		
7. Adults Molested as Child		
8. Survivors of Homicide Vi	ictims	
9. Assault		
10. Robbery		
11. Other	(TOTAL A-K)	5
A. Arson		
B. Burglary		
C. Child Neglect (Endang	germent)	4
D. Fraud		0
1. Forgery		
2. Fraud		
3. Indentity Theft		
E. Harassment		0
1. Criminal Mischief		
2. Criminal Trespass		
3. Disorderly Conduct		
4. Harassment		
5. Terrorizing		
F. Kidnapping	X7 D171	
G. Stalking (DV and NO.	(V-DV)	0
H. Theft		V
1. Theft by Deception	*	
2. Theft of a Motor Vehi		
3. Theft of Intellectual Property		
4. Theft of Property		
5. Theft of Services		
I. Vehicular Crimes (Non DUI/DWI)		0
1. Leaving the scene of a		
2. Leaving the scene of a		
3. Reckless Driving w/ In		
J. Other: Specify	Homeless	1
K. Other: Specify		
	GRAND TOTAL	11

Victims with Disabilities:	



SANCTUARY, INCORPORATED OF GUAM

"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



Transmittal Form

Date:	October 15, 2015	Judich T. Won Pat, Ed.D
То:	HONORABLE JUDITH T. WON PAT Speaker 33 rd Guam Legislature	Date: 10-15-15 Time: 4:40 ton
Enclos	sed herewith are the following documents:	Received by
2.	FY2015 2 nd quarter list of expenditures over FY2015 2 nd quarter list of appropriations/ex FY2015 2 nd quarter progress report	\$5,000 penditure report
Purpo	se/Action Needed:	
[Needs your approval on the above	
	Needs reply or comment	
[To fulfill your requirement	
	✓ Other: In compliance with Public Law 28 receive funding through a Government of Gu	
	ramente,	
	sa C. Arriola tive Director	
	OWLEDGEMENT tof the above is hereby acknowledged:	
Print N	Name:	Signature:
Date: _		Time:



SANCTUARY, INCORPORATED OF GUAM

"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

October 15, 2015

HONORABLE JUDITH T. WON PAT Speaker 33rd Guam Legislature 155 Hessler Place Hagatna, GU 96910

Håfa 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 of Guam has existing contracts with the following Government of Guam agencies: Department of Public Health and Social Services, Guam Behavioral Health and Wellness Center, Department of Youth Affairs, Guam Housing and Urban Renewal Authority, 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, 2015 through March 31, 2015.

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.

Senseramente,

Theresa C. Arriola 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

FEDERAL FINANCIAL REPORT (Follow form instructions) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Agency Page Of to Which Report is Submitted 1 Corporation for National and Community Service 10AC120075 pages 3. Recipient Organization (Name and complete address including Zip code) SANCTUARY, INCORPORATED - AYUDA PARA I KOMUNIDAT 4a. DUNS Number 4b. EIN 5. Recipient Account Number or Identifying Number Report Type 7. Basis of Accounting Quarterly Semi-Annual 855025284 96-0002543 11AFHGU0010011 Annual \boxtimes Final Cash X Accrual Project/Grant Period 9. Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year) 1-Oct-13 January 01, 2015 - February 28, 2015 28-Feb-15 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) Federal Cash

a. Cash Receipts	
b. Cash Disbursements	\$0.00
c. Cash on Hand (line a minus b)	30.00
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	**************************************
d. Total Federal funds authorized	\$540,013,00
e. Federal share of expenditures	\$515,000.11
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$515,000.11
h. Unobligated balance of Federal funds (line d minus g)	\$25.012.89
Recipient Share:	#####################################
Total recipient share required	\$25,252.00
j. Recipient share of expenditures	\$9,861.90
k. Remaining recipient share to be provided (line I minus j)	\$15,390,10
Program Income:	***************************************
I. 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 I minus line m or line n)	\$0.00
a. Type b. Rate c. Period From Period To d. Base	e. Amount Charged If. Federal Share
11. Indirect N/A N/A N/A N/A N/A	
Expense Communication of the C	
catalogue de la constant de la const	

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 adminis	strative penalties. (U.S. Code, Title 18, Section 1001)
Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
	(671) 475-7101
Medred O Trojan	d. Email address
Mildred Lujan, Executive Director	krovinas \$ sancharyonan org
o. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)

Standard Form 425

10-Apr-15

Agency use only:

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.





SGC - Standard Operating Procedures - Process Instructions:

ElStep: 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	CNCS SHARE	BUDGET TOTAL	IAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	ост	*101			<u> </u>	PROGRAM	BUDGET YT
A Personnel		11.00	1			 	1417.7	10/44	3021	AUG	2571	OCI	NOV	DEC	Jan-15	Feb-15	TOTAL	BAL
Maria de Sus Sugar	42 avod	9;253.54	100	a disensife	C.B.	33177					17.7		7 A 18	(2)	(4)			1
Program Coordinator	26,187.00	30,692,32	2,014.40	2,014.40	2,014.40			2,056.00	22.000		2,056,00	200	2,056.00	2,056.00	2,056.00	Minney - Minney	Martin Company of the	dia,
Program Supervisor	25,647.00	35,791,49	1,972.80		1,972.80			2,514.24	2,514,24	2,514.24	2,514.24	3,771.36	2,030.00	2,050.00	2,056.00 2,514.24	2,056.00	30,692.32	
Admin Asst	21,632.00	27,982.80	1,564.00	1,664.00	1,664.00	1,782.80	2,892.00	1,928.00	1,928.00	1,928.00	1,928.00	2,892.00	1,928.00	1,928.00	1,928.00	2,514.24	35,791.4	THE WAY WAS AND
Total - Personnel	105,978.00	103,720.15	7.902.06	7,902.06	7.902.06	8,533.33	9,747,36	6,498.24	6,498.24	6,498,24	6,498.24		6,498.24	6,498.24	The second second second	1,928.00	27,982.80	See 18 19 19 19 19 19 19 19 19 19 19 19 19 19
B Fringe					2/04/11/11/11			NR V ME AND M	30.000.100.00	S 494-2012-4	W. P. P. G. F. S.	3,747,30	0,436,24	0,498.24	6,498.24	6,498.24	103,720.15	0
FICA	8,107.00	7,934,60	504.50	604.50	604.50	652.80	745.68	497.12	497.12	497,12	497.12	745.68	497.12	407.43	407.40			1
Health Insurance	6,480.00	7,248,52	0.00	0.00	345.60			0.00	1,202.40	239.04	0.00	0.00	1,143.60	497.12	497.12	497.12	7,934.59	
Workers Comp	311.00	311,00	0.00	0.00	108.81	• • • • • • • • • • • • • • • • • • • 	0.00	0.00	108.81	23.37	23.37	0.00	0.00	400.60	240.36	453.54	5,061.94	Carried Control of the Control of th
Total - Fringe	14,898,00	15,494,12	604,50	604,50	1,058.91	652.80	1.782.48	497.12	1,808.33	759,53	520.49		***************	46.64	0.00	0.00	311.00	
S/Totél (A/B)	120,876,00	119,214,27	8,506,56		8,960.97	9,186,13	AND DESCRIPTION OF THE PARTY OF	HIV MANY MASANTANANA	2017/2017/2017/2017/2017	***************************************		745.68	1,640.72	944.36	737.48	950.66	13,307.53	A REPORTED AND A PROPERTY OF
E Supplies:	,	443/214.29	6,306.30	0,000,00	0,300.37	3,100,13	11,323.64	6,995.36	8,306.57	7,257.77	7,018.73	10,493.04	8,138,96	7,442.60	7,235.72	7,448.90	117,027,69	2,18
Program-Office Supplies / Mater	3,000.00	9,218,09	0.00	0.00	0.00	0.00	360,00	0.00	n 00	450.00								10.88686
Gasoline	1.200.00	3,200.00	0.00	0.00	438.04			0.00	0.00	160.00	150.32	800.00	0.00	1,311.07	4,828.45	0.00	7,609,84	
Service Gears	3,900.00	2,854,40	0.00	0.00	438.04	+	413.00 2.854.40	0.00	120.28	310.67	189.47	0.00	346.17	0.00	273.71	81.21	2,399.21	••
	¥ 18,100.00	15,272.49	Total and the second second second				Professional Assessment	0.00	0.00 32 120.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,854.40	
F Contractual:	1400,00	13,616.43	H496-55-70-00	SWIT OF O'DO	\$75,430,04	220.66	3,627.40	× -> < 0.00	;+×120.28	≈ (A70,67	44/339/79	800,00	346/17	% 11311.07	5,102.16	}.⇔#81,21	12,863,45	2,409
Vehicle Lease	5,850.00	11,050.00	0.00	0.00	0.00	1 875 00	3 4 3 5 00											
xerox	2,630.00	11,030.00	0,00	0.00	0.00	1,875.00	3,125.00	0.00	0.00	1,250.00	625.00	0.00	0.00	0.00	3,125.00	625.00	10,625.00	1
Telephone	0.00	3,264,70	0.00	0.00	0.00	50.04	105.40											
Cell Phone	3,600.00	5,864.70	0.00	0.00	0.00 215.12		136.48	50.06	200.24	174-42	203.24	0.00	275.24	174.52	0.00	203.80	1,469.04	
S/Total -Contractual	9,450.00	21,179.40	PROPERTY OF THE PROPERTY OF TH			0.00		211.96	288.59	150.23	317.04	0.00	395.03	308.80	0.00	264.50	3,303.94	· · · · · · · · · · · · · · · · · · ·
G Staff Training	0.00	21,179.40	0.00		*******	233500350000000000000000000000000000000	,		***************************************	1,574,65	\$1/149 528	0.00	767127	**** 483,32	3,125.00	1,093.30	15,397.98	5,781
Member Training:	0.00	26.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.00	0.00	0.00	0.00	0.00	0.00	28.00	(
C.E.R.T	0.00	0.00	0.00	0.00			0.70											5 (8)
C.C.A.(I	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	0.00	0.00	
What is National Service / Whos's] .												
Serve Guami Commission / GVC	0.00	1,512.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,512.00	0.00	0.00	0.00	0.00	0.00		W1000.0
Fraud, Waste and Abuse	0.00	0.00	0.00	0.00	0.00	4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,512.00	•
Active Citizen 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	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	0.00	0.00		0.00	1
SGC/GDOL/AmeriCorps Alums								2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	. 0
Resume & Job Aplication	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	0.00	0.00	c
Conflict Resolution	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	0.00	0.00	
Anger Management	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	0.00	0.00	1
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	0.00	0.00	0.00	0.00	0.00	
Communication	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	0.00	0.00	
S/Total - Training	0.00	1,540.00	0.00	0.00	0.00	0.00	. 0.00	0.00	0.00		11540 00			W-140.00	0.00	0.00	1,540.00	CONTRACTOR INVESTOR
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	0.00	0.00	0.00	0.00	0.00	
Other Program Operating Costs:									:					9.00	0.00	9. 00	0,00	
Police / Court Clearances	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			1
NSOPR	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	0.00	0.00	***************************************







SANCTUARY INCORPORATED - AYUDA PARA I KOMUNIDAT

Section I	PROGRAM SHARE	BUDGET TOTAL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	ост	NOV	DEC			PROGRAM TOTAL	CNCS BUDGET YTD BAL
A Personnel									7027		367,	1					TOTAL	- DAL
Program Director	13,934.00		964.66	964.66	964.66	1,071.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			3,965.82	0.00
Program Supervisor	2,849.00		219.20	219.20	219.20	246.27	419.04	279.36	279.36	279.36	279.36		279.36	279.36	279.36	279.36	3.976.83	8,840.3
Administrative Aide	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	· · · · · · · · · · · · · · · · · · ·
Program Coordinator	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Total - Personnel	16,783.00	0.00	1,183.86	1,183.86	1,183.86	1,318.11	419.04	279.36	279.36	279,36	279.36	419.04	279.36	279.36	279.36	279.36	7,942.65	
B Fringe																		\$1,000,000
FICA	1,284.00		90.56	90.56	90.56	100.84	32.07	21.38	21.37	21.37	21.38	32.07	21.38	21.37	21.38	21.38	607.69	676.3
Health insurance	4,320.00		0.00	0.00	256.80	0.00	770.40	0.00	0.00	159.36	0.00	0.00	0.00	0.00	0.00	0.00	1,186.56	3,133.4
Worker's Compensation	125.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	108.81	0.00	0.00	0.00	16.19	0.00	0.00	125.00	0.0
Total - Fringe	5,729.00	0.00	1	90.56	347.36	100.84	802.47	21.38	21.37	289.54			21.38	37.57	21.38	21.38	1,919.26	3,809.7
S/Total (A/B)	22,512.00	-Audiso.00	4181 274 42	1,274.42	\$11531122	1,418.96	1,221.51	#8¥300.74	300.73	568.90	300.74	451.11	30074	316.93	300.74	300,74	9,861.90	12,650.1
C Staff Travel																	100 (00)	67642 (2017)
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	0.0
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	0,0
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	0.0
S/Total - staff trave!	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	0.00	
C Member Travel			ļ <u>.</u>									 						3 3 1 1 1 1 1 1 1
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	
Local Mileage	0.00		0.00		0.00	0.00	0.00			0.00	<u> </u>	 	0.00	0.00		0.00		
S/Total - member travel 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		
D Equipment	0.00	0.00	<u> </u>		0.00	0.00	0.00	0.00	0.00	0,00 0,00			0.00	0.00		0.00		
E Supplies:	3.00	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	0.00	0.0
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				1. 32.135.31
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	
Gasoline	0.00	0.00			0.00	0.00	0.00	0.00		0.00	0.00	+	0.00	0.00		0.00	180000000000000000000000000000000000000	
Service Gears	0.00	0.00		 	0.00	0.00	9.00	0.00	+	0.00	0.00	1	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	
F Contractuel:											4:50	- 5,50	0.00	0.00		0,00	0.00	, 0, 0
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		
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	· · · · · · · · · · · · · · · · · · ·
5/Total-Contractual	00.00	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	7.44	0.00	0.00	0.0
G Staff-Training																	0.00	0.0
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	0.00		0.00	0.00	0,0
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		0,00	0.00	0.0
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	0.00	0.00		0,00	0.00	0.0
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	0.00	·
First Ald & 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	0.00		0.00	0.00	0.0

FORM_SGC_8H_FC_1302(B)/01-01-13

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Doc. No. 33GL-15-0955

Attachment 2

Sanctuary, Incorporated of Guam Foster Care Program

Reporting Agency

Department of Public Health and Social Services

Reports

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



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971

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



www.sanctuaryguam.org

April 07, 2015

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 2015 from January 1, 2015 to March 31, 2015.

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

Services -()-Equipment -0-

Inventory Property

Please let us know if you have any questions.

Sincerely,

Mildred & Tryon Mildred Q. Lujan

Executive Director



Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2015 (January 1, 2015 - March 31, 2015) 2nd Quarter Expenditure Report Department of Public Health and Social Services Foster Care

Fund	Cont	ract Amount	Object Classification	Ε	xpenditure
General	\$	40,800	Salary Benefits Travel Contractual Supplies & Materials Equipment Utilities	\$	3,393.80 265.34 - 2,000.00 6,000.00
			Miscellaneous		2,845.20
			Grand Total	\$	14,546.09

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2015 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

MILDRED Q. LUJAN EXECUTIVE DIRECTOR

DATE: 04/07/2015

Attachment 3

Sanctuary, Incorporated of Guam Rehabilitation Services for Adolescents

Reporting Agency

Guam Behavioral Health and Wellness Center

- 1. Outpatient
- 2. Residential

Reports

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





Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971

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

April 07, 2015

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

Dear Mr. Vega:

The information listed below is for the Drug and Alcohol Program 2nd quarter of Fiscal Year 2015 from January 1, 2015 – March 31, 2015.

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

Services

-()-

Equipment

~()~

Inventory Property

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Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan

Executive Director



O 4/8/15 Medless

Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2015 (January 1, 2015 - March 31, 2015) 2nd Quarter Expenditure Report Department of Mental Health and Substance Abuse Drug and Alcohol Program

Fund General/Federal	Contract Amount \$ 490,000	Object Classification	Expenditure
		Salary	\$ 105,909.47
		Benefits	10,724.67
		Travel	***
		Contractual	746.72
		Supplies & Materials	2,378.63
		Equipment	· -
		Utilities	4,046.11
		Miscellaneous	2,189.37
		Vehicle Lease	·
		Grand Total	\$ 125,994.97

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2015 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

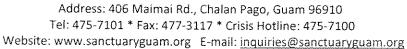
MILÓRED Q. LUJAN EXECUTIVE DIRECTOR

DATE: 04/07/2015



SANCTUARY, INCORPORATED

"Helping Youth and Families Help Themselves" since 1971





April 2, 2015

To:

Ray Vega

Director

Guam Behavioral Health and Wellness Center

From:

Mildred Q. Lujan

Executive Director

Sanctuary, Incorporated of Guam

Re: Rehabilitation Services for Adolescents Report

Attached is the Monthly Program Status Report (Outpatient Services) for the month of March 2015. Should you have any questions, please feel free to contact me at 475-7110.

Sincerely,

Mildred Q. Jujan
Executive Director

Doc. No. 33GL-15-0955



Sanctuary LogoSanctuary, 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



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Ca Tamuning, Guam 969		DATE: 3/31/2015
TO:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC) COSTS INCURRED BY CATEGORY	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	S1456001 RFP 08-2013 DMHSA-2014-0: AMOUNT	(outpatient)
	1. Personnel		\$ 5,719.69	
	2. Fringe Benefits		675.00	
	3. Contractual		112.50	Ų.
	4. Other		98.44	
	5. Supplies		281.25	
	6. Utilities		613.13	

TOTAL PAYMENT REQUEST:

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

MICORED Q. LUJAN

Sanctuary, Incorporated

jan 03/31/2015

\$ 7,500.00

Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2014-035 to be true and correct; and that services for March 1-31, 2015 been rendered; and payment for this period is due.

D & A Supervisor

Doc. No. 33GL-15-0955

Res	idential Rehabilitation Services for Adolescents
Monthly Reporting Period:	March 1, 2015 through March 31, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
II.2a, II.2f.a&b Maintain treatment capacity in ASAM Level III.5 to serve a minimum of 8 adolescents (male or female) at any given time. II.2i Pregnant adolescent females and females with dependent children are to be given preference in admission and/or ensured receipt of the most appropriate services available within forty-eight hours. 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 monthly reporting period: 30-day Treatment • 0 Client was served. • 0Transfer to another level of Care: (Aftercare) • 0 Wait Listed • 0 Completed: 180-day Treatment • 2Clients were served. • 0Transfer to another level of Care (Aftercare) • 5 Wait Listed • 0 Completed ** Client on waitlist pending PPD Clearance, Physical Examination, and/or Psychological/Psychiatric Evaluation. One client is pending court approval, one client is pending parent approval, one client meets with counselor for MI. **Program staff are currently working with Juvenile Drug Court and I famaguon'ta programs to improve the working relationship and improve on the referral process for treatment.
In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed?	Sagan Na' Homlo is a 24-hour structured residential program where clients participate in a regulated daily routine schedule which includes: meditation, recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management), individual and family counseling sessions, and individual case management sessions. Clients work on objectives to meet behavioral goals within the program that coincide with their treatment plans. Progress in treatment is reviewed weekly. Residential assistants and counselors implement monitoring and observation, supervision, weekly drug testing, contingency management, and other interventions to help clients meet such goals. All clients that enter Sagan Na'Homlocomplete and/or provide Physician certification for PPD clearance and physical examination prior to orientation.

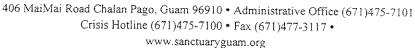
Res	sidential Rehabilitation Services for Adolescents					
Monthly Reporting Period:	March 1, 2015 through March 31, 2015					
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report					
In narrative form, briefly state how clients benefited from the core functions or services from this level?	The continuity of treatment in this level of care provides clients with 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.1a Work with GBHWC and its partners to establish a system of care for substance abuse treatment that is culturally competent: Give a brief summary of activities that occurred with GBHWC and its partners during the reporting period.	Program staff worked with Department of Youth Affair, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, Guam Behavioral Health and Wellness Center, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.					
II.1d,e& II.2g: Identify evidenced-based models (i.e., Matrix For Teens Model, Motivational Interviewing, Driving with Care, Trauma Informed Care, etc.) and practices to implement that focuses on core treatment. In narrative form, state how evidence-based models are 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. Clients attend at least 6 hours of psycho-educational groups utilizing Matrix Model for Teens curriculum weekly. In addition, clients attend 12-Step groups within the community at least twice a week. Anger Management, Parenting, Tobacco Cessation, Emotional Wellness, Life Skills and Team Building are supplemental groups that clients may attend as well. Motivational Interviewing skills are utilized when needed to help clients move through the stages of change.					
II.1 g-jEvaluate the psychological, social, and	Ongoing Screening / Assessments continued daily using ASAM to determine					

Residential Rehabilitation Services for Adolescents							
Monthly Reporting Period:	March 1, 2015 through March 31, 2015						
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report						
physiological signs and symptoms of alcohol and drug abuse. Determine the client's appropriateness and eligibility for admission or referral.: Briefly state how sections II.2g to II.2j are being addressed.	Patient Placement Appropriateness. Assessments were ongoing throughout client's treatment episode.						
MATRIX Model Family Education: Family Education / Support Group	During this monthly reporting period: • 3sessions were conducted - 1 session was cancelled due to COR 3 status • 14Family Members in attendance • Group time identified for Saturdays from 12:00pm—130pm 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						
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included:Chalk Talk Video; Road map for Recovery; Creating Healthy Functional Families. Open discussion on each topic followed. Questions, answered, and comments were addressed to close out the sessions.						
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic offer opportunities for family members to reflect on how they could put each topic discussed to use for them. In addition, group participation teaches empathy and helps to develop effective communication skills.						
State any commendations to show the strengths of the Program:	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 are still considered and accommodations continue to be made on a case by case basis.						
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.						

R	esidential Rehabilitation Services for Adolescents
Monthly Reporting Period:	March 1, 2015 through March 31, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
Sanctuary Representative:	DMHSA Representative:
Mildred Lujan Position Title: Program Director / Executive Director	Received By: Athena Onenas 13:55
Date: April 1, 2015	Position Title: CDTS III
	Date of Submission: 4.6.15



A Non-profit Organization Established in 1971





March 3, 2015

To: Ray Vega 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 Monthly Program Status Report (Outpatient Services) for the month of February 2015.

If you should have any questions, please feel free to contact me at 475-7101.

Sincerely,

Received June Dewlyin

Mildred Q. Lujan
Mildred Q. Lujan

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	February 1, 2015 through February 28, 2015
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report
In narrative form, state how the activities from II.1a to II.1c were implemented and addressed. • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff	Sanctuary program staff attended an ASIST and Connect training hosted by Guam Behavioral Health and Wellness. Additionally, program staffs continue to work with I' Famaguonta (GBH&WC) in the coordination of mental health services for qualifying youth, as well as, works with Department of Youth Affairs (DYA), Guam Public School System (GPSS), Juvenile Drug Court (JDC), National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT).
In narrative form, state how the activities from II.1d to II.1e were implemented and addressed. Utilize evidenced-based models Utilize Matrix, contingency management for these levels of care Identify and justify any adaptations or modifications to proposed models	Sanctuary has been utilizing The Matrix Model for Teens & Young Adults, an organized set of evidence-based therapeutic interventions. The program consist of research-based techniques integrated into an approach that includes: individual sessions; family sessions; group sessions; introduction to Twelve Step programs; parent substance abuse education and adolescent substance education. The Matrix Model for Teens & Young Adults integrated several treatment approaches in the program to include motivational interviewing and contingency management by hosting several youth and parent clean and sober activities, incentives for clean urine tests for youth, and acknowledging graduates from the outpatient program with incentives.
II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.	Sanctuary program staffs are currently working with New Beginnings staffs to act as interpreters during the assessment and orientation phase to address language barriers. Psycho-educational group topics are adapted to use language and concepts that are culturally appropriate and sensitive to allow for a more enriched individual and group learning experience. Thus, experiential learning is incorporated through exercises and activities that include cultural references.
In narrative form, state how the activities from II.1g to II.1j were implemented and addressed. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug abuse	Sanctuary staff utilize a Bio-psychosocial assessment that includes the use of the American Society of Addiction Medicine (ASAM) six dimensions for placement and to determine eligibility for admission and/or if a referral is needed for further assessment or evaluation. Ongoing Screening / Assessments continues throughout an adolescent's

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	February 1, 2015 through February 28, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
 Determine appropriateness and eligibility for admission or referral Experienced with the ASAM PPC for Level I and Level II Determine any coexisting conditions that indicate the need for additional professional assessment and services 	treatment program to determine Patient Placement Appropriateness.
In narrative form, state how the activities from II.1k to II.1o were implemented and addressed. Adhere to Territory and Federal laws, regulations, and agency policies governing alcohol and other drug abuse services Demonstrate the proper skills to prepare reports and relevant records, integrating available information to facilitate the continuum of care Chart pertinent ongoing information pertaining to client Utilize relevant information from written documents for client care Adhere to Federal Laws including 42 C.F.R. Part II and HIPPA of 1996	Program staff participated in 42 C.F.R. part II and FIIPPA workshops. Staff ensures that all information collected for client is secured behind two (2) locked doors at all times. Each individual, group or family session and treatment plan is documented in client file.
II.2a Provide services for a minimum of 12 adolescents at any given time for Level 1 Outpatient Services.	Level I Outpatient program "Pathways" currently has six (6) active clients. There are three (3) adolescents on a waiting list pending PPD clearances and orientation. Two (2) clients successfully completed Level 1 treatment in February. Program staff are working with DYA social workers, I'famagu'onta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics.
In narrative form, state how the activities from II.2b to II.2d were implemented and addressed.	The Group lesson/activity included: Daily Schedule and Calendars; User's In My Home; Thinking About Change (Goal Setting); "Life On Meth" (video lecture); Thought Stopping Techniques; Communication Styles (Skill building); "Coat of Arms" (self-esteem building); Taking Care of Yourself; External Triggers & Charting Triggers; Internal Triggers & Charting Triggers and Road

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	February 1, 2015 through February 28, 2015	
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report	
 Relevant alcohol, tobacco and other drug use/abuse information Assist them to make rational decisions Build social skills to prevent substance related problems from re-occurring. Information about available alcohol, tobacco and drug resources in the Territory of Guam and off-island Information about the legal aspects that pertains to drug and alcohol related crimes 	Map for Recovery. Clients also participated in two (2) Clean and Sober Activities during the month of February; one activity was a "Fun Day" that included structured games and exercises for clients to strengthen their relationships as a group. The second activity included both adolescent and parent. The group watched a movie at the Hagatna Shopping Center reinforcing the concept that "People in recovery can have fun without the use of mind and mood altering substances". 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.	
II.2e Provide detailed provisions in making ASAM Level I Outpatient drug treatment groups accessible to clients, adding evenings and weekend schedules, that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	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 and share their experience on what has helped them overcome obstacles. The groups allow the parents and their child to practice new skills and information learned. Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education groups are held on Saturdays from 12:00 to 1:30. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics.	
II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment. II.2g Incorporate provisions that will continue providing at least a minimum of four (4) hours a week for treatment	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs. Sanctuary facilitates weekly groups utilizing the Matrix Model for Teens & Young Adults on Mondays from 3:30 to 5:30 and Saturdays from 10:00 to 1:30.	
sessions utilizing the Matrix Model for Teens curriculum. 11.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment	Program staff make necessary referrals to GBHWC – I famagu'onta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.	

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	February 1, 2015 through February 28, 2015
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report
plans.	
II.2i Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.
II.2j Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care, as applicable.	Program staffs meet with clients individually to transition client towards next level of care as needed. Assessing clients throughout their treatment is conducted to ensure that clients are in the appropriate level of care as they progress in the recovery process.
II.3a Provide services for a minimum of 8 adolescents at any given time for Level II Intensive Outpatient Services.	Level II Intensive Outpatient program "High Hopes" currently has three (3) active clients. There is one (1) adolescent scheduled to commence with a scheduled date for orientation. One (1) client completed the Level 2 outpatient program during the month of February. Program staff are working with DYA social workers, I' famagu'onta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics.
II.3b Proved detailed provisions for making ASAM Level II Outpatient drug treatment groups accessible, adding evening and weekend schedules that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education group are held on Saturdays from 12:00 to 1:30 p.m. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics. Free parenting classes and other community resources that are announced publicly that Sanctuary staffs are made notice of.
HI.3c Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs.
In narrative form, state how the activities from II.3d to II.3e were implemented and addressed. Minimum six (6) hours a week for treatment Utilize Matrix Model for teens curriculum	Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Parent education groups are held on Saturdays from 12:00 to 1:30.

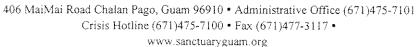
Rehabilitation Services for Adolescents	
Monthly Reporting Period:	February 1, 2015 through February 28, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report

Experience with necessary techniques for IOP	
	The Group lesson/activity was: weekly check-in; review of group rules; Daily Schedule and Calendars; User's In My Home; Thinking About Change (Goal Setting); "Life On Meth" (video lecture); Thought Stopping Techniques; Communication Styles (Skill building); "Coat of Arms" (self-esteem building); Taking Care of Yourself; External Triggers & Charting Triggers; Internal Triggers & Charting Triggers and Road Map for Recovery. Clients also participated in two (2) Clean and Sober Activities during the month of February; one activity was a "Fun Day" that included structured games and exercises for clients to strengthen their relationships as a group. The second activity included both adolescent and parent. The group watched a movie at the Hagatna Shopping Center reinforcing the concept that "People in recovery can have fun without the use of mind and mood altering substances".
	Participants 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.
II.3f Provide provisions that will address clients needing psychiatric and medical services by consultation or referral arrangements.	Sanctuary currently has a Memorandum of Understanding with two (2) private practitioners that are licensed Individual, Marriage and Family Therapists and ICRC Certified. The two practitioners provide consultation to program staff as needed.
II.3g Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.
II.3h Provide provisions that will assess and implement	Program staffs meet with clients individually to transition client towards next

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	February 1, 2015 through February 28, 2015	
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report	
motivational strategies that will assist clients with their transition towards the next level of care. H3i Comply with Charitable Choice Regulations should applicant be a faith based organization. If a client objects to a religious character of the faith based organization then the participating faith based organization shall, within a reasonable time after the date of such objection, refer such individual to an alternative provider. The applicant shall keep all referral records that may be reviewed upon a program evaluation by GHBWC.	level of care as needed. Program staffs also utilize the ASAM's six dimensions to ensure transitions are clinically appropriate. Sanctuary, Incorporated is not a faith based organization.	
Sanctuary Representative: Mildred Q. Lujan Position Title: Executive Director Date: March 3, 2015	DMHSA Representative: Received By: TRacy Quitusua Position Title: LD75 II Date of Submission: 3 - 5 - 15	



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February 3, 2015

To: Ray Vega 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 Monthly Program Status Report (Outpatient Services) for the month of January 2015.

If you should have any questions, please feel free to contact me at 475-7101.

Sincerely,

Mildred Q. Ssejan Mildred Q. Lujan

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	January 1, 2015 through January 31, 2015
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report
In narrative form, state how the activities from II.1a to II.1c were implemented and addressed. • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff	Sanctuary program staff attended a conference/training on cultural competency in behavioral healthcare on December 4 th and 5 th hosted by the Guam Psychological Association in conjunction with Guam Behavioral Health and Wellness. Additionally, program staffs continue to work with 1' Famaguonta (GBH&WC) in the coordination of mental health services for qualifying youth, as well as, works with Department of Youth Affairs (DYA), Guam Department of Education (GDOE), Juvenile Drug Court (JDC), National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT).
In narrative form, state how the activities from II.1d to II.1e were implemented and addressed. • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models	Sanctuary has been utilizing The Matrix Model for Teens & Young Adults, an organized set of evidence-based therapeutic interventions. The program consists of research-based techniques integrated into an approach that includes: individual sessions; family sessions; group sessions; introduction to Twelve Step programs; parent substance abuse education and adolescent substance education. The Matrix Model for Teens & Young Adults integrated several treatment approaches in the program to include motivational interviewing and contingency management by hosting several youth and parent clean and sober activities, incentives for clean urine tests for youth, and acknowledging graduates from the outpatient program with incentives.
II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.	Sanctuary program staffs are currently working with New Beginnings staffs to act as interpreters during the assessment and orientation phase to address language barriers. Sanctuary currently has a Memorandum of Understanding with the Guam Coalition to provide an interpreter for 7 different languages. Psycho-educational group topics are adapted to use language and concepts

In narrative form, state how the activities from II.1g to

Evaluate psychological, social, and

II.1j were implemented and addressed.

that are culturally appropriate and sensitive to allow for a more enriched individual and group learning experience. Thus, experiential learning is incorporated through exercises and activities that include cultural references.

Sanctuary staff utilize a Bio-psychosocial assessment that includes the use of the American Society of Addiction Medicine (ASAM) six dimensions for

placement and to determine eligibility for admission and/or if a referral is

R	ehabilitation Services for Adolescents
Monthly Reporting Period:	January 1, 2015 through January 31, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
physiological signs and symptoms of alcohol and other drug abuse Determine appropriateness and eligibility for admission or referral Experienced with the ASAM PPC for Level I and Level II Determine any coexisting conditions that indicate the need for additional professional assessment and services	needed for further assessment or evaluation. Ongoing Screening / Assessments continues throughout an adolescent's treatment program to determine Patient Placement Appropriateness.
In narrative form, state how the activities from II.1k to II.1o were implemented and addressed. Adhere to Territory and Federal laws, regulations, and agency policies governing alcohol and other drug abuse services Demonstrate the proper skills to prepare reports and relevant records, integrating available information to facilitate the continuum of care Chart pertinent ongoing information pertaining to client Utilize relevant information from written documents for client care Adhere to Federal Laws including 42 C.F.R. Part II and HIPPA of 1996	Program staff participated in 42 C.F.R. part II and HIPPA workshops. Staff ensures that all information collected for client is secured behind two (2) locked doors at all times. Each individual, group or family session and treatment plan is documented in client file.
II.2a Provide services for a minimum of 12 adolescents at any given time for Level I Outpatient Services.	Level I Outpatient program "Pathways" currently has eleven (11) active clients. There is one (1) adolescent scheduled to commence with a scheduled date for orientation and four (4) adolescents on a waiting list pending PPD clearances and orientation. Program staff are working with DYA social workers, I'Famagu'onta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics.
In narrative form, state how the activities from II.2b to II.2d were implemented and addressed.	The Group lesson/activity was: Daily Schedule and Calendars; "The Cost of My Addiction"; Dealing with feelings of depression; External triggers; Staying busy; Cross Addiction; Guilt and Shame;

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	January 1, 2015 through January 31, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
 Relevant alcohol, tobacco and other drug use/abuse information Assist them to make rational decisions Build social skills to prevent substance related problems from re-occurring. Information about available alcohol, tobacco and drug resources in the Territory of Guam and off-island Information about the legal aspects that pertains to drug and alcohol related crimes 	Internal triggers; Stages of Recovery; "When did you start using?"; Relapse justification I; Pros and Cons; "Am I ready for recovery?" Making the link; Dealing with problems and building healthy communication skills. Additionally, parents and adolescents conjoined for a movie day and watched, "Soft is the Heart of a Child" a story of a family threatened by alcoholism; an open discussion followed the film. Contingency management for the month included, a pizza and movie day. 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 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 and share their experience on what has helped them overcome obstacles. The
II.2e Provide detailed provisions in making ASAM Level 1 Outpatient drug treatment groups accessible to clients, adding evenings and weekend schedules, that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	groups allow the parents and their child to practice new skills and information learned. Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to accommodate the school schedule and parents' work schedules. Parent education groups are held on Saturdays from 12:00 to 1:30. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics.
II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment. II.2g Incorporate provisions that will continue providing at least a minimum of four (4) hours a week for treatment sessions utilizing the Matrix Model for Teens curriculum.	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs. Sanctuary facilitates weekly groups utilizing the Matrix Model for Teens & Young Adults on Mondays from 3:30 to 5:30 and Saturdays from 10:00 to 1:30.
11.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment	Program staff make necessary referrals to GBHWC – I Famagu'onta Services, New Beginnings, PEACE; AMC Clínic; Salvation Army LRC; Oasis Empowerment Center; and CPS.

Rehabilitation Services for Adolescents	
Monthly Reporting Period: January 1, 2015 through January 31, 2015	
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report

plans.	
II.2i Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.
II.2j Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care, as applicable.	Program staffs meet with clients individually to transition client towards next level of care as needed. Assessing clients throughout their treatment is conducted to ensure that clients are in the appropriate level of care as they progress in the recovery process.
II.3a Provide services for a minimum of 8 adolescents at any given time for Level II Intensive Outpatient Services.	Level II Intensive Outpatient program "High Hopes" currently has four (4) active clients. There is one (1) adolescent scheduled to commence with scheduled dates for orientation and four (4) on the waiting list, pending PPD clearances and orientation. Program staff are working with DYA social workers, I' Famagu'onta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics.
II.3b Proved detailed provisions for making ASAM	Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on
Level II Outpatient drug treatment groups accessible,	Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are
adding evening and weekend schedules that includes	held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at
detailed provisions for collaborating with a medical	these scheduled times to accommodate the school schedule and parents'
institution that will provide TB testing and necessary	work schedules. Parent education group are held on Saturdays from 12:00 to
treatment.	1:30 p.m.
	Program staffs are working with DYA social workers and family members in
	referring to free outreach clinics for TB testing or to DPHSS Northern or
	Southern clinics. Free parenting classes and other community resources that are announced publicly that Sanctuary staffs are made notice of.
II.3c Provide detailed provisions for clients to receive	Sanctuary currently employs a certified HIV Risk Reduction Counselor that
HIV/AIDS/STDs education and available linkages for early intervention and treatment.	can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs.
In narrative form, state how the activities from II.3d to	Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on
II.3e were implemented and addressed.	Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are
Minimum six (6) hours a week for treatment	held on Saturdays from 12:00 p.m. to 1:00 p.m. Parent education groups are
Utilize Matrix Model for teens curriculum	held on Saturdays from 12:00 to 1:30.
Experience with necessary techniques for IOP	

Rehabilitation Services for Adolescents			
Monthly Reporting Period:	January 1, 2015 through January 31, 2015		
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report		
	The Group lesson/activity was: weekly check-in; review of group rules; Daily Schedule and Calendars "The Cost of My Addiction"; Dealing with feelings of depression; External triggers; Staying busy; Cross Addiction; Guilt and Shame; Internal triggers; Stages of Recovery; "When did you start using?"; Relapse justification I; Pros and Cons; "Am I ready for recovery?" Making the link; Dealing with problems and building healthy communication skills. Additionally, parents and adolescents conjoined for a movie day and watched, "Soft is the Heart of a Child" a story of a family threatened by alcoholism; an open discussion followed the film. Contingency management for the month included, a pizza and movie day.		
	Participants 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.		
II.3f Provide provisions that will address clients needing psychiatric and medical services by consultation or referral arrangements.	Sanctuary currently has a Memorandum of Understanding with two (2) private practitioners who are licensed Individual, Marriage and Family Therapists and ICRC Certified. The two practitioners provide consultation to program staff as needed.		
II.3g Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.		
II.3h Provide provisions that will assess and implement motivational strategies that will assist clients with their	Program staffs meet with clients individually to transition client towards next level of care as needed. Program staffs also utilize the ASAM's six		

Rehabilitation Services for Adolescents			
Monthly Reporting Period:	January 1, 2015 through January 31, 2015		
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report		
transition towards the next level of care.	dimensions to ensure transitions are clinically appropriate.		
II3i Comply with Charitable Choice Regulations should applicant be a faith based organization. If a client objects to a religious character of the faith based organization then the participating faith based organization shall, within a reasonable time after the date of such objection, refer such individual to an alternative provider. The applicant shall keep all referral records that may be	Sanctuary, Incorporated is not a faith based organization.		
reviewed upon a program evaluation by GHBWC. Sanctuary Representative:	DMHSA Representative:		
Mildred Q. Lujan Position Title: Executive Director Date: February 3, 2015	Received By: Athena Drenas Position Title: Cots III Date of Submission: 2:3:15		



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 2, 2015

To:

Ray Vega

Director

Guam Behavioral Health and Wellness Center

From:

Mildred Q. Lujan

Executive Director

Sanctuary, Incorporated of Guam

Re: Rehabilitation Services for Adolescents Report

Attached is the Monthly Program Status Report (Residential Services) for the month of March 2015. Should you have any questions, please feel free to contact me at 475-7110.

Sincerely,

Mildred Q. Lujan
Executive Director

Monthly Reporting Period: Residential Rehabilitation Services for Adolescents		
	March 1, 2015 through March 31, 2015	The state of the s
Task/Activity		
	Sanctuary, Inc. Bi-Weekly Progress Report	The state of the s
II.2a, II.2f.a&b Maintain treatment capacity in ASAM Level III.5 to serve a minimum of 8 adolescents (male or female) at any given time. II.2i Pregnant adolescent females and females with dependent children are to be given preference in admission and/or ensured receipt of the most appropriate services available within forty-eight hours. 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 nother level of care and those on a "wait-list."		
	Sagan Na' Homlo is a 24-hour structured residential program where clients participate in a regulated daily routine schedule which includes: meditation, recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management), individual and family counseling sessions, and individual case management sessions. Clients work on objectives to meet behavioral goals within the program that coincide with their treatment plans. Progress in treatment is reviewed weekly. Residential assistants and counselors implement monitoring and observation, supervision, weekly drug testing, contingency management, and other interventions to help clients meet such goals. All clients that enter Sagan Na'Homlocomplete and/or provide Physician certification for PPD clearance and physical examination prior to orientation.	

Residential Rehabilitation Services for Adolescents		
Monthly Reporting Period:	March 1, 2015 through March 31, 2015	
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?	The continuity of treatment in this level of care provides clients with 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.1a Work-with GBHWC and its partners to establish a system of care for substance abuse treatment that is culturally competent: Give a brief summary of activities that occurred with GBHWC and its partners during the reporting period.	Program staff worked with Department of Youth Affair, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, Guam Behavioral Health and Wellness Center, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.	
H.1d,e& H.2g: Identify evidenced-based models (i.e., Matrix For Teens Model, Motivational Interviewing, Driving with Care, Trauma Informed Care, etc.) and practices to implement that focuses on core treatment. In narrative form, state how evidence-based models are 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. Clients attend at least 6 hours of psycho-educational groups utilizing Matrix Model for Teens curriculum weekly. In addition, clients attend 12-Step groups within the community at least twice a week. Anger Management, Parenting, Tobacco Cessation, Emotional Wellness, Life Skills and Team Building are supplemental groups that clients may attend as well. Motivational Interviewing skills are utilized when needed to help clients move through the stages of change.	
U.1 g-jEvaluate the psychological, social, and	Ongoing Screening / Assessments continued daily using ASAM to determine	

Residential Rehabilitation Services for Adolescents				
Monthly Reporting Period:	March 1, 2015 through March 31, 2015			
,				
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report			
physiological signs and symptoms of alcohol and drug	Patient Placement Appropriateness.			
abuse. Determine the client's appropriateness and eligibility for admission or referral.: Briefly state how				
sections II.2g to II.2j are being addressed.	Assessments were ongoing throughout client's treatment episode.			
and the state of t				
MATRIX Model Family Education: Family	During this monthly reporting period:			
Education / Support Group	and mounty reporting period.			
	3sessions were conducted - 1 session was cancelled due to COR 3 status			
	• 14Family Members in attendance			
	• Group time identified for Saturdays from 12:00pm—130pm 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			
In narrative form, briefly state how activities from Matrix				
Parent Education/Support Group were implemented and	The group lessons/activities included: Chalk Talk Video; Road map for			
addressed?	Recovery; Creating Healthy Functional Families. Open discussion on each topic followed. Questions, answered, and comments were addressed to close			
	out the sessions.			
In narrative form, briefly state how Family benefited from	Small group discussions facilitate understanding of the importance of each			
the core functions or services from this level?	topic in recovery. Various examples provided on each topic offer			
	opportunities for family members to reflect on how they could put each topic			
	discussed to use for them. In addition, group participation teaches empathy			
State any commendations to show the strengths of the	and helps to develop effective communication skills.			
Program:	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 are still			
	considered and accommodations continue to be made on a case by case basis.			
State any recommendations for the improvement of	Staff to continue networking efforts with community partners as well as be			
service delivery:	open to input and feedback. Staff continues to research the latest information			
	through articles, journals, and on-line updates.			

Real Property of the Control of the	Residential Rehabilitation Services for Adolescents	
Monthly Reporting Period:	March 1, 2015 through March 31, 2015	
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report	
Sanctuary Representative: Mildred Lujan Position Title: Program Director / Executive Director Date: April 1, 2015	DMHSA Representative: Received By: Afterna Onemas /3:55 Position Title: CDTS III	
	Date of Submission: 4.6.15	



Sanctuary LogoSanctuary, 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



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913		DATE: 3/31/2015		
то:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	S1456001 RFP 04-2014 DMHSA-2014-034		(residential)	
	COSTS INCURRED BY CATEGORY		AMO	UNT		
	1. Personnel		\$	25,420.58		
	2. Fringe Benefits		\$	2,999.97		
THE STATE OF THE S	3. Contractual		\$	500.00	J.F	
Audust/Accessary regressions	4. Other		\$	437.50		
mater	5. Supplies		\$	1,249.99	,	
	6. Utilities		\$	2,724.96		
		To real to the state of the sta				

TOTAL	PAYMENT	REQUEST:

\$	33.333.00
.	33.333.00

Lijon 03/31/2015

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

> MILDRED Q. LUJAN Sanctuary, Incorporated

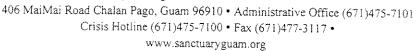
Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2014-034 to be true and correct; and that services for March 1-31, 2015 have been rendered; and payment for this period is due.

Don Sabang D & A Supervisor



A Non-profit Organization Established in 1971





March 3, 2015

To: Ray Vega
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

Mildred Q. Lujan
Mildred Q. Lujan

Received Jan Suppya 3/5/15

Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Monthly Program Status Report (Residential Services) for the month of February 2015.

If you should have any questions, please feel free to contact me at 475-7101.

Sincerely,

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	February 1, 2015 through February 28, 2015	
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report	
II.2a, II.2f.a&b Maintain treatment capacity in ASAM Level III.5 to serve a minimum of 8 adolescents (male or female) at any given time. II.2i Pregnant adolescent females and females with dependent children are to be given preference in admission and/or ensured receipt of the most appropriate services available within forty-eight hours. 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 monthly reporting period: 30-day Treatment 1 Client was served. 1 Transfer to another level of Care: (Aftercare) 0 Wait Listed 0 Completed: 180-day Treatment 4 Clients were served. 0 Transfer to another level of Care (Aftercare) 1 Wait Listed 2 Completed ** Client on waitlist pending PPD Clearance, Physical Examination, and/or Psychological/Psychiatric Evaluation	
In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed?	Sagan Na' Homlo is a 24-hour structured residential program where clients participate in a regulated daily routine schedule which includes: meditation, recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management), individual and family counseling sessions, and individual case management sessions. Clients work on objectives to meet behavioral goals within the program that coincide with their treatment plans. Progress in treatment is reviewed weekly. Residential assistants and counselors implement monitoring and observation, supervision, weekly drug testing, contingency management, and other interventions to help clients meet such goals. All clients that enter Sagan Na'Homlo complete and/or provide Physician certification for PPD clearance and physical examination prior to orientation.	
In narrative form, briefly state how clients benefited from	The continuity of treatment in this level of care provides clients with	

Rehabilitation Services for Adolescents			
Monthly Reporting Period:	February 1, 2015 through February 28, 2015		
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report		
the core functions or services from this level?	consistent contact with residential staff and the opportunity for support when the need arises.		
State any commendations to show the strengths of the 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.1a Work with GBHWC and its partners to establish a system of care for substance abuse treatment that is culturally competent: Give a brief summary of activities that occurred with GBHWC and its partners during the reporting period.	Program staff worked with Department of Youth Affair, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, Guam Behavioral Health and Wellness Center, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.		
H.1d,e & H.2g: Identify evidenced-based models (i.e., Matrix For Teens Model, Motivational Interviewing, Driving with Care, Trauma Informed Care, etc.) and practices to implement that focuses on core treatment. In narrative form, state how evidence-based models are 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. Clients attend at least 6 hours of psycho-educational groups utilizing Matrix Model for Teens curriculum weekly. In addition, clients attend 12-Step groups within the community at least twice a week. Anger Management, Parenting, Tobacco Cessation, Emotional Wellness, Life Skills and Team Building are supplemental groups that clients may attend as well. Motivational Interviewing skills are utilized when needed to help clients move through the stages of change.		

Walder of the Control	Rehabilitation Services for Adolescents
Monthly Reporting Period:	February 1, 2015 through February 28, 2015
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report
II.1 g-j Evaluate the psychological, social, and physiological signs and symptoms of alcohol and drug abuse. Determine the client's appropriateness and eligibility for admission or referral.: Briefly state how sections II.2g to II.2j are being addressed.	Ongoing Screening / Assessments continued daily using ASAM to determine Patient Placement Appropriateness. Assessments were ongoing throughout client's treatment episode.
MATRIX Model Family Education: Family Education / Support Group	During this monthly reporting period: • 4 sessions were conducted • 20 Family Members in attendance • Group time identified for Saturdays from 12:00pm—130pm 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
n narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included: Road map for recovery; Families in recovery; Life or meth video; parent and child activity – Movie Fun Day at Agana Shopping Center. Open discussion on each topic followed. Questions, answered, and comments were addressed to close out the sessions.
n narrative form, briefly state how Family benefited from he core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic offer opportunities for family members to reflect on how they could put each topic discussed to use for them. In addition, group participation teaches empathy and helps to develop effective communication skills.
State any commendations to show the strengths of the Program:	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 are still considered and accommodations continue to be made on a case by case basis.

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	February 1, 2015 through February 28, 2015
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report
State any recommendations for the improvement of service delivery:	Staff to continue networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.
Sanctuary Representative:	DMUCA D
Mildred Lujan	Received By: They Quite sur
Position Title: Program Director / Evacution Director	received by.

Position Title: COTS III

Date of Submission: 3-5-15

Date: March 3, 2015



Sanctuary LogoSanctuary, 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)477-31 17 Email: sanctuary@ite.net www.sanctuaryguam.org



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Cam Tamuning, Guam 96913	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913		DATE: 2/28/2015	
го:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	RF	456001 P 04-2014	(residential)	
	COSTS INCURRED BY CATEGORY			HSA-2014-0: OUNT	33	
	1. Personnel		\$	25,420.58		
	2. Fringe Benefits		\$	2,999.97		
	3. Contractual		\$	500.00		
	4. Öther		\$	437.50		
	5. Supplies		\$	1,249.99		
	6. Utilities		\$	2,724.96		
		VIIII POPE				

TOTAL PAYMENT REQUEST:

33,333.00

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

MILDRED Q. LUJAN

Sanctuary, Incorporated

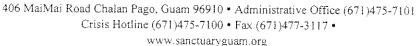
Executive Director

Recommended for payment: I certify invoice No. DMHSA-2014-033 to be true and correct; and that services for February 1-28, 2015 have been rendered; and payment for this period is due.

Bon 6. - un 3-5-15
Sabang
A Supervisor Grove of for Pupros D & A Supervisor



A Non-profit Organization Established in 1971





February 3, 2015

To: Ray Vega 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

Mildred Q. Yayan Mildred Q. Lujan

Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Monthly Program Status Report (Residential Services) for the month of January 2015.

If you should have any questions, please feel free to contact me at 475-7101.

Sincerely,

Task/Activity Sanctuary, Inc. Bi-Weekly Progress Report II.2a, II.2f.a&b Maintain treatment capacity in ASAM Level III.5 to serve a minimum of 8 adolescents (male or female) at any given time. II.2i Pregnant adolescent females and females with dependent children are to be given preference in admission and/or ensured receipt of the most appropriate services available within forty-eight lours. 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." In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed? Sagan Na' Homlo is a 24-hour structured residential program where clients participate in a regulated daily routine schedule which includes: meditation, recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management, sessions		lehabilitation Services for Adolescents
II.2a, II.2f.a&b Maintain treatment capacity in ASAM Level III.5 to serve a minimum of 8 adolescents (male or female) at any given time. II.2i Pregnant adolescent females and females with dependent children are to be given preference in admission and/or ensured receipt of the most appropriate services available within forty-eight hours. 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." In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed? During this monthly reporting period: 30-day Treatment • 2 Client was served. • 1 Transfer to another level of Care: (Aftercare) • 1 Wait Listed • 1 Completed ** Client on waitlist pending PPD Clearance, Physical Examination, and/or Psychological/Psychiatric Evaluation Sagan Na* Homlo is a 24-hour structured residential program where clients participate in a regulated daily routine schedule which includes: meditation, recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management), individual and family counseling sessions, and individual case management sessions	Monthly Reporting Period:	January 1, 2015 through January 31, 2015
ASAM Level III.5 to serve a minimum of 8 adolescents (male or female) at any given time. II.2i Pregnant adolescent females and females with dependent children are to be given preference in admission and/or ensured receipt of the most appropriate services available within forty-eight hours. 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." In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed? Sagan Na' Homlo is a 24-hour structured residential program where clients participate in a regulated daily routine schedule which includes: meditation, recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management), individual and family counseling sessions, and individual case management sessions	Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
participate in a regulated daily routine schedule which includes: meditation, recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management), individual and family counseling sessions, and individual case management sessions	ASAM Level III.5 to serve a minimum of 8 adolescents (male or female) at any given time. II.2i Pregnant adolescent females and females with dependent children are to be given preference in admission and/or ensured receipt of the most appropriate services available within forty-eight hours. 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	 30-day Treatment 2 Client was served. 1 Transfer to another level of Care: (Aftercare) 1 Wait Listed 0 Completed: 180-day Treatment 4 Clients were served. 1 Transfer to another level of Care (Aftercare) 1 Wait Listed 1 Completed ** Client on waitlist pending PPD Clearance, Physical Examination, and/or
Clients work on objectives to meet behavioral goals within the program that coincide with their treatment plans. Progress in treatment is reviewed weekly. Residential assistants and counselors implement monitoring and observation, supervision, weekly drug testing, contingency management, and other interventions to help clients meet such goals. All clients that enter Sagan Na'Homlo complete and/or provide Physician certification for PPD clearance and physical examination prior to orientation.	In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed?	participate in a regulated daily routine schedule which includes: meditation, recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management), individual and family counseling sessions, and individual case management sessions. Clients work on objectives to meet behavioral goals within the program that coincide with their treatment plans. Progress in treatment is reviewed weekly. Residential assistants and counselors implement monitoring and observation, supervision, weekly drug testing, contingency management, and other interventions to help clients meet such goals. All clients that enter Sagan Na'Homlo complete and/or provide Physician certification for PPD
weekly. Residential assistants and counselors implement monitoring and observation, supervision, weekly drug testing, contingency management, and other interventions to help clients meet such goals. All clients that enter Sagan Na'Homlo complete and/or provide Physician certification for PPD		weekly. Residential assistants and counselors implement monitoring and observation, supervision, weekly drug testing, contingency management, and other interventions to help clients meet such goals. All clients that enter Sagan Na'Homlo complete and/or provide Physician certification for PPD

F	Rehabilitation Services for Adolescents		
Monthly Reporting Period:	January 1, 2015 through January 31, 2015		
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report		
the core functions or services from this level?	consistent contact with residential staff and the opportunity for support when the need arises.		
State any commendations to show the strengths of the 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.1a Work with GBHWC and its partners to establish a system of care for substance abuse treatment that is culturally competent: Give a brief summary of activities that occurred with GBHWC and its partners during the reporting period.	Program staff worked with Department of Youth Affair, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, Guam Behavioral Health and Wellness Center, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.		
II.1d,e & II.2g: Identify evidenced-based models (i.e., Matrix For Teens Model, Motivational Interviewing, Driving with Care, Trauma Informed Care, etc.) and practices to implement that focuses on core treatment. In narrative form, state how evidence-based models are 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. Clients attend at least 6 hours of psycho-educational groups utilizing Matrix Model for Teens curriculum weekly. In addition, clients attend 12-Step groups within the community at least twice a week. Anger Management, Parenting, Tobacco Cessation, Emotional Wellness, Life Skills and Team Building are supplemental groups that clients may attend as well. Motivational Interviewing skills are utilized when needed to help clients move through the stages of change.		

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	January 1, 2015 through January 31, 2015
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report
II.1 g-j Evaluate the psychological, social, and physiological signs and symptoms of alcohol and drug	Ongoing Screening / Assessments continued daily using ASAM to determine Patient Placement Appropriateness.

H.1 g-j Evaluate the psychological, social, and physiological signs and symptoms of alcohol and drug abuse. Determine the client's appropriateness and eligibility for admission or referral.: Briefly state how sections H.2g to H.2j are being addressed.	Ongoing Screening / Assessments continued daily using ASAM to determine Patient Placement Appropriateness. Assessments were ongoing throughout client's treatment episode.
MATRIX Model Family Education: Family Education / Support Group	During this monthly reporting period:
	• 5 sessions were conducted
	41 Family Members in attendance
	 Group time identified for Saturdays from 12:00pm—130pm 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
In narrative form, briefly state how activities from Matrix	The group lessons/activities included: Marijuana – The escape to nowhere;
Parent Education/Support Group were implemented and	Soft is a heart of a child; I respectfully disagree with you; Families in
addressed?	Recovery. Open discussion on each topic followed. Questions, answered,
In counting Co., 12.	and comments were addressed to close out the sessions.
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each
the core functions of services from this level?	topic in recovery. Various examples provided on each topic offer
	opportunities for family members to reflect on how they could put each topic
	discussed to use for them. In addition, group participation teaches empathy and helps to develop effective communication skills.
State any commendations to show the strengths of the	Due to the census of the Family Members wanting to have group on a
Program:	weekend, accommodations were made moving the group to Saturdays. Each
	Family member who is not able to attend the groups on Saturdays are still
= V 50/20/20/20 = 1/20/20/20/20/20/20/20/20/20/20/20/20/20/	considered and accommodations continue to be made on a case by case basis.
State any recommendations for the improvement of	Staff to continue networking efforts with community partners as well as be

Rehabilitation Services for Adolescents			
Monthly Reporting Period:	January 1, 2015 through January 31, 2015		
Task/Activity	Sanctuary, Inc. Bi–Weekly Progress Report		
service delivery:	open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.		
Sanctuary Representative:	DMHSA Representative:		
Mildred Lujan	Received By: Athera Dumas		
Position Title: Program Director / Executive Director Date: February 3, 2015	Position Title: COTS III		
	Date of Submission: 8.3.15		

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



FWD VIA: Grandle Jeantle 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 07, 2015

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 2015 from January 1, 2015 – March 31, 2015.

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

Services

-0-

Equipment

-()-

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 2015 - (January 1, 2015 - March 31, 2015) 2nd Quarter Expenditure Report (Revised) Department of Youth Affairs Runaway Homeless Program

Fund	Contract Amount	Object Classification	Expenditure
General	\$ 254,764	Salary	59,086.94
		Benefits	7,314.78
		Travel (Mileage)	0.00
		Contractual	1,622.08
		Supplies & Materials	2,782.30
		Equipment	0.00
		Utilities	5,553.71
		Miscellaneous	2,691.73
		Vehicle Lease	0.00
		Grand Total	79,051.54

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2015 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

MILDRED Q. LUJAN

EXECUTIVE DIRECTOR

DATE: 04/07/2015

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







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: inquiry@sanctuaryguam.org

April 07, 2015

Ms. Elizabeth Barrett - Anderson Attorney General Office of the Attorney General 287 West O'Brien Drive Hagatna, Guam 96932

Dear Ms. Barrett - Anderson:

The information listed below is for the VOCA Program 2nd quarter of Fiscal Year 2015 from January 1, 2015 – March 31, 2015.

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,

Executive Director



O Alar

Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2015 (January 1, 2015 - March 31, 2015) 2nd Quarter Expenditure Report Office of the Attorney General VOCA

Fund Federal	Contract Amount 34,896.00	Object Classification	E	penditure
		Salary Benefits Travel Contractual Supplies & Materials Equipment Utilities Miscellaneous	\$	6,131.92 1,010.63 - - - - -
		Grand Total	\$	7,142.55

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: 04/07/2015

PORATED OF GUAM ME ACT GRANT Program Report Ending 3/31/15 -0064

TO O SE 2014-2015 Ganctuary, Incorporated Victim Assistance Program PERIOD: January 2015 - March 2015

RANTEE NAME AND ADDRESS: Sanctuary, Incorporated

REPORT CONTACT: Mildred Lujan, Executive Director 406 Maimai Road H) ACCOUNT NO.: 5101H131120SE113-280 Chalan Pago, Guam 96910

I. EXECUTIVE SUMMARY

G)

For this fiscal year, Sanctuary, Incorporated of Guam (Sanctuary) was awarded the sum of \$34,896.00 under Victime of Crima Act (VOCA) arout as indicated above. The funding is made available through the Office of Victims of Crime Act (VOCA) grant as indicated above. The funding is made available through the Office of Crime Act the Attorney General, Government of Guam which is supported through funding from the Victims of Crima Office of Inetica programs and is administrated by 11 c. Danartment of Grant, Office for Victims of Crime, Office of Justice programs, and is administered by U.S. Department of Crime Justice. The primary purpose of funding is to provide supportive services in psychological counseling to youth the primary purpose of funding is to provide supportive services in psychological counseling to youth the primary and 21 who cash carvices through Canctuary ac a recult of heing affected by domestic Justice. The primary purpose of funding is to provide supportive services in psychological counseing to youth between ages of 12 and 21 who seek services through Sanctuary as a result of being affected by domestic and variable of other crimes. Violence, child abuse (physical, mental, emotional, and verbal), sexual assault, or other crimes.

In meeting the contract requirements, Sanctuary has an open contract with Doris Tolentino, (licensed Individual Marriage and Eamily Therapiet (IMET) and Mactere in Cocial Work) for clinical concultation and In meeting the contract requirements, Sanctuary has an open contract with Doris Tolentho, (incensed Individual, Marriage and Family Therapist (IMFT) and Masters in Social Work) for clinical consultation and Consultation is volunteer Dan Duanas (RA in Cociology)

services. Also providing clinical supervision and consultation is volunteer, Dan Duenas (BA in Sociology, Abuse Counceler) Services. Also providing chinical supervision and consumation is volumeer, Dan Duenas (DA in Sociology, MSW, IMFT, Certified Substance Abuse Counselor, and International Alcohol and Drug Abuse Counselor).

Canothiaru'e Clinical Diractor is Edward Taitono (DA in Devohology minor in Cocial World MHR and an Sanctuary's Clinical Director is Edward Taitano (BA in Psychology, minor in Social Work, MHR, and an the actablish the approach in which to Sanctuary's Clinical Director is Edward Tallano (BA in Psychology, minor in Social Work, With, and all balls viotime some with their transmatic experiences. help victims cope with their traumatic experiences.

Sanctuary has taken initiative in networking with other agencies in promoting awareness and prevention of amotional and verball account or other crimes domestic violence, child abuse (physical, mental, emotional, and verbal), sexual assault, or other crimes. Sanctuary participates in monthly meetings sponsored by the Guam Coalition against Sexual Assault and Sanctuary participates in monthly meetings sponsored by the Guant Coantion against Sexual Assault and articipated in cavaral outrageh and training avante throughout this quarter. The following outrageh avents were anny Violence and contributes to the development of the program for the benefit of the community, banctuary afficipated in several outreach and training events throughout this quarter. The following outreach events were that Cohool Darant Teacher Conference UOG Snicide atterpated in several outreach and training events inroughout this quarter. The ionowing outreach events were e Guam 'A' Club, Payless Kick the Fat, Autism Fair, High School Parent Teacher Conference, UOG Suicide and Dacidantial Accidents. e Guant A Club, Payless Mick the Pat, Autism Pair, Prign School Parent Teacher Conference, UOG Suicide aived Firet Aid and CDD training during thic quarter. Display. Case Managers and Residential Assistants

ctuary offers a twenty-four hour crisis hotline to assist youth who are runaway, homeless, victims of a

VICTIMS OF CRIME ACT VICTIM STATISTICS WORKSHEET

	FOR THE PERIOD O	- Junual V UI - /II T - I	March 31, 2015
	Organization	1: SANCTUAL	RY, INC
A	GE		
0-12		TOTA	L
13-17			
18-24		7	
25-59			
60+			
Unknown			
NATIONAL ORIGIN			
1. African American:	TOTAL	NATIONAL ORIGIN	TOTAL
2. Asian:		6. Filipino:	TOTAL
3. Caucasian/White:		7. Hispanic:	
4. Chamorro:		8. Other Pacific Islander	3
5. Chuukese:	3	9. Other: Indian	3
	İ	10. Unknown:	
GENE	TrD		
Male Girt	LR	TOTAL	
emale emale			
nknown		6	
Institutions V	ictimized		
usiness Owned Building/Off	ioo/D	TOTAL	
engious Organization Ruildi	ValOver and		***************************************
with Joychiment Building/	Office /D.		
equinent of Guam Ruilding	/Ofc /D		
blic or Private School Build	ng/Office/Property		
TYPES OF SERVICE	ES PROVIDED		
isis Counseling		TOTAL	
low-up Contact		265	
егару		11	
oup Treatment/Support		1	
Iter/Safe House		1	
ormation & Referral (In- Pers	on)	7	
ninal Justice Support/Advoc	acy	381 (Outreach)	
istance in Filing Compensati	on Claims		
agency Financial Assistance			
rgency Legal Advocacy		*	
onal Advocacy			
phone Information & Referra	il	14/	
r: (specify)		146	
· (SPECHV)			

Attachment 6

Sanctuary, Incorporated of Guam

Forrester's Refuge – Permanent Housing Program

Reporting Agency

Guam Housing and Urban Renewal Authority (GHURA)

<u>Reports</u>

1. Quarterly financial expenditures and obligation



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971

406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 • Fax (671)477-3117 • Email:

inquiry@sanctuaryguam.org www.sanctuaryguam.org



April 07, 2015

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

Dear Mr. Duenas:

The information listed below is for the Continuum of Care Program 1st quarter of Calendar Year 2015 from January 1, 2015 - March 31, 2015.

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

Services

-()-

Equipment

-()-

Inventory Property

-()-

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) CY 2015 (January 1, 2015 - March 31, 2015) 1st Quarter Expenditure Report Guam Housing and Urban Renewal Authority (GHURA)

Fund	Con	tract Amount	Object Classification	Ε	xpenditure
General	\$	129,450			,
			Salaries & Benefits Travel	\$	20,804.93
			Contractual		2,369.56
			Supplies & Materials		1,135.74
			Equipment		-
			Utilities		4,713.22
			Miscellaneous		1,041.23
			Grand Total	\$	30,064.68

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2015 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

MILDRED Q. LUJAN

EXECUTIVE DIRECTOR

DATE: 04/07/2015



SANCTUARY, INCORPORATED OF GUAM

"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



Transmittal Form

Date:	October 15, 2015		Office of the Speaker
То:	HONORABLE JUDITH T. WON PAT Speaker 33 rd Guam Legislature		Judith T. Won Pat. Ed.D Date: 10-15-15 Lume: 4:40000
Enclo	sed herewith are the following document		(eccived By:
2.	FY2015 3 rd quarter list of expenditures ov FY2015 3 rd quarter list of appropriations/6 FY2015 3 rd quarter progress report	er \$5,000 expenditure rep	port
Purpo	ose/Action Needed:		
	☐ Needs your approval on the above		
	Needs reply or comment		
	☐ To fulfill your requirement		
which	Other: <u>In compliance with Public Law</u> receive funding through a Government of C		reports for all our programs
There	ramente, Melen Me		
	NOWLEDGEMENT of the above is hereby acknowledged:		
Print 1	Name:	Signature:	
Date:		Time:	



SANCTUARY, INCORPORATED OF GUAM

"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

October 15, 2015

HONORABLE JUDITH T. WON PAT Speaker 33rd Guam Legislature 155 Hessler Place Hagatna, GU 96910

Håfa 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 of Guam has existing contracts with the following Government of Guam agencies: Department of Public Health and Social Services, Guam Behavioral Health and Wellness Center, Department of Youth Affairs, Guam Housing and Urban Renewal Authority, 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 April 1, 2015 through June 30, 2015.

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.

Senseramente,

Theresa C. Arriola 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

FEDERAL FINANCIAL REPORT

COPY

			(Fo	illow form instr	uctions)					i.i	
	ency and Organizati eport is Submitted	onal Element	2. Federal Grant	or Other Identi	ying Number Assigne	ed by Feder	al Ag	jency.	P	age 1	of 1
Corporatio	on for National and	Community Service		10AC12007	5						
3. Recipient C	Organization (Name	and complete address includ	ina Zia code)		· · · · · · · · · · · · · · · · · · ·					<u></u>	pages
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8. Project/Gra	int Period				.,,,,			Period End Date	J. Casii	X ACCIU	aı
From: (Moi	nth, Day, Year)		To: (Month, Day,	Year)				Day, Year)			
	1-Oct-14			30-Sep-15		A	pril 0	11, 2015 - June 30,	2015		1ST QTR
10. Transacti	ons								Cumulative		
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Lierannia and a second	for single grant repo										
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	share of unliquidate										\$0.00
g. Total Fe	ederal share (sum o	f lines e and f)								\$	119,127.53
		eral funds (line d minus g)								\$3	330,884.47
Recipient S	nare: cipient share require	- A						· · · · · · · · · · · · · · · · · · ·			
	nt share of expendit							,			\$3,868,39
k. Remaini	ing recipient share to	be provided (line i minus i)					-+				\$11,450.61
Program Inc											
	deral program incom										\$0.00
		in accordance with the deduction accordance with the addition									\$0.00 \$0.00
		ne (line I minus line m or line i				··-					\$0.00
		Rate	c. Period From	Period To	d Base	e. Amo	ount C	Charged	II. Federa	l Share	
11. Indirect	N/A	N/A	N/A	N/A	N/A				0		0
Expense	1		1	+ +					4		
12 Remarks	Attach any evolana	tions deemed necessary or in	ntormation required t	g Totals:	negana agency in coa	poliance wi	th as	vomina lagislation	1		
12.7 7 10.110.110.1	ritiaon any explana	mono documes necessary or m		oy i caciai spo	isoling agency in con	iphance in	ar go	verning legislation,			
13. Certificati	ion: By signing th	is report, I certify that it is t	rue, complete, and	accurate to th	e best of my knowle	dae. Iam	awa	re that		 	
1		ulent information may subj				_			1		
		e of Authorized Certifying Off			nondino periames.			ne (Area code, num		ension)	
							. (671) 475-7101		,	
						d. Ema	ail ad	dress			
	no, Interim Director							<u> Palenjās š. panyt ja n</u>	Maria de la Carta de Carta de la Carta		
p. Signature o	of Authorized Certifyi	ng Official				e. Date	е Нер	ort Submitted (Mo	nth, Day, Y	ear)	
Ted	Larton							10-Jul-15			
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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.







DEPT. OF ADMINISTRATION STAMP REC'D

REIMBURSEMENT FORMULA GRANT REQUEST FORM

FROM: SANCTUARY, INCORPORATED AC PROGRAM NAME: AYUDA PARA I KOMUNIDAT

ADDRESS: 406 MAI MAI ROAD

			CHALAN PAGO, GU	AM 96910	
AC GRANT AWARD NUMBER	AC GRANT ID NUMBER	DOA VENDOR NUMBER	DOA CONTRACT	EMPLOYER ID	EMPLOYER DUNNS NUMBER
14AFHGU0010002	14AC161850	\$1456001	C150600470	96-0002543	85502584
<u></u>	M PERIOD:			PERIOD CLAI	MING FOR:
2014	4-2015			Jun	15 / 7
REQUEST NUMBER: 2015-04 (PY 20	014-2015)		FINAL CLAIM:	YES	NO
ACCOUNT NUMBER: 5101H]		X
DEPT. OF ADMIN.	AMOUNT	AS400 PMT	CHK NUMBER	CNCS HHS DTE APPROVED	ATTACH CNCS EMAIL: HHS AMOUNT APPROVED
FUNDS REQUESTED	34,851.54				
GRANT AWARD	\$ 450,012.00				
LESS: PREVIOUSLY REQUESTED:	\$ 84,275.99				
SUB-TOTAL	\$ 365,736.01				
LESS: AMOUNT OF THIS REPORT	\$ 34,851.54				
GRANT BALANCE:	\$ 330,884.47				
□PROGRAM REPORTS are due on/ □FISCAL REPORTS are due on/ ar b □FFR's are due on/ or before the 1	pefore the 10th of ed	ach MONTH for co	ompliance.	mbursement.	
purposes set forth and in the Gran no PROGRAM	nt Award. I understi	and that failure to	comply in submitting	on time due to late and c de possibile withholding c	expenditures are approved and signed for thronic reporting will result on one warning of payment.
 	DIRECTOR/ DATE:	Ten J	istant 7/10/15	,	
			GC/ DOL USE ONLY -		
	Reviewed as		•	& BUDGET MODIFICATI	ON
	neviewed ag		ministrative Assistant	·	
			ministrative Assistant		
	Julie Irlarte/ Sig □PER REIMBU		☐ BUDGET M		IFFR's
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☐ NATIONAL PERFORMANCE ME/☐ CNCS NATIONAL SERVICE CRIM☐ ACCOMPANIEMENT: DAILY TIM	IINAL HISTORY CHE		☐ PROGRAM SITE V	ISITO FISCAL SITE VISIT	TEVALUATIONS EMID EFINAL DUT EPROGRAM EVALUATIONS
SGC/ DDOL - ASSURANCE & CERTII	FICATION:				
DOL CERTIFYING	G OFFICER/ DATE:		Nellie N. Asanum	a	
SGC EXECUTIVE (DIRECTOR/ DATE:				
			Doris M. Aguon		







SGC - Standard Operating Procedures - Process Instructions:

Elstep: 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

Ayuda Para I Komunidat - 14AFHGU0010002

Section (CNCS SHARE	BUDGET TOTAL	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	PROGRAM TOTAL	CNCS BUDGET-YTD BAL
A Personnel				1								-		The state of the s
Program Director	31,790.00	31,790.00	2,374.56	3,561.84	2,374.56	2,374.56							10,685.52	21,104,48
Program Coordinator	27,810.00	27,810.00	2,056.00	3,084.00	2,056.00	2,056.00							9,252.00	18,558.00
Admin Asst	20,651.00	20,651.00	1,928.00	2,892.00	578.40	1,542.40				•			6,940.80	13,710,20
Total - Personnel	80,251.00	80,251.00	6,358.56	9,537.84	5,008.96	5,972.96	0.00	0.00	0.00	0.00	0.00	0.00	26,878.32	53,372.68
B Fringe										· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,		*****
FICA	6,140.00	6,140.00	486.42	729.64	383.19	456.94							2,056.19	4,083.81
Health Insurance	5,160.00	5,160.00	0.00	300.48	450.72	751.20						***************************************	1,502.40	3,657.60
Workers Comp	241.00	241.00	0.00	6.47	30.70	12.39							49.56	191,44
Total - Fringe	11,541.00	11,541.00	486.42	1,036.59	864.61	1,220.53	0.00	0.00	0.00	0.00	0.00	0.00	3,608.15	7,932.85
S/Total (A/B)	91,792.00	91,792.00	6,844.98	10,574.43	5,873.57	7,193.49	0.00	0,00	0.00	0.00	0.00	0.00	30,486.47	61,305.53
E Supplies:														THE PARTY OF THE P
Program-Office Supplies / Materials	2,400.00	2,400.00	64,42	22.87	85.90	781. 00							954.19	1,445,81
Gasoline	2,100.00	2,100.00	92.29	125.40	130.12	84.60	· · · · ·			 			432.41	1,667.59
Service Gears	3,240.00	3,240.00	9.00	0.00	0.00	0.00							0.00	3,240.00
S/Total -Supplies	7,740.00	7,740.00	156,71	148.27	216.02	865,60	0.00	0.00	0.00	0.00	0.00	0.00	1,386.60	6,353.40
F Contractual:														
Xerox Equipment Lease	780.00	780.00	276.14	174.99	0.00	230.63		·					681.76	98.24
Internet Service	1,464.00	1,464.00	0.00	280.34	299.98	373.91							954.23	509.77
Vehicle Lease	7,500.00	7,500.00	1,250.00	625.00	625.00	0.00							2,500.00	5,000.00
Cell Phone / Telephone	4,200.00	4,200.00	284.40	181.63	0.00	553.83							1,019.86	3,180.14
S/Total -Contractual	13,944.00	13,944.00	1,810.54	1,261.96	924.98	1,158.37	0.00	0.00	0.00	0.00	0.00	0.00	5,155,85	8,788.15
G 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	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	0.00	0.00
Member Training:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	0.00	0.00
Total - Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
H Evaluation	500.00	500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00
Total - Eval	500.00	500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	500,00
I Other Program Operating Costs:														
FBI Check	1,080.00	1,080.00	0.00	0.00	0.00	0.00	3						0.00	1,080.00
Drug Testing	1,620.00	1,620.00	0.00	0.00	0.00	0.00							0,00	1,620.00

CPR / 1st Aid Training	2,160.00	2,160.00	0.00	0.00	0.00	0.00							0.00	2,150.00
CNCS or Serve Guam Commission Mtg	1,920.00	1,920.00	0.00	0.00	0.00	0.00							0.00	1,920.00
Advertisement (banner)	275.00	275.00	0.00	0.00	0.00	0.00					ì		0.00	275.00
S/Total - OPOC	7,055.00	7,055.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,055.00
Section I - Grand Total	121,031.00	121,031.00	8,812.23	11,984.66	7,014.57	9,217.46	0.00	0,00	0.00	0.00	0.00	0.00	37,028.92	84,002.08
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							30.59%	69.41%
Section III			·····											77
A Living Allowance										· · · · · · · · · · · · · · · · · · ·			34	
Half Time	302,400.00	302,400.00	0.00	30,240.60	21,633.66	23,029.38							74,903.64	227/496,86
S/Total	302,400.00	302,400.00	0.00	30,240.60	21,633.66	23,029.38	0.00	0.00	0.00	0,00	0,00	0.00	74,903.64	227,496.36
B Member support Cost						Ì		·						***
FICA	23,134.00	23,134.00	0.00	2,313.41	1,654.59	1,763.19							5,731.19	, 17,402.81
Worker's Compensation	907.00	907.00	0.00	0.00	413.00	206.50							619.50	287,50 و
Health	0.00	0.00	0.00	0.00	0.00		j						0.00	00.00
S/Total	24,041.00	24,041.00	0.00	2,313,41	2,067.59	1,969.69	0.00	0.00	0.00	0.00	0.00	0.00	6,350.69	17,690.31
Section II - Total	326,441.00	326,441,00	0.00	32,554,01	23,701.25	24,999.07	0.00	0.00	0.00	0.00	0.00	0.00	81,254.33	245,186.67
	100. 00 %	100.00%	#DIV/01	100.00%	100.00%	100.00%							24.89%	75.11%
Section III														
A Corporation Fixed Percentage													0.00	0.00
S/ Total	0.00	0.00	0.00	0.00	0.00	0.00							0.00	0.00
B Federally Approved Indirect Cost	2,540.00	2,540.00	0.00	659.99	-450.72	635.01							844.28	1,695.72
S/ Total	2,540.00	2,540.00	0.00	659.99	-450.72	635.01	0.00	0.00	0.00	0.00	0.00	0.00	844,28	1,695.72
Section III - Total	2,540.00	2,540.00	0.00	659.99	-450.72	635.01	0.00	0,00	0.00	0.00	0.00	0.00	844,28	1,695.72
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							33.24%	66.76%
BUDGET TOTAL	450,012.00	450,012.00	8,812.23	45,198.66	30,265.10	34,851.54	0.00	0.00	0.00	0.00	0.00	0.00	119,127.53	330,884.47
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							26.47%	73.53%
PER Total:	450,012.00	450,012.00	8,812.23	45,198.66	30,265.10	34,851.54	0.00	00,0	0.00	0.00	0.00	0.00	119,127.53	330,884.47







SANCTUARY INCORPORATED - AYUDA PARA I KOMUNIDAT

SANCTUART INCORPORATED - ATUDA	TARATRONIDA	2A1				T								
Section I	PROGRAM SHARE	BUDGET TOTAL	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	PROGRAM TOTAL	CNCS BUDGET YTD BAL
A Personnel				·					· ·					
Program Director	5,609.00	5,609.00	419.04	628.56	419.04	419.04	*						1,885.68	3,723.3
Administrative Aide	5,162.00	5,162.0	0.0	0.0	1,349.6	385.60							1,735.2	3,426.
Program Coordinator	0.0	0.0	0.0	0.0	0.0	-							0.0	0.
Total - Personnel	10,771.00	10,771.00	419.04	628 ,56	1,768.64	804.64	0.00	0.00	0.00	0.00	0.00	0.00	3,620.88	7,150,1
B Fringe														
FICA	823.00	823.00	32.06	48.08	105.80	61.56		***************************************					247.51	575.4
Health Insurance	0.00	0.00	0.00	0.00	0.00	_						****	0.00	0.0
Worker's Compensation	0.00	0.00	0.00	0.00	0.00								0.00	0.00
Total - Fringe	823.00	823.00	32.06	48.08	105.80	61.56	0.00	0,00	0.00	0.00	0.00	0.00	247.51	575.4
S/Total (A/B)	11,594.00	11,594. 00	451.10	676.64	1,874.44	866.20	0.00	0.00	0.00	0.00	0.00	0.00	3,868.39	7,725.6
Section - Total	11,594.00	11,594.00	451.10	676.64	1,874.44	866.20	0.00	0,00	0.00	0.00	0.00	0.00	3,868.39	7,725.6:
	100.00%	100. 00 %	100.00%	100.00%	100.00%	100.00%							100.00%	100.005
Section III														
A Corporation Fixed Percentage													0.00	0,00
S/ Total													0.00	0.00
B Federally Approved Indirect Cost	3,725.00	3,725.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,725.00
S/ Total	3,725.00	3,725.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,725.00
Section III - Total	3,725.00	3,725.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,725.00
	100.00%	100.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/01							0.00%	100.009
BUDET TOTAL	15,319.00	15,319.00	451.10	676.64	1,874.44	866.20	0.00	0.00	0.00	0.00	0.00	0.00	3,868.39	11,450.61
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							25.25%	
PER Total:	15,319.00	15,319.00	451.10	676.64	1,874.44	866.20	0.00	0,00	0.00	0.00	0.00	0.00	3,868.39	11,450.61

Attachment 2

Sanctuary, Incorporated of Guam Foster Care Program

Reporting Agency

Department of Public Health and Social Services

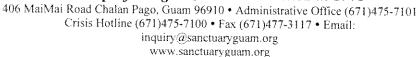
Reports

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



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971





July 29, 2015

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

Dear Mr. Gillian:

Hafa Adai! The information provided below is for the Foster Care Program (3rd Quarter of Fiscal Year 2015) from April 1, 2015 thru June 30, 2015.

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,

Edward H. Taitano

Interim Executive Director

Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2015 (April 1, 2015 - June 30, 2015) 3rd Quarter Expenditure Report Department of Public Health and Social Services Foster Care

Fund	Cor	tract Amount	Object Classification	E	penditure
General	\$	30,466			
			Salary	\$	850.80
			Benefits		65.10 <
			Travel		0.00
			Contractual		0.00
			Supplies & Materials		0.00
			Equipment		0.00
			Utilities		49.00 -
			Miscellaneous		84.96
			Grand Total	\$	1,049.86

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:

Ed.	Taitare	
EDWARD H	I. TAITANO	
INTERIM E	XECUTIVE DIRECTOR	
DATE:	8/3/15	

Attachment 3

Sanctuary, Incorporated of Guam Rehabilitation Services for Adolescents

Reporting Agency

Guam Behavioral Health and Wellness Center

- 1. Outpatient
- 2. Residential

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

July 2, 2015

TO:

Rey Vega

Director

Guam Behavioral Health and Wellness Center

Benny Pinaula Deputy Director

Guam Behavioral Health and Wellness Center

ATTN:

Don P. Sabang

Drug and Alcohol Supervisor

Guam Behavioral Health and Wellness Center

FROM:

Edward Taitano

Acting Executive Director Sanctuary, Incorporated

RE:

Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Monthly Program Status (Outpatient) Report for the period of June 1, 2015 to June 30, 2015.

If you should have any questions, please feel free to contact me at 475-7101.

Si Yu'os Ma'ase',

Edward Taitano

Acting Executive Director



Sanctuary LogoSanctuary, 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



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Ca Tamuning, Guam 969	DATE: 06/301/2015	
70:	Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC) COSTS INCLARED BY CATEGORY	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	S1456001 RFP 08-2013 DMHSA-2014-C	(outpatient)
	1. Personnel	***************************************	AMOUNT \$ 5,719.69	
	2. Pringe Benefits		675.00	
	3. Contractual		112.50	ŲĒ.
	4. Other		98.44	
	5. Supplies		281.25	
	6. Umges	•	613.13	

TOTAL PAYMENT REQUEST:

\$ 7,500.00

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

Edward Taitano

Sanctuary, Incorporated **Acting Executive Director**

Recommended for payment: I certify Invoice No. DMHSA-2014-040 to be true and correct; and that services for June 1-30, 2015 been rendered; and payment for this period is due.

Don Sabang

D & A Supervisor

Rehabilitation Services for Adolescents			
Monthly Reporting Period:	June 1, 2015 through June 30, 2015		
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report		
In narrative form, state how the activities from II.1a to II.1c were implemented and addressed. • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training	Sanctuary program staff attended a training on Using the ASAM six dimensions, Treatment planning, and Motivational Interviewing on June 23-25, 2015. Additionally, program staffs continue to work with l' Famaguonta (GBH&WC) in the coordination of mental health services for qualifying youth, as well as, works with Department of Youth Affairs (DYA), Guam Public School System (GPSS), Juvenile Drug Court (JDC), National		
opportunities for staff	Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT).		
In narrative form, state how the activities from II.1d to II.1e were implemented and addressed. • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models	Sanctuary has been utilizing The Matrix Model for Teens & Young Adults, an organized set of evidence-based therapeutic interventions. The program consist of research-based techniques integrated into an approach that includes: individual sessions; family sessions; group sessions; introduction to Twelve Step programs; parent substance abuse education and adolescent substance education. The Matrix Model for Teens & Young Adults integrated several treatment approaches in the program to include motivational interviewing and contingency management by hosting several youth and parent clean and sober activities, incentives for clean urine tests for youth, and acknowledging graduates from the outpatient program with incentives such as movie passes, gas coupons, and department store gift certificates		
II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.	Sanctuary program staffs are presently developing a program utilizing Americorps volunteers who are bilingual as interpreters. The volunteer interpreter program is currently in its development stage. Psycho-educational group topics are adapted to use language and concepts that are culturally appropriate and sensitive to allow for a more enriched individual and group learning experience. Thus, experiential learning is incorporated through exercises and activities that include cultural references.		
In narrative form, state how the activities from II.1g to II.1j were implemented and addressed. • Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug abuse • Determine appropriateness and eligibility for admission or referral	Sanctuary staff utilize a Bio-psychosocial assessment that includes the use of the American Society of Addiction Medicine (ASAM) six dimensions for placement and to determine eligibility for admission and/or if a referral is needed for further assessment or evaluation. Ongoing Screening / Assessments continues throughout an adolescent's treatment program to determine Patient Placement Appropriateness.		

Rehabilitation Services for Adolescents			
Monthly Reporting Period:	June 1, 2015 through June 30, 2015		
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report		
Experienced with the ASAM PPC for Level I and Level II Determine any coexisting conditions that indicate the need for additional professional assessment and services			
In narrative form, state how the activities from II.1k to II.1o were implemented and addressed. • Adhere to Territory and Federal laws, regulations, and agency policies governing alcohol and other drug abuse services • Demonstrate the proper skills to prepare reports and relevant records, integrating available information to facilitate the continuum of care • Chart pertinent ongoing information pertaining to client • Utilize relevant information from written documents for client care • Adhere to Federal Laws including 42 C.F.R. Part II and HIPPA of 1996	Program staff participates in 42 C.F.R. part II and HIPPA workshops annually and whenever offered via on island training. Staff ensures that all information collected for client is secured behind two (2) locked doors at all times. Each individual, group or family session and treatment plan is documented in client file.		
II.2a Provide services for a minimum of 12 adolescents at any given time for Level 1 Outpatient Services.	Level I Outpatient program "Pathways" provided services to nine (9) youth. There are five (5) adolescents on a waiting list pending PPD clearances and orientation. Two (2) adolescents completed Level 1 treatment in the month of June. Program staff work with DYA social workers, I'famaguonta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics. Sanctuary, Inc. is also exploring partnerships with private medical facilities to provide PPD shots and clearances.		
In narrative form, state how the activities from II.2b to II.2d were implemented and addressed. Relevant alcohol, tobacco and other drug use/abuse information Assist them to make rational decisions Build social skills to prevent substance related problems from re-occurring.	The Group lesson/activity included: Daily Schedule and Calendars; Identifying alternative, positive activities; Identifying Relapse Warning Signs; Pro's and Con's; Am I Ready for Recovery?; Identifying triggers; Signs and Symptoms of Addiction; DSM Criteria for substance use diagnosis; Addiction questionnaire and discussion; Your Brain at a Glance; Values and Ethics; Building a recovery support network. Adolescents were also shown several drug and alcohol related movies such as, "Courageous" and Hazelden's "My Father's Son". Tertiary, adolescents engaged in a clean and sober activity that involved parent and siblings attending. Sanctuary held a car wash to raise monies towards client and family incentives and activities. Clients learned the value of money and team work		

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	June 1, 2015 through June 30, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
 Information about available alcohol, tobacco and drug resources in the Territory of Guam and off-island Information about the legal aspects that pertains to drug and alcohol related crimes 	during the activity, which included a group discussion about the importance of working with others to accomplish a task. 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 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 and share their experience on what has helped them overcome obstacles, and helps debunk the belief that clients are "alone" in their addiction. The groups allow the parents and their child to practice new skills and information learned, build communication skills, and enhance the relationship between parent and child.
II.2e Provide detailed provisions in making ASAM Level I Outpatient drug treatment groups accessible to clients, adding evenings and weekend schedules, that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education groups are held on Saturdays from 12:00 to 1:30. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics.
II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs.
II.2g Incorporate provisions that will continue providing at least a minimum of four (4) hours a week for treatment sessions utilizing the Matrix Model for Teens curriculum.	Sanctuary facilitates weekly groups utilizing the Matrix Model for Teens & Young Adults on Mondays from 3:30 to 5:30 and Saturdays from 10:00 to 1:30.
H.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment plans.	Program staff make necessary referrals to GBHWC – I famagu'onta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.
II.2i Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	June 1, 2015 through June 30, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
II.2j Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care, as applicable. II.3a Provide services for a minimum of 8 adolescents at any given time for Level II Intensive Outpatient Services.	Program staffs meet with clients individually to transition client towards next level of care as needed. Assessing clients using the ASAM's six dimensions throughout their treatment is conducted to ensure that clients are in the appropriate level of care as they progress in the recovery process. Level II Intensive Outpatient program "High Hopes" provided D&A treatment services to four (4) adolescents. There are three (3) adolescents on a waiting list who are pending PPD and orientation. Program staff are working with DYA social workers, I' famagu'onta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics. Additionally, Sanctuary, Inc. is exploring forming partnerships with private medical facilities to assist with administering PPD tests and clearances.
H.3b Proved detailed provisions for making ASAM Level II Outpatient drug treatment groups accessible, adding evening and weekend schedules that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education group are held on Saturdays from 12:00 to 1:30 p.m. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics. Free parenting classes and other community resources that are announced publicly that Sanctuary staffs are made notice of.
II.3c Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs.
In narrative form, state how the activities from II.3d to II.3e were implemented and addressed. • Minimum six (6) hours a week for treatment • Utilize Matrix Model for teens curriculum • Experience with necessary techniques for IOP	Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Parent education groups are held on Saturdays from 12:00 to 1:30.
	The Group lesson/activity was: Weekly check-in; Daily Schedule and Calendars; Identifying alternative, positive activities; Identifying Relapse Warning Signs; Pro's and Con's; Am I Ready for Recovery?; Your Brain at a Glance; Identifying triggers; Signs and Symptoms of Addiction; DSM Criteria for substance use diagnosis; Addiction questionnaire and discussion; Values and Ethics; Building a recovery support network. Adolescents were also shown several drug and alcohol related

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	June 1, 2015 through June 30, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
	movies such as, "Courageous" and Hazelden's "My Father's Son". Tertiary, adolescents engaged in a clean and sober activity that involved parent and siblings attending. Sanctuary held a car wash to raise monies towards client and family incentives and activities. Clients learned the value of money and team work during the activity; activity included a group discussion about the importance of working with others to accomplish a task.
	Participants 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.
II.3f Provide provisions that will address clients needing psychiatric and medical services by consultation or referral arrangements.	Sanctuary's current Clinical Director is a licensed Individual, Marriage and Family Therapist. Additionally, Sanctuary, Inc. has a Memorandum of Understanding with two (2) private practitioners that are licensed Individual, Marriage and Family Therapists and ICRC Certified. The Clinical Director and the two practitioners provide consultation to program staff as needed.
II.3g Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.
II.3h Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care.	Program staffs meet with clients individually to transition client towards next level of care as needed. Program staffs also utilize the ASAM's six dimensions to ensure transitions are clinically appropriate.
H3i Comply with Charitable Choice Regulations should applicant be a faith based organization. If a client objects to a religious character of the faith based organization then the participating faith based organization shall, within a reasonable time after the date of such objection, refer such individual to an alternative provider. The applicant shall keep all referral records that may be	Sanctuary, Incorporated is not a faith based organization.

	Rehabilitation Services for Adolescents				
Monthly Reporting Period:	June 1, 2015 through June 30, 2015				
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report				
reviewed upon a program evaluation by GHBWC. Sanctuary Representative: Ed Listen Ed Taitano Position Title: Interim Executive Director Date: July 2, 2015	DMHSA Representative: Received By: Devry Danle Position Title: PT II Date of Submission: 7:, 2.15				



Sanctuary LogoSanctuary, 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



\$7\:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. C Tamuning, Guam 96	DATE : 5/31/2015			
TC:	Mr. Rey Vega Director Guam Echavioral Health & Wellness Center (GBHWC) COSTS INCURRED BY CATEGORY	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	S1456001 RFP 08-2013 DMHSA-2014-0 AMOUNT	(outpatient)		
	1. Porpo nnel -	MARLAMOTE S. STILL	\$ 5,719. 69			
	2. Fringe Benefits		675.00			
	3. Centractual		112.50			
	4. C. '	70 - 200 - 2	98.44			
- TOTAL TOTA	5. Supplies		281.25			
A A A A A A A A A A A A A A A A A A A	6. Utilities		613.13			
And Absolute and American						

1	O.	T	A	L	P	Λ	Υ	'n	ΛE	N	T	R	E	Q	U	E	S,	T	4
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\$	7,500.00	
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I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Saga Na' Homlo and that this is a true and certified original.

MILDRED Q. LUJAN

Sanctuary, Incorporated

Executive Director

ian 06/01/2015 Date

Recommended for payment: I certify Invoice No. DMHSA-2014-039 to be true and correct; and that services for May 1-31, 2015 been rendered; and payment for this period is due.

5mg 6/1-/15

Don Sabang

D & A Supervisor

	Rehabilitation Services for Adolesconts
Monthly Reporting Period:	May 1, 2015 through May 31, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
In narrative form, state how the activities from II.1a to II.1c were implemented and addressed. • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff	Sanctuary program staff attended a conference/training on cultural competency in behavioral healthcare on December 4 th and 5 th hosted by the Guam Psychological Association in conjunction with Guam Behavioral Health and Wellness. Additionally, program staffs continue to work with I' Famaguonta (GBH&WC) in the coordination of mental health services for qualifying youth, as well as, works with Department of Youth Affairs (DYA), Guam Public School System (GPSS), Juvenile Drug Court (JDC), National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT).
In narrative form, state how the activities from II.1d to II.1e were implemented and addressed. • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models	Sanctuary has been utilizing The Matrix Model for Teens & Young Adults, an organized set of evidence-based therapeutic interventions. The program consist of research-based techniques integrated into an approach that includes: individual sessions; family sessions; group sessions; introduction to Twelve Step programs; parent substance abuse education and adolescent substance education. The Matrix Model for Teens & Young Adults integrated several treatment approaches in the program to include motivational interviewing and contingency management by hosting several youth and parent clean and sober activities, incentives for clean urine tests for youth, and acknowledging graduates from the outpatient program with incentives.
II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.	Sanctuary program staffs are currently working with New Beginnings staffs to act as interpreters during the assessment and orientation phase to address language barriers. Psycho-educational group topics are adapted to use language and concepts that are culturally appropriate and sensitive to allow for a more enriched individual and group learning experience. Thus, experiential learning is incorporated through exercises and activities that include cultural references.
In narrative form, state how the activities from II.1g to II.1j were implemented and addressed. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug abuse Determine appropriateness and eligibility for admission or referral	Sanctuary staff utilize a Bio-psychosocial assessment that includes the use of the American Society of Addiction Medicine (ASAM) six dimensions for placement and to determine eligibility for admission and/or if a referral is needed for further assessment or evaluation. Ongoing Screening / Assessments continues throughout an adolescent's treatment program to determine Patient Placement Appropriateness.

Monthly Reporting Period:	Rehabilitation is for Adolescents May 1, 2015 through May 31, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
 Experienced with the ASAM PPC for Level I and Level II Determine any coexisting conditions that indicate the need for additional professional assessment and services 	
In narrative form, state how the activities from II.1k to II.1o were implemented and addressed. • Adhere to Territory and Federal laws, regulations, and agency policies governing alcohol and other drug abuse services • Demonstrate the proper skills to prepare reports and relevant records, integrating available information to facilitate the continuum of care • Chart pertinent ongoing information pertaining to client • Utilize relevant information from written documents for client care • Adhere to Federal Laws including 42 C.F.R. Part II and HIPPA of 1996	Program staff participated in 42 C.F.R. part II and HIPPA workshops. Staff ensures that all information collected for client is secured behind two (2) locked doors at all times. Each individual, group or family session and treatment plan is documented in client file.
II.2a Provide services for a minimum of 12 adolescents at any given time for Level 1 Outpatient Services.	Level I Outpatient program "Pathways" provided services to nine (9) youth. There are seven (7) adolescents on a waiting list pending PPD clearances and orientation. Program staff are working with DYA social workers, I famaguonta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics. Sanctuary, Inc. is also exploring partnerships with private medical facilities to provide PPD shots and clearances.
n narrative form, state how the activities from II.2b to II.2d were implemented and addressed. Relevant alcohol, tobacco and other drug use/abuse information Assist them to make rational decisions	The Group lesson/activity included: Daily Schedule and Calendars; Alcohol Arguments, Relapse Justification I, Movie: Freedom Writers, Movie: My Father's Son (Hazelden), Describing My Addiction, Relapse Justification II, Stages of Change, Stages of Recovery, 12 Step Introduction, What is Important, Making New Friends, Effective Communication exercises, Role Playing, and DVD Lecture: Cross Addiction
Build social skills to prevent substance related problems from re-occurring.	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

	Rehabilitation Services for Adolescents
, Monthly Reporting Period:	May 1, 2015 through May 31, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
 Information about available alcohol, tobacco and drug resources in the Teccitory of Guam and off-island Information about the legal aspects that pertains to drug and alcohol related crimes 	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 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 and share their experience on what has helped them overcome obstacles. The
II.2e Provide detailed provisions in making ASAM Level I Outpatient drug treatment groups accessible to clients, adding evenings and weekend schedules, that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	groups allow the parents and their child to practice new skills and information learned, build communication skills, and enhance the relationship between parent and child. Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education groups are held on Saturdays from 12:00 to 1:30. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics.
II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs.
II.2g Incorporate provisions that will continue providing at least a minimum of four (4) hours a week for treatment sessions utilizing the Matrix Model for Teens curriculum.	Sanctuary facilitates weekly groups utilizing the Matrix Model for Teens & Young Adults on Mondays from 3:30 to 5:30 and Saturdays from 10:00 to 1:30.
II.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment plans.	Program staff make necessary referrals to GBHWC-I famagu'onta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.
II.2i Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.
II.2j Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care, as applicable.	Program staffs meet with clients individually to transition client towards next level of care as needed. Assessing clients throughout their treatment is conducted to ensure that clients are in the appropriate level of care as they progress in the recovery process.
II.3a Provide services for a minimum of 8 adolescents at any given time for Level II Intensive Outpatient Services.	Level II Intensive Outpatient program "High Hopes" provided D&A treatment services to six (6) adolescents. There is one (1) adolescent scheduled to commence pending PPD clearance. Program staff are working with DYA social workers, I' famagu'onta workers, and family members in

Monthly Reporting Period:	Rehabilitation Services for Adolesconts
was reporting teriod:	May 1, 2015 through May 31, 2015
Task/Activity	
	Sanctuary, Inc. Bi-Weekly Progress Report
II.3b Proved detailed provisions for making ASAM Level II Outpatient drug treatment groups accessible, adding evening and weekend schedules that includes detailed provisions for collaborating with a medical notitution that will provide TB testing and necessary treatment. 3c Provide detailed provisions for clients to receive IV/AIDS/STDs education and available linkages for rely intervention and treatment. narrative form, state how the activities from II.3d to 3e were implemented and addressed. Minimum six (6) hours a week for treatment Utilize Matrix Model for teens curriculum Experience with necessary techniques for IOP	obtaining PPD clearances by referring to Expensione Clinic, DPHSS northern and southern clinics or free outreach immunization clinics. Additionally, Sanctuary, Inc. is exploring forming partnershi with private medical facilities to assist with administering PPD tests and clearances. Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education group are held on Saturdays from 12:00 to 1:30 p.m. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics, Free parenting classes and other community resources that are announced publicly that Sanctuary staffs are made notice of. Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs. Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Parent education groups are held on Saturdays from 12:00 to 1:30. The Group lesson/activity was: Weekly check-in; Daily Schedule and Calendars; Alcohol Arguments, Relapse Justification I, Movie: Freedom Writers, Movie: My Father's Son (Hazelden), Describing My Addiction, Relapse Justification II, Stages of Change, Stages of Recovery, 12 Step Introduction, What is Important, Making New Friends, Effective Communication exercises, Role Playing, and
	Participants explore pros and cons for use or staying clean and sober to help them to make informed and well thought out decisions.
	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

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	May 1, 2015 through May 31, 2015	
	may 1, 2013 in oogn may 31, 2013	
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report	
	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.	
H.3f Provide provisions that will address clients needing psychiatric and medical services by consultation or referral arrangements.	Sanctuary's current Clinical Director is a licensed Individual, Marriage and Family Therapist. Additionally, Sanctuary, Inc. has a Memorandum of Understanding with two (2) private practitioners that are licensed Individual, Marriage and Family Therapists and ICRC Certified. The Clinical Director and the two practitioners provide consultation to program staff as needed.	
II.3g Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.	
II.3h Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care.	Program staffs meet with clients individually to transition client towards next level of care as needed. Program staffs also utilize the ASAM's six dimensions to ensure transitions are clinically appropriate.	
H3i Comply with Charitable Choice Regulations should applicant be a faith based organization. If a client objects to a religious character of the faith based organization then the participating faith based organization shall, within a reasonable time after the date of such objection, refer such individual to an alternative provider. The applicant shall keep all referral records that may be reviewed upon a program evaluation by GHBWC.	Sanctuary, Incorporated is not a faith based organization.	
Sanctuary Representative:	DMHSA Representative:	
Mildred Q. Lujan Mildred Q. Lujan Position Title: Executive Director Date: December 16, 2014	Received By: TERRY DANTE October Position Title: A II	
	Date of Submission: L. 4.15	



Sanctuary LogoSanctuary, 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



SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment	Address: 790 Gov. Carlos G. Camacho F	₹d.	DATE:
Program - Sagan Na' Homlo	Tamuning, Guam 96913		4/30/201
Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC)	Document No. Contract No. Job Order No. Purchase Order No.	FP 08-2013	(outpatient)
COSTS INCURRED BY CATEGORY			
1. Personnel	\$	5,719.69	
2. Fringe Benefits		675.00	
3. Contractual		112.50	v. ²
4. Other		98.44	
5. Supplies		281.25	
6. Utilities		613.13	
	,		
	Program - Sagan Na' Homlo Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC) COSTS INCURRED BY CATEGORY 1. Personnel 2. Fringe Benefits 3. Contractual 4. Other 5. Supplies	Program - Sagan Na' Homlo Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC) COSTS INCURRED BY CATEGORY 1. Personnel 2. Fringe Benefits 3. Contractual 2 4. Other Tamuning, Guam 96913 Vendor Acct. No. S1 Document No. Contract No. RF Job Order No. Invoice No. Invoice No. Invoice No. Salant Salan	Program - Sagan Na' Homlo Tamuning, Guam 96913 Vendor Acct. No. S1456001 Document No. Contract No. Document No. Contract No. Purchase Order No. Invoice No. Invoice No. Invoice No. S1456001 Personnel 1. Personnel 2. Fringe Benefits 3. Contractual 4. Other Tamuning, Guam 96913 Vendor Acct. No. S1456001 RFP 08-2013 RFP 08-2013 Document No. RFP 08-2013 RFP 08-2013 AMOUNT S 5,719.69 1. Personnel 3. Contractual 4. Other 2. Supplies 2. Supplies 2. Supplies 3. Contractual 4. Other

TOTAL PAYMENT REQUEST:

\$ 7,500.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Saga 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-2014-037 to be true and correct; and that services for April 1-30, 2015 been rendered; and payment for this period is due.

D & A Supervisor

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	April 1, 2015 through April 30, 2015	`^==-yy//y/
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report	MA Adamys .
	The state of the s	*****
In narrative form, state how the activities from II.1a to II.1c were implemented and addressed. • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff	Sanctuary program staff attended a conference/training on cultural competency in behavioral healthcare on December 4 th and 5 th hosted by the Guam Psychological Association in conjunction with Guam Behavioral Health and Wellness. Additionally, program staffs continue to work with I' Famagu'on-ta (GBH&WC) in the coordination of mental health services for qualifying youth, as well as, works with Department of Youth Affairs (DYA), Guam Public School System (GPSS), Juvenile Drug Court (JDC), National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT).	
In narrative form, state how the activities from II.1d to II.1e were implemented and addressed. • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models	Sanctuary has been utilizing The Matrix Model for Teens & Young Adults, an organized set of evidence-based therapeutic interventions. The program consist of research-based techniques integrated into an approach that includes: individual sessions; family sessions; group sessions; introduction to Twelve Step programs; parent substance abuse education and adolescent substance education. The Matrix Model for Teens & Young Adults integrated several treatment approaches in the program to include motivational interviewing and contingency management by hosting several youth and parent clean and sober activities, incentives for clean urine tests for youth, and acknowledging graduates from the outpatient program with incentives.	
II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.	Sanctuary program staffs are currently working with New Beginnings staffs to act as interpreters during the assessment and orientation phase to address language barriers. Psycho-educational group topics are adapted to use language and concepts that are culturally appropriate and sensitive to allow for a more enriched individual and group learning experience. Thus, experiential learning is incorporated through exercises and activities that include cultural references.	
In narrative form, state how the activities from II.1g to II.1j were implemented and addressed. • Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug abuse • Determine appropriateness and eligibility for admission or referral	Sanctuary staff utilize a Bio-psychosocial assessment that includes the use of the American Society of Addiction Medicine (ASAM) six dimensions for placement and to determine eligibility for admission and/or if a referral is needed for further assessment or evaluation. Ongoing Screening / Assessments continues throughout an adolescent's treatment program to determine Patient Placement Appropriateness.	

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	April 1, 2015 through April 30, 2015	
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report	
 Experienced with the ASAM PPC for Level I and Level II Determine any coexisting conditions that indicate the need for additional professional assessment and services 		
In narrative form, state how the activities from II.1k to II.1o were implemented and addressed. • Adhere to Territory and Federal laws, regulations, and agency policies governing alcohol and other drug abuse services • Demonstrate the proper skills to prepare reports and relevant records, integrating available information to facilitate the continuum of care • Chart pertinent ongoing information pertaining to client • Utilize relevant information from written documents for client care • Adhere to Federal Laws including 42 C.F.R. Part II and HIPPA of 1996	Program staff participated in 42 C.F.R. part II and HIPPA workshops. Staff ensures that all information collected for client is secured behind two (2) locked doors at all times. Each individual, group or family session and treatment plan is documented in client file.	
II.2a Provide services for a minimum of 12 adolescents at any given time for Level 1 Outpatient Services.	Level 1 Outpatient program "Pathways" provided services to nine (9) youth. There are six (6) adolescents on a waiting list pending PPD clearances and orientation. Program staff are working with DYA social workers, I'famagu'onta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics. Sanctuary, Inc. is also exploring partnerships with private medical facilities to provide PPD shots and clearances.	
In narrative form, state how the activities from H.2b to H.2d were implemented and addressed. Relevant alcohol, tobacco and other drug use/abuse information Assist them to make rational decisions Build social skills to prevent substance	The Group lesson/activity included: Daily Schedule and Calendars; Neurobiology of Addiction, "Keeping Busy", Reinforcing the concept of living "One Day at a Time", Identifying Strengths, practicing positive affirmations, Your Decision to Use or Not to Use", D&A video: The Smashing Machine, Repairing Relationships, External Triggers, Movie: Freedom Writers, clients and their families also participated in the "Think Green Cleanup" hosted by KUAM as a part of their treatment by teaching clients the concept of making "indirect" amendments.	
related problems from re-occurring.	Clients are taught to analyze events and change their thoughts and behaviors that lead to substance	

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	April 1, 2015 through April 30, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
 Information about available alcohol, tobacco and drug resources in the Territory of Guam and off-island Information about the legal aspects that pertains to drug and alcohol related crimes 	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 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 and share their experience on what has helped them overcome obstacles. The groups allow the parents and their child to practice new skills and information learned, build communication skills, and enhance the relationship between parent and child.
II.2e Provide detailed provisions in making ASAM Level I Outpatient drug treatment groups accessible to clients, adding evenings and weekend schedules, that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education groups are held on Saturdays from 12:00 to 1:30. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics.
II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs.
II.2g Incorporate provisions that will continue providing at least a minimum of four (4) hours a week for treatment sessions utilizing the Matrix Model for Teens curriculum.	Sanctuary facilitates weekly groups utilizing the Matrix Model for Teens & Young Adults on Mondays from 3:30 to 5:30 and Saturdays from 10:00 to 1:30.
II.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment plans.	Program staff make necessary referrals to GBHWC – I famagu'onta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.
II.2i Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.
II.2j Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care, as applicable.	Program staffs meet with clients individually to transition client towards next level of care as needed. Assessing clients throughout their treatment is conducted to ensure that clients are in the appropriate level of care as they progress in the recovery process.
II.3a Provide services for a minimum of 8 adolescents at any given time for Level II Intensive Outpatient	Level II Intensive Outpatient program "High Hopes" currently has three (3) active clients. There is four (4) adolescent scheduled to commence pending PPD clearance. Program staff are working with

A.A	Rehabilitation Services for Adolescents
Monthly Reporting Period:	April 1, 2015 through April 30, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
H.3b Proved detailed provisions for making ASAM Level II Outpatient drug treatment groups accessible, adding evening and weekend schedules that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary reatment.	DYA social workers, I' famagu'onta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunizatio clinics. Additionally, Sanctuary, Inc. is exploring forming partnerships with private medical facilitie to assist with administering PPD tests and clearances. Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education group are held on Saturdays from 12:00 to 1:30 p.m. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics. Free parenting classes and other community resources that are announced publicly that Sanctuary staffs are made notice of.
I.3c Provide detailed provisions for clients to receive IIV/AIDS/STDs education and available linkages for arry intervention and treatment. In narrative form, state how the activities from II.3d to I.3e were implemented and addressed. Minimum six (6) hours a week for treatment Utilize Matrix Model for teens curriculum Experience with necessary techniques for IOP	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs. Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Parent education groups are held on Saturdays from 12:00 to 1:30.
	The Group lesson/activity was: Weekly check-in; Daily Schedule and Calendars; Neurobiology of Addiction, "Keeping Busy", Reinforcing the concept of living "One Day at a Time", Identifying Strengths, practicing positive affirmations, Your Decision to Use or Not to Use", D&A video: The Smashing Machine, Repairing Relationships, External Triggers, Movie: Freedom Writers, clients and their families also participated in the "Think Green Cleanup" hosted by KUAM as a part of their treatment by teaching clients the concept of making "indirect" amendments.
	Participants explore pros and cons for use or staying clean and sober to help

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	April 1, 2015 through April 30, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
	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.
II.3f Provide provisions that will address clients needing psychiatric and medical services by consultation or referral arrangements.	Sanctuary currently has a Memorandum of Understanding with two (2) private practitioners that are licensed Individual, Marriage and Family Therapists and ICRC Certified. The two practitioners provide consultation to program staff as needed.
II.3g Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.
II.3h Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care. II3i Comply with Charitable Choice Regulations should applicant be a faith based organization. If a client objects to a religious character of the faith based organization then the participating faith based organization shall, within a reasonable time after the date of such objection, refer such individual to an alternative provider. The applicant shall keep all referral records that may be reviewed upon a program evaluation by GHBWC.	Program staffs meet with clients individually to transition client towards next level of care as needed. Program staffs also utilize the ASAM's six dimensions to ensure transitions are clinically appropriate. Sanctuary, Incorporated is not a faith based organization.

Monthly Reporting Period:	Rehabilitation Services for Adolescents April 1, 2015 through April 30, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
Sanctuary Representative: Mildred Q. Lujan Mildred Q. Lujan Position Title: Executive Director Date: December 16, 2014	DMHSA Representative: Received By: Athono Ownas Position Title: CLOTS III Date of Submission: 5-8-15



SANCTUARY, INCORPORATED OF GUAM

"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



Transmittal Form

Date:	October 15, 2015	Office of the Speaker Judith T. Won Pat, Ed.D
То:	HONORABLE JUDITH T. WON PAT Speaker 33 rd Guam Legislature	Date: 10-16-15 time: 4:400m
Enclos	sed herewith are the following documents:	Reveived By:
2.	FY2014 4 th quarter list of expenditures over FY2014 4 th quarter list of appropriations/exp FY2014 4 th quarter progress report	\$5,000 Penditure report
Purpo	se/Action Needed:	
	Needs your approval on the above	
	☐ Needs reply or comment	
	To fulfill your requirement	
	Other: In compliance with Public Law 28 receive funding through a Government of Gu	
Senser	ramente,	
,	Sa C. Arriola tive Director	
	NOWLEDGEMENT of the above is hereby acknowledged:	
Print I	Name:	Signature:
Date:		Time:



SANCTUARY, INCORPORATED OF GUAM

"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

October 15, 2015

HONORABLE JUDITH T. WON PAT Speaker 33rd Guam Legislature 155 Hessler Place Hagatna, GU 96910

Håfa 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 of Guam has existing contracts with the following Government of Guam agencies: Department of Public Health and Social Services, Guam Behavioral Health and Wellness Center, Department of Youth Affairs, Guam Housing and Urban Renewal Authority, 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 July 1, 2014 through September 30, 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.

Senseramente.

Theresa C. Arriola 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

FEDERAL FINANCIAL REPORT

				(F	ollow form ins	ructions)					
	ncy and Orga port is Submit	nizational Eleme ted	nt	2. Federal Gran	Page	of 1					
Corporation	for National	and Communit	y Service		10AC1200						
3. Recipient Or	ganization (Na	ame and comple	te address inclu	ding Zip code)		*					pages
S	ANCTUARY,	INCORPORATE	D - AYUDA PAI	RA I KOMUNIDAT							
4a. DUNS Num	iber 4	b. EIN		5. Recipient Ac	count Number	or Identifying Nu	mher	le Re	oort Type	7. Basis of Acco	
				,			***************************************		,,	Dasis of Acec	mund
								X Qua	rterfy i-Annual	* THE STATE OF THE	
855025284		96-0002543			11AFHGU001	0011		Anni			
0 0-4/0-4/0-4	- L					~~~		:: Fina		Cash X Accru	al
8. Project/Grant From: (Monti	t Period h Dav Year)			To: Month Do	. Vans		9.	Reporting	Period End Date		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
,	1-Oct-13			To: (Month, Day					Day, Year)		
10. Transaction					31-Dec-14	·		JULY	1, 2014 - SEPTEMB		······································
									C	umulative	
	r singie ar mu	iltiple grant repor	ting)								
Federal Cash a. Cash Rec	ninte										~~~
b. Cash Dist									54.54 j. 195. S. J. B. J. A.		
	Hand (line a m	ninus b)									
(Use lines d-o fo	r single grant	reporting)	······································				·····	i		****	\$0.00
		Unobligated Bal	ance:		*						
	eral funds aut									\$K.2	0,013.00
	hare of expen										6.481.81
I. Federal si	nare of unliqu	idated obligation m of lines e and	S							***************************************	\$0.00
h. Unobligate	erar snare (su ed balance of	Federal funds (f	ine d minue a)				***************************************		·····	//////////////////////////////////////	6,481.81
Recipient Sha	ire:	1 040/4/10/10/0	me d Himas gj			· · · · · · · · · · · · · · · · · · ·	—		· · · · · · · · · · · · · · · · · · ·	\$24	3,531.19
	pient share rec				***************************************					4 73	5,252.00
j. Recipient	share of expe	nditures			~~~~~						3,232.00 8,191.64
K. Hemaining Program Incon	<u>recipient sha</u>	re to be provided	d (line i minus j)								7,060.36
I. Total Feder		come parned				***************************************		·····		***	
m. Program i	ncome expen	ded in accordance	ce with the dedu	ction alternative						····	\$0.00
 n. Program in 	rcome expend	ded in accordanc	e with the addition	nn alternative			····				\$0.00 \$0.00
 0. Unexpende 	ed program in	come (line I mini	is line m or line	n)					·····	****	\$0.00
11. Indirect	lype N/A	lb. Rate		c. Period From	Period To	d. Başe	e. /	Amount C	harged	f. Federal Share	300000000000000000000000000000000000000
	in i		N/A	N/A	N/A	N/A			0	Activities of the Contraction of	0
			VICONESE SE NESE EN ESTA		g. Totals:						
12. Remarks: A	ttach any exp.	lanations deeme	d necessary or i	nformation require	d by Federal s	L Doasorina acenc	v in compli	ance with	governing legislatio	×2.	
										11,	
Certification	າ: By signin	g this report, I c	ertify that it is t	rue, complete, ar	nd accurate to	the best of my	knowledge	e. Iama	ware that	·	
any false, fic	ctitious, or fr	audulent inform	ation may subi	ect me to crimina	ıl. civil. or adı	ninistrative nena	ities (IIS	Code	itle 18, Section 100	14)	
 Typed or Print 	ted Name and	Title of Authoriz	ed Certifying Of	ficial			c. 1	elephon	e (Area code, numbe	r and extension)	
									71) 475-7101	i and extension;	
NACSUS							d. E	mail add			
Mildred Q. Lujan b. Signature of A	I, Executive (Director						~~~~			Articles
u. aryriature of A	umonzed Cel	urying Official	U.				e. [Date Rep	ort Submitted (Mont	h, Day, Year)	
Me	ldreo	$\cup \mathcal{N}$	Trusa	w			Woman				
- C					···			Agency u	10-Oct-14	·	
			U					, idealed a	oc only.		
							1.377	PASSIN	被称称的数据 证据的		945499.1

Standard Form 425

OMB Approval Number: 0348-0061

Expiration Date: 10/31/2011

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.



Paperwork Burden Statement







DEPT. OF ADMINISTRATION STAMP REC'D

REIMBURSEMENT FORMULA GRANT REQUEST FORM

FROM: SANCTUARY, INCORPORATED AC PROGRAM NAME: AYUDA PARA I KOMUNIDAT

ADDRESS: 406 MAI MAI ROAD

CHALAN PAGO, GUAM 96910

AC GRANT AWARD NUMBER	AC GRANTID NUMBER	DOA VENDOR NUMBER	DOA CONTRACT NUMBER	EMPLOYER ID	EMPLOYER DUNNS NUMBER
11AFHGU0010011	13AC156206	S1456001	C123400000	96-0002543	85502584
	M PERIOD:		with the control of t	PERIOD CL	AIMING FOR:
REQUEST NUMBER: 2013-09	3-2014			Sej	p-14
ACCOUNT NUMBER: 5101H			FINAL CLAIM:	YES	NO
ACCOUNT NOWINGER: STUTH					X
DEPT. OF ADMIN.	AMOUNT	AS400 PMT	CHK NUMBER	CNCS HHS DTE APPROVED	ATTACH CNCS EMAIL: HHS AMOUNT APPROVED
FUNDS REQUESTED	35,707.18				
GRANT AWARD	\$ 540,013.00				
LESS: PREVIOUSLY REQUESTED:	\$ 260,774.63				
SUB-TOTAL	\$ 279,238.37		7.11		
LESS: AMOUNT OF THIS REPORT GRANT BALANCE:	\$ 35,707.18				
GRANT BALANCE:	\$ 243,531.19		<u></u>		
PROGRAM CERTIFYING	DIRECTOR/ DATE: G OFFICER/ DATE: DIRECTOR/ DATE:	Mildre	716 10	de possibile withholding of 2014 My Will My Will My 10/1	09/2014
	D-vit		C/ DOL USE ONLY - 6		
SGC/ AMERICORPS PRO	Reviewed aga	OF:	PENSE REPORT (PER)	& BUDGET MODIFICATIO	
	O GOOD CONTRACTOR	<u> </u>		SGC/ DOL ACCOUNTING	G DEPT. COMPLIANCE
Darrel Wilkerson/ Signature/ Date:				C	
SGC Planner II				Carmelita O' Brien/	
□AC Program Reports ☑ NPM □	J Other Program Do	cuments	LIBER DE	DOL Administra IMBURSEMENT	
Submit: Hard Copy/			LIFEN NE		☐ BUDGET MODIFICATION
		FGRAN	TS NPM SUBMISSION	Submit: Support	ing Documents
DEMOGRAPHICS		_	PERFORMANCE M		
☐ MSY'S/ MEMBERS			J SUMMARY	ESORES	
D PERFORMANCE INDICATORS:]"	2011111111111111		
GC/ DDOL - ASSURANCE & CERTIFIC	ATION:				
DOL CERTIFIENC	OFFICED / GATE				
DOL CERTIFYING	OFFICER/ DATE:		Nellie N. Asanuma		
SGC EXECUTIVE D	(BECTON / DATE)		vene u. voordina		
300 EXECUTIVE D	IRECTORY DATE:		Doris M. Aguon		
EMARKS:	······································	I	····	DEPT. OF LABOR	STAMP PEC'D
RECEIVE			,	DET 1. OF LABOR	JIMIVIF RECU,





SGC - Standard Operating Procedures - Process Instructions:

Cistep: 1 - Program Director/Fiscal are to fill out Periodic Expanse Report/Sections 1, II JIII Program Director to submit with Reimbursement Cover and supporting

Elstep: 2 - SGC to review for compliance, stamp, date and sign, for reimburgement processing

ction I		2nd OCT BUDGEY	1		1			T	· 								
Personnel	BLOGET TOTAL	MODERCATION	BUDGET TOTAL	JAN	FEB	MAR	APR	MAY	JUME	SULY	AUG			-	T	T	ENC
MECHANICAL TOPON		As and selections							74162	30[1	AUG	SEPT	OC1	NOV	DHC	FROGRAM YOTAL	BLOCKYY
Program Coordinator	26.700.00		Marie Control of the			ara lizara	Section 1	ST-18-H2757	estration of the			The second second second					
Program Supervisor	26,728.00 36,316.80	3,964,32		2,014.40	2,014.40		2,033.12	3,084.00		int and and selection with and a way	Condense House property days			tramus - mes debere	laya y	9,253.54	
Admin Asst	25,064.00	-525.31	35,791,49	1,972.80	1,972.80		2,216.45	3,771.36	2,514.2			-)			19,384.32	1
Total - Personnel	25,064.00 97,362.34	2,918.80	27,982,80	1,664.00	1,664.00	1.664.00	1,782.80	2,892.00	1,928.00		2,514.24 1,928.00		<u> </u>	1		21,963 17	
Fringe	87,302.34	> 6,357.81	103,720.15	7,902.06	7,902.06	7,902.06	8,533.33	9,747,36	6,498.2		1,928.00 6,498.24	-				17,378.80	
FICA									0,430.23	7 0,435.24	6,498,24	6,498.24	0.00	0.00	0.00	67,979.83	
Health Insurance	9,227.17	-1,292.57	7,934.60	604.50	604.50	604.50	652.80	745,68	497.12	2) 4021 42							
Workers Comp	6,480.00	768,52	7,248.52	0.00	0.00	345.60	0.00	1,036.80	0.00		497.12	497.12				5,200,46	
Total - Fringe	311.00	0.00		0.00	0.00	108.81	0.00	0.00		-	239.04	0.00				2,823,84	
	16,018.17	-524.05	15,494,12	604.50	604,50	1,058.91	652,80				23.37					264.36	
Staff Travel			119,214.27		The Research	F1174 2 (2) 25 (60) 17				A STATE OF THE PARTY OF THE PAR	759.53				0,00		
National Volunteer Conf	·								1000 11 1000	A NAME OF STREET	7,257,77	SE NOTEZA	A STATE OF THE REAL PROPERTY.	200,750		THE PARTY	T T
MYSN	0.00	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-							
Local Mileage	0.00	0.00	6.00	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		
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		
MYSN	 						55,1/2	v.00	0.00	0.00	0.00	0.00	0.00	0.00			
Local Mileage	D.00	9.00	0.00	0.00	0.00	0.00	0.00	0.00	A								
Cotal - 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	-
Sylvain member travel	0.00	0.00	0.00	0.00	0.00		0.00		0.00	4,000	0.00	0.00	0.00	0.00	0.00	0.00	
			0.00						XIII		0.00	0.00	0.00				220000000000000000000000000000000000000
Equipment	1878.0	1163	0.00	5670							EPERSON	164 164	000-87,685	ar (a s my)		2.00	
Supplies:					COLUMN TO SERVICE SERV	And the second second	te ditabajuda adama	the same and the same of			es desidad.	53.00 (\$10)					COLUMN TO A STREET
rogram-Office Supplies / Moterials	6,000.00	0.00	6,000.00	0.00	0.00	0.00	0.00							and the state of t			
Sasoline	3,200.00	0.00	3,200.00	0.00	0.00	438.04	0.00	360.00	0.00		160.00	150.32	0.00	00.0	0.00	670.32	
ervice Gears	3,900.00	0.00	3,900.00	0.00	0.00	0.00	226.66	413.00	0.00		310.67	189.47	0.00	0.00	0.00	1,698.12	
/Total:-Supplies	13,100.00	0.00	13,100.00	0.00	0.00		0.00	2,854,40	0.00		0.00	0.00	0.00	0.00	0.00		
ontractual					0.00	435.04	226.66	3,627.40	0.00	120.28	470.67	339.79	0.00		90.00	2,854,40	
/ehicle Lease	5,850.00	5,200.00	11,050,00	0.00	0.00	0.00									Service (MOO)	5,222.84	. 7
Telaphone Telaphone	1,000.00	2,264.70	3,264.70	0.00	0.00	0.00	1,875.00	3.125.00	0.00		1,250.00	625.00	0.00	0.00	0.60		
Cell Phone	4,600.00	2,264.70	6,864.70	0.00	0.00	215.12	50.04	136.48	50.06	200,24	174.42	203.24	0.00	0.00	0.00	6,875,00 814,48	4
s/Total'-Contractual	11,450.00	9,729.40	21,179,40	0.00	0.00	215.12	0.00	1.152.67	211.96	288.59	150.23	317.04	0.00	0.00	0.00		2
taff Training	495.49	0.00	495.49	0.00	0.00	0.00	1,925,04	4,414.15	262.02	488.83	1,574.65	1,145.28	0.00	0.00		2,335,61 10,025,09	4
Member Training:					0.00	0.031	0.00	0.00	0.00	0.00	0.00	28.00	0.00	0.00	0.00	**************************************	11
.E.8.†	0.00	0.00	0.00	0.00	0.00	0.00									0.00	28.00	
What is National Service / Whos's Serve					0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
iuem! Cammission / GVC	0.00	1,512.00	1,512.00	0.00	0.00	0.00	0.00							0.00	4.00	0.00	
raud, Waste and Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00	1,512.00	0.00	0.00	0.00	1,512.00	
ctive Citizen 101	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.00	0.00	5.00	0.00	0.00	0.00	0.00	
ife After AmeriCorps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	0.00	6.00	0.00	0.00	
GC/GDOL/AmeriCorps Alums Resume & Job Diskation					<u> </u>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
onflict Resolution	0.00	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.00						0.000	UARI	-
ager Management	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	0.00	
sem Building	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	·····	G.00	0.00	0.00	0.00	0.00	0.00	0.00	
ommunication	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	0.00	
Total Training	0.00	0.00	0.00	0.00	0.00	0.00	0.007	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
valuation	495.49	1,512.00	2,007.49	0.90	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	518) 172 (SEE	0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	1,540.00	0.00	0.00		1,540.00	-1
ther Program Operating Costs							0,00		9.00	. 0.00	0.00	0.00	0.00	0.00	0.00	0,00	
Hice / Court Clearances	0.00	0.00	0.00	0.00								1			10	000000000000000000000000000000000000000	
IOPR	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			
Check	1,280.00	-596.00	684.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00	0.00	0.00	
ug Testing	1,920.00	-621.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	684.00	0.00	0.00	0.00	0.00	0.00	
R / 1st Ald Training	2,240.00	0.00	1,299.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,799.00	0.00		0.00	0.00	684.00	
isis Prevention Intervention	0.00	0.00	2,240,00	9.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	429.00	0.00	0.00	0.00	1,299,00	
ICS or Serve Guam Commission Mtg	1,920.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	429.00	1.
		-1,752.00 0.00	168.00 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	
				0.00	0.00	0.00	0.00					168.00	0.00	0.00	0.00	158.00	Time of the second
Hiding Rental	0.00		***************************************		6.00	0.00	u.001	0.00	100.0	വസി	രവ	0.051				Control Control Control Control Control	
	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	0.00	

vertisement (banner) Fotal - OPOC	0.00	0.00	0.00	0.00	0.00	0.00											
	7,360.00	-2,969.00	4,391.00			0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.0	,	Facility in the second	Carrent Carrent
		Sanivari de	159,892.16		7.0000000000000000000000000000000000000	Marian Marian Company	0.00	0.00	0.00	0.00	1,983.00	597.00	0.00	0.00	1.00		
n III				100,00%	100.00%	100.00%	DV250783			#1.1399153H	A) (1286,09)	i 10,640.80			0.00	2,580.00	1,8
Ing Allowance			0.00		200.003/6	100-00%	100.00%	100.00%	100.00%	1.00,00%	100.00%	100.00%				The second secon	
if Time			0.00					··-		***************************************		***************************************				65,60%	
otal	362,880.00	-13,104.00	349,775.00	0.00	0.00	19,152.00	22.040.00								 		
	362,880.00	-13,104.00	349,776.00	0.00	0.00	19,152,00	23,940.00	45,108.00	28,980.00	27,216.00	18,648.00	23,184.00	***************************************				
embar support Cost A						13,132.00	23,940.00	45,108.00	28,980.00	27,216.00	18,648.00	23,184,00	0.00	0.00		186,228.00	163,
The state of the s	27,760.00	-1,002.16	26,757.84	0.00	0.00	5 4CF 43								17.2 A	0.00	186,228.00	163,
rker's Compansation	88.00	0.00	88.00	0.00	0.00	1,465.12	1,831.40	3,450.76	2,216.97	2,082,02	1,426.57	1,773.58			<u> </u>		
sith Otal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00			 	14,246.42	12,
oral tion N - Total	27,848.00	-1,002.16	26,845.84	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00				0.00	
GROOT R - LOUBL	990,728.00	-14,106,16	376,621.84	0.00	0.00	1,465.12	1,831.40	3,450.76	2,216.97	2,082.02	1,426.57	1,773.58	0.00	35.60% 0.00% 0.00		0.00	
illi .				#DIV/01	#DIV/0!	20,617,12 100.00%	25,771.40	48,558.76	31,196.97	29,298.02	20,074.57	24,957,58	0.00	0.00		14,246.42	12,
				-		100.0078	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		5.64	U.00	200(474.42	176,
poration Fixed Percentage	0.00	0.00	0.00	0.00	0.00	0.00i										51.31%	4
erally Approved Indirect Cost	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			
otal	3,499,00	0.00	3,499.00	0.00	0.00	217.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	
	3,499.00	0.00	9,499,00	0.00	0.00	217.62	0.00	0.00	0.00	44.55	0.00	108.81	0.00	0.00		0.00	
a statement of the second seco			3,499.00		AND TERMS	10125-02420		0.00	0.00	44.55	0.00	108.81	0.00	0.00		370,98 370,98	3.7
ET TOTAL	00 000000000000000000000000000000000000			#DIV/01	#DIV/0!	100.00%	#DIV/01	#DIV/0!	The state of the s	the second second second second second	WELFORD	THE UNITED		Y. C. S. S. 18		370.98	3,1
	540,013.00	0.00	540,013.00	8,506.56	8,506.56	30,448,87	37,109.23		#DIV/01	100.00%	#DIV/0!	100.00%		tempotori columna et a _{en escol} girole escolet e	Marie De Palancia accidente que A C. Santo e M. S.	10.50%	
Total:	F40 000 00			100.00%	100.00%	100.00%	100.00%	68,130.15 100.00%	38,454,35	38,258.25	31,350.66	35,707.18	0.00	0.00	0.00	296,481.82	. 8
	540,013,00	0.00	540,013 00	8,506.56	8,506.56	30,448.87	37,109.23	68,130.15	100.00%	100.00%	100.00%	100.00%			0.00	54.90%	243,5
									38,454,35	38,258.25	31,360,66	35,707.18	0.00	0.00	0.00	296,481.81	243,5



SANCTUARY INCORPORATED - AYUDA PJGRAM: PY2013-2014 2nd OCT BURGET Section I BUDGET TOTAL MODIFICATION BUDGET TOTAL JAN FEB MAR A Personnel APR MAY PROGRAM CNCS NUME RALY AU6 SEPT ocr NOV DEC TOTAL BUDGET YTO BAL Program Director 3,965,82 964.56 964.66 964.66 1,071,84 0.00 Program Supervisor 0.00 12,817.19 0.00 0.00 0.00 0.00 0.00 219.20 219.20 0.00 219.20 246.27 3.965 AT Administrative Aide 419.04 0.00 279.36 279.36 279.36 279.36 0.0 0.0 2,440.35 0.0 Program Coordinator 0.0 10,376.83 0.0 0.0 0.0 O.C 0.0 0.0 0.0 0.0 0.0 0.0 Total - Personnel 0.0 ממ 0.0 13.7 0.0 0.0 16,783,00 0.0 16,783.00 1,183 86 1.183.86 0.0 0.0 0.0 1,183.86 1,318.11 0.0 B Frienge 419.04 279.36 279.36 279.36 279.38 0.00 0.00 0.00 6,406.17 10,376.83 FICA 90.56 90.56 90.56 100.84 Health Insurance 32.07 21.38 21.37 21.37 21.38 0.00 0.00 256.80 490.00 703.0 Worker's Compensation 0.00 770.40 0.00 0.00 159.36 0.00 9.00 0.00 0.00 0.00 0.00 1.186 56 Total - Fringe 0.00 0.00 3,133.44 0.00 0.00 0.00 5.729.00 108.81 5,729.00 90.56 0.00 0.00 0.00 90.56 0.00 108.81 347.36 100.84 S/Total (A/B) 802.47 15.19 21.38 21.37 22,512.00 289.54 21.38 0.00 22,512.00 1,274.42 1,274 42 0.00 0.00 ,531.22 1.418.96 1,785.46 1,221.51 3,943.54 **CiStaff Travel** 300,74 300.73 568.90 300.74 0.00 0.00 0.00 8,191.64 14,320.36 National Volunteer Conf 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 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 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 0.00 0.00 C 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 MYSN 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 6.00 0.00 S/Total - member travel 0.00 0.00 0.00 0.00 O.O. 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 5/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 0.00 0.00 C 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 E 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 Program Supplies / Materials 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 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 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 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 0.00 0.00 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 Xerox Copier 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 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 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 14.191 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 GVC Conf. 0.00 0.00 0.00 0.00 9.00 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 00.0 0.00 0.00 0.00 0,00 0.00 0,00 0.00 0.00 0.00 0.00 0.00 AC Policies & Procedures 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/Steff Training 0.00 9.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Member Training: 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 Pre-Service Orientation 0.00 0.00 0.00 0.00 0.00 0.00 Pirst 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 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 0.00 Feam Bullding 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 0.00 Assist 0.00 0.00 9.00 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 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 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 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 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 αoo Life After AmeriCarps 0.00 0.00 0.00 0.00 0.00 0.00 0.06 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 non Sexual Harrassment Awareness 0.00 0.00 0.00 0.00 0.00 9.00 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 2000 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 0.00 0.00 0.00 0.00 0.00 0.00 H Evaluation 0.00 0.00 00.0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 5/Total - Evaluation 0.00 0.00 0.00 0.00 0.00 0.000.00 0.00 0.00 0.00 0.00 0.00 0.00 1 Other Program Operating Costs: 0.00 0.00

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x6 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	0.00	0.00	200000000000000000000000000000000000000
tand 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	0.00	0,00	X
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lewslatter/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 %	90.0	
Aedia	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 - 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	0.00	0,00	
ection 1 - Total	0.00		0.00	0.00	0.00	0.00	0.00	0.00		TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P	0.00	0.00	0.00	0.00	0.00	0,00	
eural i • i usa	22,512.00		22,512.00	1,274.42	1,274.42	1,531.22	1,418.96	1,221.51	300,74	0,00	0.00	0.00	0.00	0.00	0.00	0.00	
	100.00%	#DIV/01	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		300,73	\$68,90	300.74	0.00	0.00	0.00	8,191.64	1
on B	0.00		0.00				100.0070	100.00%	100.00%	100.00%	100.00%					36,39%	
ving Allowance	0.00		0.00														
Total	0.00		0.00	0.00	0.00	0.00	0.00	0.00					·				
dember support Cost	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	0.00	ļ
(CA	0.00		0.00					22.0	444	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Vorker'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		700		1
ealth 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	6.00 0.00	0.00	0.00	
ection II Total	0.00		0.00	0.00	0.001	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
excorr out	0.00		0.00	0.00	0.00	0.00	8.00	0.00 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
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on #I	0.00		0.00			****										MDIV/01	MHV
Proporation Fixed Percentage	0.00		0.00								1	j			139		
derally Approved Indirect Cost	0.00		0.00	0.00	0.00	0.00	one	0.00								0.00	
Total	2,740.00		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	0.00	0.00	0.00	0.00	
ection (II - Toba)	2,740.00		2,740.00	0.00	0.00	0.00	0.00	0.00	0.00	Colores and the second	elder ever ever construction		0.00	0.00	0.00	0.00	
Group are cover	2,740.00		2,740.00	0.00	0.00	0.00	G.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Section 1777 where the section of th				#D(V/01						0.00	0.00	0.00	0.00	0.00	0,00	0.00	5000 Y / 2000 /
William III II I		交換的 基	X3 / 25,252.00	27,672	E 274.42	Orace Estimate	and the second		1							0.00%	1
					100.00%				1 d(21-300.7A)	© 300.781#	* 00.83E* **	300.74	SPERIOR.	1 Table 1		ESSENSION CONTRACTOR	Lagrangian Control
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						- 4,33 L44)	1,000		300.74	30073	568.90			. ६ वळ ५७३	100	- ANN ASSASSE - ANN ASS	

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



October 15, 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 July 1, 2014 through September 30, 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



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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: July 1, 2014 – September 30, 2014

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
July 2014	4	2
August 2014	3	2
September 2014	3	1
Total:	10	5

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF PUBLIC WELFARE

BUREAU OF SOCIAL SERVICES ADMINISTRATION 194 Hernan Cortez Avenue, Suite 309 Hagatna, Guam 96910-5052

FOSTER CARE INVOICE

FOSTER PARENT'S OR BILLING FIRM NAI	ME AND ADDRESS	VENDOR NUMBER / SS NUMBER	DATE PREPARED
Sanctuary 406 Mai Mai Road Chalan Pago, Guam 96910		S1456001	23-Jul-14
TYPE OF SERVICES	T PF	 RIOD	
2010-03-0631/2 "M.J." D.O.P 06-25-14 2010-10-0045/2 "J.C." 2013-09-1850 "M.G.W." D.O.P 06 - 26 (Over Paid 24 Days June 2014) 2013-09-1880 "A.M.J." D.O.P 06-18-14 2013-09-1881 "V.R." 2014-02-0690 "C.S." 2014-03-0817 "C.C." D.O.P 04-23-14 D.O.P 04-23-14 D.O.P 04-29-14 C.O.P 04-29-14 C.O.P 04-29-14 C.O.P 04-29-14 C.O.P 04-29-14	06/25-30/14 07/01-31/14 07/01-31/14 06/18-30/14 07/01-31/14 07/01-31/14 07/01-31/14 06/01-30/14 07/01-31/14 04/29-30/14 05/01-31/14 06/01-31/14 06/01-30/14	(12-17) (12-17) (12-17) (12-17) (12-17) (12-17) (12-17) (12-17)	\$148.44 \$742.31 \$742.31 \$742.31 \$321.62 \$742.31 \$742.31 \$742.31 \$222.26 \$742.31 \$742.31 \$742.31 \$742.31 \$742.31 \$742.31 \$742.31 \$742.31 \$742.31
certify that the above is correct and just,	<u>l</u>	GRAND TOTAL:	\$8,313.45

I certify that the above is correct and just, and that payment has not been received.

MILDRED Q. LUJAN EXECUTIVE DIRECTOR

CERTIFIED FUNDS AVAILABLE:

TOMMY C. TAITAGUE, ASO CERTIFYING OFFICER

ACCOUNT NO.: 5100A141726MA001/290

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF PUBLIC WELFARE BUREAU OF SOCIAL SERVICES ADMINISTRATION

BUREAU OF SOCIAL SERVICES ADMINISTRATION 194 Hernan Cortez Avenue, Suite 309 Hagatna, Guam 96910-5052

FOSTER CARE INVOICE

FOSTER PARENT'S OR BILLING FIRM	M NAME AND ADDRE	ss	DATE PREPARED
Sanctuary 406 Mai Mai Road Chalan Pago, Guam 96910		S1456001	22-Aug-14
TYPE OF SERVICES			
2010-03-0631/2 "M.J."	8/01-31/14	(12-17)	TOTAL AMOUNT \$742.31
2010-10-0045/2 "J.C." Clothing Allowance D.O.T05/31/14 Overpaid June Overpaid July	5/31/31/14 06/01-30/14 07/01-31/14	(12-17)	(\$276.91) (\$24.74) (\$742.31)
2013-09-1880 "A.J." D.O.T7/10/14	07/10-31/14	(12-17)	(\$742.31) (\$519.54)
2013-09-1881 "V.R." D.O.T7/10/14	07/10-31/14	(12-17)	(\$519.54)
2014-02-0690 "C.S."	08/01-31/14	(12-17)	\$742 .31
201-03-0817 "C.C."	08/01-31/14	(12-17)	\$742.31
2 014-03-0975 "D.B." D.O.T. 08/06/14	8/01-06/14	(12-17)	\$148.44
certify that the above is correct and just,		GRAND TOTAL:	-\$449.98

I certify that the above is correct and just, and that payment has not been received.

CERTIFIED FUNDS AVAILABLE:

MILDRED Q. LUJAN EXECUTIVE DIRECTOR

TOMMY C. TAITAGUE, ASO CERTIFYING OFFICER

ACCOUNT NO.:

5100A141726MA001/290

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF PUBLIC WELFARE

BUREAU OF SOCIAL SERVICES ADMINISTRATION 194 Hernan Cortez Avenue, Suite 309 Hagatna, Guam 96910-5052

FOSTER CARE INVOICE

FOSTER PARENT'S OR BILLING FIRM NAME	AND ADDRESS	VENDOR NUMBER / SS NUMBER	DATE PREPARED
Sanctuary 406 Mai Mai Road Chalan Pago, Guam 96910		S1456001	23-Sep-14
TYPE OF SERVICES	PE	RIOD	TOTAL AMOUNT
2009-01-0340/2 "D.L.C." D.O.P 09-19-14 2010-03-0631/2 "M.J." 2014-02-0690 "C.S." 201-03-0817 "C.C." All CWS Tin Bold Red Vinem Overpuld and Consider Cleaning Allowance 3010-10-00-4/2 "J.C." D.O.T05/31/14 Overpaid June Overpaid July Clothing Allowance 2013-09-1886 "A.J." D.O.T7/10/14 2013-09-1881 "V.R." D.O.T7/10/14	09/19-30/14 8/01-31/14 09/01-30/14 09/01-30/14	(12-17) (12-17) (12-17) (12-17)	\$296.88 \$742.31 \$742.31 \$742.31
Certify that the above is correct and inst		GRAND TOTAL:	\$2,073.83

I certify that the above is correct and just, and that payment has not been received.

CERTIFIED FUNDS AVAILABLE:

MILDRED Q. LUJAN

EXECUTIVE DIRECTOR

TOMMY C. TAITAGUE, ASO CERTIFYING OFFICER

ACCOUNT NO.:

5100A141726MA001/290

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF PUBLIC WELFARE

BUREAU OF SOCIAL SERVICES ADMINISTRATION

194 Hernan Cortez Avenue, Suite 309 Hagatna, Guam 96910-5052

FOSTER CARE INVOICE

FOSTER PARENT'S OR BILLING FIRM NAME AN	ID ADDRESS	VENDOR NUMBER / S NUMBER	S DATE PREPARED
Sanctuary 406 Mai Mai Road Chalan Pago, Guam 96910		S1456001	30-Sep-14
TYPE OF SERVICES	PER	IOD	TOTAL AMOUNT
Ref: D14-1726-495 August Foster Care Payment -\$449 98 was deducted twice in error)			\$449.98
ertify that the above is correct and just,	GR	AND TOTAL:	\$ 449.98

certify that the above is correct and just, and that payment has not been received.

\$

CERTIFIED FUNDS AVAILABLE:

MILDRED Q. LUJAN **EXECUTIVE DIRECTOR** TOMMY C. TAITAGUE, ASO CERTIFYING OFFICER

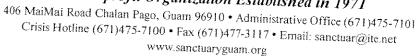
ACCOUNT NO.:

5100A141726MA001/290



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971





March 13, 2015

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 4th quarter of Fiscal Year 2014 from July 1, 2014 to September 30, 2014.

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

Services

-()-

Equipment

-0-

Inventory Property -0-

Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan Q. Lujan

Executive Director

COPY h/2h/15

Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2014 (July 1, 2014 - September 30, 2014) 4th Quarter Expenditure Report Department of Public Health and Social Services Foster Care

Fund	Con	tract Amount	Object Classification	Ex	penditure
General	\$	40,854		'	
			Salary Benefits Travel Contractual Supplies & Materials Equipment Utilities Miscellaneous Grand Total	\$	6,168 1,040 0 1,457 3,000 0 3,635 0

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: 03/13/2015

Attachment 3

Sanctuary, Incorporated of Guam Rehabilitation Services for Adolescents

Reporting Agency

Guam Behavioral Health and Wellness Center

- 1. Outpatient
- 2. Residential

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

October 2, 2014

To: Ray Vega

Director

Guam Behavioral Health & Wellness Center

Attn: Don P. Sabang

Drug & 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 Monthly Program Status report (Outpatient Services) for the weeks of September 01, 2014 to September 30, 2014.

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

Sincerely,

Mildred Q. Lujan

Executive Director



Sanctuary LogoSanctuary, 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: sanctuary@ite.net www.sanctuaryguam.org



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Cama Tamuning, Guam 96913	icho Rd.		DATE: 9/30/2014
то:	Mr. Ray Vega Acting Director Guam Behavioral Health & Welfness Center (DMHSA) COSTS INCURRED BY CATEGORY	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	DMH;	08-2013 SA-2014-028	(outpatient)
	1. Personnel		<u>AMO</u> (\$	5,719.69	and the second s
	2. Fringe Benefits		\$	675.00	
	3. Contractual		\$	112.50	
	4. Other		\$	98.44	
	5. Supplies		\$	281.25	
	6. Utilities		\$	613.13	

TOTAL PAYMENT REQUEST:

\$ 7,500.00

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

MILDRED Q. LUJAN

Sanctuary, Incorporated

Executive Director

Date

Recommended for payment: I certify Invoice No. DMHSA-2014-025 to be true and correct; and that services for September 1- 30, 2014 have been rendered; and payment for this period is due.

Don Sabang

D & A Supervisor



Page 1

Doc. No. 33GL-15-0955

<u>c 9/23/2014</u>



Sanctuary LogoSanctuary, 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: sanctuary@ite.net www.sanctuaryguam.org



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment	Address: 790 Gov. Carlos G. Cama	acho Rd.	DATE:
	Program - Sagan Na' Homlo	Tamuning, Guam 96913		9/30/2014
TO:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No.	S1456001 RFP 08-2013	(outpatient)
	COSTS INCURRED BY CATEGORY	Invoice No.	DMHSA-2014-02	25
	COSTS INCURRED BY CATEGORY		AMOUNT	
	1. Personnel		\$ 5,719.69	
	2. Fringe Benefits		\$ 675.00	
	3. Contractual		\$ 112.50	
	4. Other	7	\$ 98.44	
	5. Supplies		\$ 281.25	
	6. Utilities		\$ 613.13	
				the second secon

TOTAL PAYMENT REQUEST:

7,500.00

Date

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Saga 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-2014-025 to be true and correct; and that services for September 1-30, 2014 have been rendered; and payment for this period is due.

Don Sabang D & A Supervisor

11 11 11 11	Rehabilitation Services for Adolescents
Monthly Reporting Period:	September 1, 2014 through September 30, 2014
T-2-15	
I GSK / ACTIVITY	Sanctuary, Inc. Monthly Progress Report
II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and	During this Monthly reporting period:
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	• 11 group sessions • 13 participants in attendance [09/06/14 (2):09/13/14 (3): 09/27/14 (4): 09/20/14 (4):
successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "sucie test".	• Groups are held on Monday from 3:30 pm – 5:30 pm and on Saturdays from 10:00 am – 12:00 pm, education groups are held from 12:30 pm – 1:30 pm at the Sanctuary, Inc. Main Office.
The state of the s	Number of Successful Completions: 0 Number of Cliente Transformed to another the Completion of Cliente Transformed to another the Cliente Transformed the Cliente Transformed to another the Cliente Transformed the Cliente Transformed to another the Cliente Transformed to another the Cliente Transformed to another the Cliente Tra
	Number of Clients on the Wait List: 8 pending orientation and ppd clearance
	9 Active Clients NON-DUPLICATE
III narranve 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; Your decision to use or not use;
	pros & cons; triggers; thought stopping techniques; alcohol; repairing relationships. Each client was
In narrative form briefly state bow cliente box 61-21 females	provided the opportunity to discuss each topic and attend recovery month activities.
the core functions or services from this level?	Use and change the results to a more positive behavior that meets their goals. Clients are taught skills
Safe any commandation to L	associated with substance use; and rewarded for meeting their goals with incentives.
Program:	The strength of the class based on staff observation, was that each client was able to share in a small group setting and one foodback from page that contact their set
F	to encourage each other and share their experience on what has helped them overcome obstacles. The
A Company of the Comp	groups allow the parents and their child to practice new skills and information learned; and provide activities to practice with their families.
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
	reedback. Staff continues to research the latest information through articles, journals, and on-line updates.
11.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment canacity of ten	During this Monthly reporting period:
(10) adolescents per treatment cycle and shall perform the following tasks: State the murbor of clients counsel	• 20 sessions were conducted
as well as those who successfully completed, within the	• 29 participants in attendance [09/05/14 (5); 09/06/14 (6); 09/12/14 (5); 09/13/14 (5); 09/20/14 (2); 09/22/14 (2): 09/22/14 (2): 09/22/14 (2): 09/20/14
THE THE PROPERTY OF THE PROPER	$(a,b) \in \mathcal{A}(\mathcal{A}_{\mathcal{A}})$

Doc. No. 33GL-15-0955

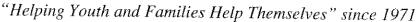
Monthly Reporting Period:	1 (1	WWW.
~~~~~	10015	September 1, 2014 through September 30, 2014
TO THE	Fask/Activity	Sanctuary, Inc. Monthly Progress Report
reporting period. If a transferred to another list."	reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."	<ul> <li>Groups are held on Monday from 3:30 pm – 5:30 pm and on Saturdays from 10:00 am – 12:00 pm, education groups are held from 12:30 pm – 1:30 pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> </ul>
		<ul> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 1 pending orientation and ppd clearance</li> <li>Active Clients: 7</li> </ul>
II.3a Treatment ca	<b>II.3a</b> Treatment capacity in ASAM Level 0.7 for all individuals who completed level II. State the number of	During this Monthly reporting period:
clients served, as well as the completed, within the repostate the number of clients	clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients	<ul> <li>O Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>
In narrative form, b II.3.a to II.3.e were i	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; You are here because why; club drugs: Having a good time
		without being high; Internal Triggers; External triggers; making new friends; Triggers; Today I feel; Thought stopping techniques; Pros & Cons; One day
		at a time; Families in recovery; Repairing relationships. Clients were provided with psycho-education for each tonic. They were also given the
		opportunity to share real-life experiences related to each topic and offer
The state of the s		reedback to peers for support and process. Clients and family members participated in recovery month activities.
in narrative form, brie the core functions or s	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 desired.
		their use. Small group discussions facilitate understanding of the importance
		of each topic in recovery. Role-play, rehearsal, repetition, and practice in
		Session help elients to identify strengths and needs. In addition, group
A man and a share of A share and a share a	The second secon	per experient caches capatify and actps to develop effective communication skills.
State any commendati Program:	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 offered.
Walter September (1990) and Anthony of the Anthony		encouraging engagement and active participation in their treatment.
State any recommend:	State any recommendations for the improvement of	Staff to continue networking efforts with community partners as well as be

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	September 1, 2014 through September 30, 2014
lask/Activity	Sanctuary, Inc. Monthly Progress Report
service delivery:	open to input and feedback. Staff continues to research the latest information
MATRIX Model Parent Education / Support Group	unrougn articles, journals, and on-line updates.  During this Monthly reporting period:
	<ul> <li>4 session were conducted</li> <li>17 Family Members in attendance [9/06/14 (6); 9/13/14 (5); 9/20/14 (1); 9/27/14 (5)]</li> <li>Group time identified for Saturdays from 12:00pm—1:30pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: N/A</li> <li>Number of Clients Transferred to another level of Care: N/A</li> <li>Number of Clients on the Wait List: N/A</li> </ul>
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included: Triggers and Cravings; Avoiding/ Coping with Relapse; Recovery Month Softball Tournament; Recovery Month Family Picnic. Family members are given the opportunity to share real-life experiences related to each topic, ask questions, and offer feedback for support and process.
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic offer opportunities for family members to reflect on how they could put each topic discussed to use for them. In addition, group participation teaches empathy and helps to develor offertive communication distinction
State any commendations to show the strengths of the Program:	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 are still considered and accommodations continue to be made on a case by case basis.
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.

Monthly Reporting Period:	Rehabilitation Services for Adolescents September 1, 2014 through September 30, 2014
Task/Activity	Sanctuary, Inc. Monthly Progress Report
Sanctuary Representative:	GBHWC Representative:
Sanctuary Representative:	Received By:
Submitted By: Eugene Anderson Position Title: Case Manager	Position Title:
Reviewed By: OJ Taitano  Position Title: Program Director Date: October 02 2014	Date of Submission: (V) T/Y



# SANCTUARY, INCORPORATEI







October 2, 2014

To: Ray Vega Director Guam Behavioral Health & Wellness Center

Attn: Don P. Sabang Drug & 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 Monthly Program Status report (Residential Services) for the weeks of September 01, 2014 to September 30, 2014.

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

Sincerely,

Afeldled & Legar Mildred Q. Lujan

Executive Director



# Sanctuary LogoSanctuary, 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: sanctuary@ite.net www.sanctuaryguam.org



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos Tamuning, Guar	s G. Camacho Rd. m 96913	DATE: 9/30/201
TO:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. N. Document No. Contract No. Job Order No. Purchase Order Invoice No.	RFP 04-2014	
	COSTS INCURRED BY CATEGORY	1 37 70 100 170.	DMHSA-2014- AMOUNT	J24 
	1. Personnel		\$ 25,424.58	
	2. Fringe Benefits		\$ 2,999.97	
	3. Contractual		\$ 500.00	
	4. Other		\$ 437.50	
	5. Supplies		\$ 1,249.99	
	6. Utilities		\$ 2,724.96	

TOTAL PAYMENT REQUEST:

\$ 33,337.00

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

MILDRED Q. LUJAN Sanctuary, Incorporated

late

Date

**Executive Director** 

Recommended for payment: I certify Invoice No. DMHSA-2014-024 to be true and correct; and that services for September 1 - 30, 2014 have been rendered; and payment for this period is due.

Don Sabang D & A Supervisor







# Sanctuary LogoSanctuary, 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: sanctuary@ite.net www.sanctuaryguam.org



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Ca Tamuning, Guam 969	imacho Rd. 13	DATE: 9/30/2014
TO:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	S1456001 RFP 04-2014	(residential)
	COSTS INCURRED BY CATEGORY	mivoice ivo.	DMHSA-2014- AMOUNT	024
	1. Personnel		\$ 25,424.58	
	2. Fringe Benefits		\$ 2,999.97	į
<ul><li>3. Contractual</li><li>4. Other</li><li>5. Supplies</li></ul>		\$ 500.00		
	4. Other		\$ 437.50	
		\$ 1,249.99		
	6. Utilities		\$ 2,724.96	
				THE PROPERTY OF THE PROPERTY O

TOTAL PAYMENT REQUEST:

\$ 33,337.00

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

MILDRED Q. LUJAN Sanctuary, Incorporated Executive Director

Maylar 4

Recommended for payment: I certify Invoice No. DMHSA-2014-024 to be true and correct; and that services for September 1 - 30, 2014 have been rendered; and payment for this period is due.

Don Sabang D & A Supervisor



		Rehabilitation Services for Adolescents
	Monthly Reporting Period:	September 1, 2014 through September 30, 2014
	Task/Activity	Sanctuary, Inc. Monthly Progress Paryort
	TARREST TO STATE ASSESSMENT	The second secon
	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	<ul> <li>During this Monthly reporting period:</li> <li>8 Clients were served.</li> <li>Transfer to another level of Care: 0 (Aftercare)</li> <li>Wait Listing: 3</li> </ul>
	transferred to another level of care and those on a "wait-	Phase Breakdown:
)	**************************************	Orientation: 1
		• Awareness: 2
		• Enlishment: 2
		Fundament 1
Doc. I	II.5a Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of	During this Monthly reporting period:
No. 33GL-1	clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients	<ul> <li>I Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>
5-0955	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 apuse apuse)
-		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: Sanctuary
	*	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

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	September 1 2014 through Control 20 2014
	Jepieniber 1, 2014 intougn September 30, 2014
lask/Activity	Sanctuary, Inc. Monthly Progress Report
	Evidence Based Maurix Model incorporating individual sessions, family sessions, early recovery group, relapse prevention group, and 12-step participation.
. 01	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 them-selves and work on moblems
II.7 Work with GBHWC 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 GBHWC and its partners during the reporting period.	Program staff continues to work with Department of Youth Affair, Guam Department of Education (GDOE), 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 (AlMFT) monthly.
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.
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.	<ul> <li>Sagan Na' Homlo currently has 2 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.</li> </ul>
MATRIX Model Parent Education / Support Group	During this Monthly reporting period:
	<ul> <li>4 session were conducted</li> <li>11 Family Members in attendance [9/06/14 (1); 9/13/14 (4); 9/20/14 (2); 9/27/14 (4)]</li> <li>Group time identified for Saturdays from 12:00pm—1:30pm at the Sanctuary, Inc. Main Office.</li> </ul>
	Number of Successful Completions: N/A     Number of Clients Transformed to constant and the constant an
	Truning of Clerks I ransierred to another level of Care: N/A

Doc. No. 33GL-15-0955

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	September 1, 2014 through September 30, 2014
Task/Activity	Scortigery by Abouthly December 0
	Caracter 1, the mounty report
	Number of Clients on the Wait List: N/A
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included: Triggers and Cravings; Avoiding/ Coping with Relapse; Recovery Month Softball Tournament; Recovery Month Family Picnic. Family members are given the opportunity to share real-life experiences related to each topic, ask questions, and offer feedback
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic offer opportunities for family members to reflect on how they could put each topic discussed to use for them. In addition, group participation teaches empathy and belos to develon effective communication ethics.
State any commendations to show the strengths of the Program:	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 are still
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 is and on-line undates.
Sanctuary Representative:	GBHWC Representative:
Sanctuary Representative:	Received By: Dry A
Submitted By: Eugene Anderson Position Title: Case Manager Reviewed By: OJ Taitano Position Title: Program Director Date: October 02, 2014	Position Title: (1874)  Date of Submission: (8/4 w)

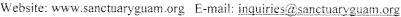
Doc. No. 33GL-15-0955



### 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





September 11, 2014

To: Ray Vega

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 August 01, 2014 to August 31, 2014.

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

Sincerely,

Affildhel d. Kujan Mildred Q. Lujan

Executive Director



#### Sanctuary LogoSanctuary, 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: sanctuary@ite.net www.sanctuaryguam.org



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Cama Tamuning, Guam 96913	cho Rd.		DATE: 8/31/2014
TO:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	RFP	56001 08-2013 ISA-2014-02:	(outpatient)
	COSTS INCURRED BY CATEGORY			ON-2014-02. OUNT	) 
	1. Personnel		\$	5,719.69	
	2. Fringe Benefits		\$	675.00	
	3. Contractual		\$	112.50	
	4. Other		\$	98.44	
	5. Supplies		\$	281.25	
	6. Utilities		\$	613.13	

TOTAL PAYMENT REQUEST: \$ 7,500.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Saga 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-2014-023 to be true and correct; and that services for August 1-31, 2014 have been rendered; and payment for this period is due.



# Sanctuary LogoSanctuary, 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: sanctuary@ite.net www.sanctuaryguam.org



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment		arlos G. Camacho F	łd.	DATE:
	Program - Sagan Na' Homlo	Tamuning, (	Guam 96913		8/31/2014
TO:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acc Document I Contract No Job Order N Purchase O	No. D. A No.	1456001 FP 04-2014	(residential)
	COSTS INCURRED BY CATEGORY	Invoice No.	*****	MHSA-2014-0 MOUNT	22
	1. Personnel			25,420.58	
	2. Fringe Benefits		\$	2,999.97	
	3. Contractual	of single section and section	\$	500.00	
	4. Other	Volume Property and Property an	\$	437.50	
	5. Supplies	for a service outcomes proposed in	\$	1,249.99	
	6. Utilities		\$	2,724.96	To the second se
***************************************					

TOTAL PAYME	NT REQUEST:
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\$ 33,	333.	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 - Saga 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-2014-022 to be true and correct; and that services for August 1 - 31, 2014 have been rendered; and payment for this period is due.

	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	August 01, 2014 through August 31, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
II.2 Increase treatment capacity in ASAM Level I	During this bi-weekly reporting period:
Serve up to twenty (20) adolescents per treatment cycle	• 8 group sessions
and shall perform the following tasks: State the	• 25 participants in attendance
successfully completed, within the reporting period. If	• 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.
approache, state the finitiver of chefits transferred to another level of care and those on a "wait-list."	Number of Successful Completions: 0
	<ul> <li>Number of Clients Transferred to another level of Care: 0</li> </ul>
	Number of Clients on the Wait List: 5 pending orientation and PPD clearance
	9 Active Clients NON-DUPLICATE
In narrative form, state how activities from II.2.a to II.2.c	The Group lesson/activity was: Daily Schedule and Calendars; What to do with your substance use;
were implemented and addressed?	Step 1; Alcohol arguments; relapse justification II; Softball activity; you are here because why; life
	satisfaction scale; faces of change. Each client was provided the opportunity to discuss each topic.
In narrative form, briefly state how chents benefited from	Clients are taught to analyze events and change their thoughts and behaviors that lead to substance
the core functions of services from this level?	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	The strength of the class based on staff observation, was that each client was able to share in a small
Program;	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. The groups allow the parents and their child to practice new skills
State any recommendations for the improvement of	Staff to continue our networking efforts with community partners as well as be onen to immediate
service delivery:	feedback. Staff continues to research the latest information through articles, ionmals, and on-line
	updates.
II.3 Establish an ASAM Level II Intensive Outpatient	During this bi-weekly reporting period:
treatment program with a treatment capacity of ten	
(10) adolescents per treatment cycle and shall perform	• 12 sessions were conducted
as well as those who successfully completed within the	• 41 participants in attendance [08/16/14 (9); 08/22/14 (8); 08/23/14 (6); 08/29/14 (6); 8/30/14
reporting period. If applicable, state the number of clients	(12)
transferred to another level of care and those on a "wait-	• Group time identified for Fridays from 3:30 — 4:30pm & 4:30-5:30pm and Saturdays from

	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	August 01, 2014 through August 31, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
list."	<ul> <li>12:00pm—3:15pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> <li>Active Clients: 7</li> </ul>
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	<ul> <li>During this Bi-weekly reporting period:</li> <li>I Clients in Affercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>
In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?	The Group lesson/activity was: weekly check-in; review of group rules; Calendar; Faces of Change; Alcohol Arguments; Life Satisfaction Scale; Relapse Justification II; What Do You Want To Do With Your Substance Use; Recreational Activities; Your Decision to Use or Not Use; Stages of Recovery; Scheduling; Taking Care of Yourself; and Sex and Recovery. 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.

	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	August 01, 2014 through August 31, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
MATRIX Model Parent Education / Support Group	During this bi-weekly reporting period:
	<ul> <li>session were conducted</li> <li>Family Members in attendance [(8/16 (4), 8/23 (3), 8/30 (6)]</li> <li>Group time identified for Saturdays from 12:00pm—1:30pm at the Sanctuary, Inc. Main Office.</li> </ul>
	<ul> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: N/A</li> <li>Number of Clients on the Wait List: N/A</li> </ul>
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included: So you're willing to share your experience, activity day, Is this normal for my teen. Open discussion on each topic followed as well as allowing parents and their adolescent to interact with one another. Questions, answers, and comments were addressed to close out the sessions.
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic offer opportunities for family members to reflect on how they could put each topic discussed to use for them. In addition, group participation teaches empathy and helps to develop effective communication skills.
State any commendations to show the strengths of the Program:	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 are still considered and accommodations continue to be made on a case by case basis.
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.
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-	During this bi-weekly reporting period:  • 6 Clients were served.  • Transfer to another level of Care: 1 (Aftercare)  • Wait Listing: 3  Phase Breakdown:

	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	August 01, 2014 through August 31, 2014
Tack / Activity	Consider the District Description of the Constitution of the Const
	Suitually, lift, bi- vy eekily Progress Report
list."	• Orientation: 1
	• Awareness: 3
	• Enhancement: 1
	• Enlightenment: 1
Parteria	• Empowerment: 0
<b>II.5a</b> Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of	During this Bi-weekly reporting period:
clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients	<ul> <li>4 Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>
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:	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, theorems implemented Evidence Based Metric Metric Previdence Previd
	sessions, early recovery group, relapse prevention group, and 12 step
State any recommendations for the improvement of	All efforts are channeled in enhancing our working relationship with our
<u>်</u>	community partners and significant agencies.
II.0 Implement evidence-based models and practices	Multi-level Interventions are still considered the best practice. It provides

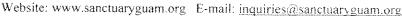
	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	August 01, 2014 through August 31, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
in all levels of care and shall demonstrate the following: In narrative form, state how the activities from II.6.a to II.6.d were implemented and addressed.	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.
establish a system of care for substance abuse treatment for Asian/Pacific Islanders: Give a brief summary of activities that occurred with GBHWC and its partners during the reporting period.	Program staff continues to work with Department of Youth Affair, Guam Department of Education (GDOE), 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.8 Ensure all clients receive appropriate screening and assessment for placement into ASAM Levels 0.5, I, II.5, and 0.7: Briefly state how sections II.7.a to II.7.e are being addressed.	The Drug and Alcohol screening/assessments are processed with the Clinical Supervisor and staffing is conducted throughout the week during weekly case staffing or on a case by case need using the American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC).
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.	<ul> <li>Sagan Na' Homlo currently has 2 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.</li> <li>I staff continues to work on her CEU's that apply towards the ICRC Certification.</li> <li>I staff is currently working on becoming a Recovery Coach by attending training and meeting with Clinical Supervisor for supervision to prepare for ICRC Certification.</li> <li>Case Manager is working toward IC&amp;RC Certification.</li> </ul>
Sanctuary Representative:  Submitted By: Eugene Anderson Position Title: Case Manager Reviewed By: OJ Taitano Position Title: Program Director Date: September 11, 2014	GBHWC Representative:  Received By: Methode (F.F.El Sangel)  Position Title: pragelie Tele Tele  Date of Submission: 9/1/2014



### 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





September 4, 2014

To: Ray Vega

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

V. Lujan

Attached with this memorandum is the Bi-Weekly Program Status report for the weeks of August 16, 2014 to August 31, 2014.

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

Sincerely,

Executive Director



#### Sanctuary, Incorporated of Guam A Non-profit Organization Established in 1971 106 MaiMai Road Chalan Pago, Guam 96910 Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 Fax (671)477-3117 Email: sanctuary@ite.net www.sanctuaryguam.org



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Ca Tamuning, Guam 969	macho F 13	₹d.	DATE: 8/31/20
го:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	RFF	56001 9 07-2013	(outpatient)
	COSTS INCURRED BY CATEGORY	mvoice No.		ISA-2014-02 DUNT	3
	1. Personnel		\$	5,719.69	
	2. Fringe Benefits		\$	675.00	
<ul><li>3. Contractual</li><li>4. Other</li><li>5. Supplies</li><li>6. Utilities</li></ul>	3. Contractual		\$	112.50	
	4. Other		\$	98.44	
	5. Supplies		\$	281.25	
	6. Utilities		\$	613.12	

TOTAL PAYMENT REQUEST:	\$ 7,500.00	
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I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Saga 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-2014-023 to be true and correct; and that services for August 1-31, 2014 have been rendered; and payment for this period is due.



# Sanctuary, Incorporated of Guam A Non-profit Organization Established in 1971 106 MaiMai Road Chalan Pago, Guam 96910 Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 Fax (671)477-3117 Email: sanctuary@ite.net www.sanctuaryguam.org



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Car Tamuning, Guam 9691	macho I	Fld.	DATE: 8/31/201
то:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	S14 AFI	456001 P 04-2014	(residential)
***************************************	COSTS INCURRED BY CATEGORY			HSA-2014-02 OUNT	2
	1. Personnel		\$	25,420.58	
	2. Fringe Benefits		\$	2,999.97	
	3. Contractual		\$	500.00	
	4. Other		\$	437.50	
	5. Supplies		\$	1,249.99	
	6. Utilities		\$	2,724.96	
					į

TOTAL PAYMENT REQUEST: \$ 33,333.00

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

MILDRED Q. LUJAN Sanctuary, Incorporated 09/03/2014

Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2014-022 to be true and correct; and that services for August 1-31, 2014 have been rendered; and payment for this period is due.



# Sanctuary, Incorporated of Guam A Non-profit Organization Established in 1971 I06 MaiMai Road Chalan Pago, Guam 96910 Administrative Office (671)475-7101 Crisis Hotline (671)475-7100 Fax (671)477-3117 Email: sanctuary@ite.net www.sanctuaryguam.org



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment	Address: 790 Gov. Carlos G. Ca	macho F	ad.	DATE:
	Program - Sagan Na' Homlo	Tamuning, Guam 969	13		7/31/201
TO:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No.		² 04-2014	(residential)
	COSTS INCURRED BY CATEGORY	Invoice No.		HSA-2014-02 DUNT	1
	Personnel		\$	2,460.05	
	2. Fringe Benefits		\$	290,32	
	3. Contractual		\$	48.39	
	4. Other		\$	42.34	
	5. Supplies	The state of the s	\$	120.97	
	6. Utilities		\$	263.70	Politica managapitahan yanama
		The state of the s			

TOTAL PAYMENT REQUE	TOTAL	PAYI	MENT	REOL	icer.
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I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Saga Na' Homio and that this is a true and certified original.

MILDRED Q. LUJAN

Sanctuary, Incorporated

**Executive Director** 

Recommended for payment: I certify Invoice No. DMHSA-2014-021 to be true and correct; and that services for July 29- 31, 2014 have been rendered; and payment for this period is due.

	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	August 16, 2014 through August 31, 2014
Tork / A - 45. (3.4.	
GON/ ACHVII)	Sanctuary, Inc. Bi-Weekly Progress Report
II.2 Increase treatment capacity in ASAM Level I	During this bi-weekly reporting period:
serve up to twenty (20) adolescents per treatment cycle and shall perform the following tasks: State the	• 8 group sessions
successfully completed, within the reporting period. If applicable state the mumber of cliose terms of	
another level of care and those on a "wait-list."	Number of Successful Completions: 0
	<ul> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 5 pending orientation and PPD clearance</li> </ul>
	9 Active Clients NON-DUPLICATE
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; What to do with your substance use; Step 1; Alcohol arguments; relapse justification II; Softball activity; you are here because why; life satisfaction scale; faces of change. Each client was provided the concentrative of discussions.
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 maging their goals.
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. The groups allow the parents and their child to practice new skills
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 undates.
II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten	During this bi-weekly reporting period:
(10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, 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-	<ul> <li>12 sessions were conducted</li> <li>41 participants in attendance [08/16/14 (9); 08/22/14 (8); 08/23/14 (6); 08/29/14 (6); 8/30/14 (12)]</li> <li>Group time identified for Fridays from 3:30 – 4:30pm &amp; 4:30-5:30pm and Saturdays from</li> </ul>

	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	August 16, 2014 through August 31, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
list."	<ul> <li>12:00pm—3:15pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 0</li> <li>Active Clients: 7</li> </ul>
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	<ul> <li>During this Bi-weekly reporting period:</li> <li>I Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>
In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?	The Group lesson/activity was: weekly check-in; review of group rules; Calendar; Faces of Change; Alcohol Arguments; Life Satisfaction Scale; Relapse Justification II; What Do You Want To Do With Your Substance Use; Recreational Activities; Your Decision to Use or Not Use; Stages of Recovery; Scheduling; Taking Care of Yourself; and Sex and Recovery. 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
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.

	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	August 16, 2014 through August 31, 2014
Task/Activity	
AND THE PROPERTY OF THE PROPER	Sanctuary, inc. 51-Weekly Progress Report
MATRIX Model Parent Education / Support Group	During this bi-weekly reporting period:
	<ul> <li>Session were conducted</li> <li>Family Members in attendance [(8/16 (4), 8/23 (3), 8/30 (6)]</li> <li>Group time identified for Saturdays from 12:00pm—1:30pm at the Sanctuary, Inc. Main Office.</li> </ul>
	<ul> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: N/A</li> <li>Number of Clients on the Wait List: N/A</li> </ul>
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included: So you're willing to share your experience, activity day, Is this normal for my teen. Open discussion on each topic followed as well as allowing parents and their adolescent to interact with one another. Questions, answers, and comments were addressed to close out the sessions.
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic offer opportunities for family members to reflect on how they could put each topic discussed to use for them. In addition, group participation teaches empathy and helps to develon effective communication.
State any commendations to show the strengths of the Program:	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 are still considered and accommodations continue to be used on a
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 undates
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	During this bi-weekly reporting period:  • 6 Clients were served.  • Transfer to another level of Care: 1 (Aftercare)  • Wait Listing: 3
nansierred to another tevel of care and those on a "wait-	Phase Breakdown:

	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	August 16, 2014 through August 31, 2014
lask/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
[kst.**	
	• Orientation: I
	• Awareness: 3
	• Enhancement: 1
	• Enlightenment: 1
	• Empowerment: 0
II.5a Treatment capacity in ASAM Level 0.7 for all individuals who completed level 111.5. State the number of	During this Bi-weekly reporting period:
clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients	<ul> <li>4 Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>
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:	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 Marrx Model incorporating individual specieus famile.
	sessions, early recovery group, relapse prevention group, and 12 step
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	Multí-level Interventions are still considered the best practice. It provides
	PATA BY TOTAL BY THE PATA BALLAND AND AND AND AND AND AND AND AND AND

	Rehabilitation Services for Adolescents
bi-Weekly Reporting Period:	August 16, 2014 through August 31, 2014
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.	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.
establish a system of care for substance abuse	Program staff continues to work with Department of Youth Affair, Guam Department of Education (GDOE), Juvenile Drug Court (JDC), Community
summary of activities that occurred with GBHWC and its	Substance Abuse Planning & Development (CSAPD) Committee, National Association of Social Workers (NASW) and Association of Individual,
II & France of clouds and in	Marriage, and Family Therapist (AIMFT) monthly.
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.	The Drug and Alcohol screening/assessments are processed with the Clinical Supervisor and staffing is conducted throughout the week during weekly case staffing or on a case by case need using the American Society of Addiction Medicine Parient Placement Criterio (A S A M. Dr.)
II.9 Provide its staff with opportunities for staff development by performing the following tasks:	Sagan Na' Homlo currently has 2 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.
certification with IC & RC and what trainings they	•   staff continues to work on her CEU's that apply towards the ICRC Certification.
attended during the reporting period.	I staff is currently working on becoming a Recovery Coach by attending training and meeting with Clinical Supervisor for supervision to prepare for ICRC Certification.
	<ul> <li>Case Manager is working toward IC&amp;RC Certification.</li> </ul>
Sanctuary Representative:	GBHWC Representative:
Submitted By: Eugene Anderson Position Title: Case Manager	Received By: Hungal &
Reviewed By: OJ Taitano Position Title: Program Director	Position Title: (was #
Date: September 4, 2014	Date of Submission: 7/6/1/6/12/20



### Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971





August 19, 2014

To: Ray Vega 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

Mildred D. Lujan Mildred Q. Lujan

Re: Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Bi-Weekly Program Status Report for the weeks of August 01, 2014 through August 15, 2014.

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

Sincerely,

FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Tamuning, Guam 96913	Rd.	DATE: 8/15/2014
то:	Mr. Ray Vega Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	S1456001 DMHSA-2014-0	<u> </u>
A	COSTS INCURRED BY CATEGORY		AMOUNT	-
	1. Personnel		\$ 20,336.66	
	2. Fringe Benefits		\$ 2,400.00	
	3. Contractual	71074	\$ 400.00	in the state of th
	4. Other		\$ 350.00	7,000
	5. Supplies		\$ 1,000.00	
	6. Utilities		\$ 2,180.00	
				nderdebonnen an ungebreiche der

TOTAL PAYMENT REQUEST:

\$ 26,666.66

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

MILIORED Q. LUJAN

Sanctuary, Incorporated

Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2014-021 to be true and correct; and that services for August 01 - 15, 2014 have been rendered; and payment for this period is due.

Don Sabang

D & A Supervisor

	Rehabilitation Services for Adolescents
81-Weekly Reporting Period:	August 01, 2014 through August 15, 2014
I GSK / Activity	Sanctuary, Inc. Bi-Weekly Progress Report
II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and	During this bi-weekly reporting period:
serve up to twenty (20) adolescents per treatment cycle and shall perform the following tasks: State the	• 3 group sessions • 12 participants in attendance
successfully completed, within the reporting period. If applicable, state the number of clients transferred to	• 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.
another level of care and those on a "wait-list."	Number of Successful Completions: 2
	<ul> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 1 pending orientation and PPD clearance</li> </ul>
	11 Active Clients NON-DUPLICATE
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; Internal Triggers; External triggers; Decision to use or not to use; marijuana – escape to nowhere. Each client was provided the
In narrative form, briefly state how clients benefited from	Clents are taight to analyze events and change their thoughts and behaviors that I at I
the core functions or services from this level?	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
\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exittin}\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{	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
	no encourage each other to continue working on their goals and share their experience on what has helped them overcome obstacles. The groups allow the parents and their child to practice new skills and information learned.
State any recommendations for the improvement of	Staff to continue our networking efforts with community partners as well as be onen to invit and
service delivery;	feedback. Staff continues to research the latest information through articles, journals, and on-line
II.3 Establish an ASAM Level II Intensive Outpatient	upuates. Diring this bi week ly renording nariod:
treatment program with a treatment capacity of ten	carrie and a reporting period.
the following tasks: State the number of clients served,	• 10 sessions were conducted • 20 participants in attendance [09/01/14 / 43, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/02/14 / 63, 09/0
as well as those who successfully completed, within the reporting period. If applicable, state the number of clients franches of the state the number of clients	Group time identified for Fridays from $3:30 - 4:30$ pm & $4:30-5:30$ pm and Saturdays from $12:00$ nm 3:30 pm & $4:30-5:30$ pm and Saturdays from
aministruca to another level of care and those on a "wait-	The solution of the salicitary, the Main Office.

0.3.14 (1.6.2)	Rehabilitation Services for Adolescents
81-VVeekly Reporting Period:	August 01, 2014 through August 15, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
	<ul> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care; 0</li> <li>Number of Clients on the Wait List: 2</li> <li>Active Clients: 4</li> </ul>
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	<ul> <li>During this Bi-weekly reporting period:</li> <li>I Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>
In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?	The Group Jesson/activity was: weekly check-in; review of group rules; Calendar; External Trigger Questionnaire; Staying Busy; Internal Trigger Questionnaire; Trigger Chart; Guilt and Shame; Marijuana, Escape To Nowhere; Dr. Nina's Challenge; Life Satisfaction Scale; You're Here Because Why?; Taking Care of Yourself; and Treatment Planning. 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 nears 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 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 narricination 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 undates.
MATRIX Model Parent Education / Support Group	During this bi-weekly reporting period:

The state of the s	Rehabilitation Services for Adolescents
Di- vyeekiy keporting Period:	August 01, 2014 through August 15, 2014
Tools (A. ett. 12.	
LOSK/ ACIIVITY	Sanctuary, Inc. Bi-Weekly Progress Report
	2 session were conducted
	• Family Members in attendance [(8/2 (2), 8/9 (5)]
	• Group time identified for Saturdays from 12:00pm—1:30pm at the Sanctuary, Inc. Main Office.
	Number of Successful Completions: 0
	<ul> <li>Number of Clients Transferred to another level of Care: N/A</li> <li>Number of Clients on the Wait List: N/A</li> </ul>
In narrative form, briefly state how activities from Massix	
Parent Education/Support Group were implemented and addressed?	film and So you're willing to share your experience. Open discussion on
	close out the sessions
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic in recovery.
	opportunities for family members to reflect on how they could put each topic
	discussed to use for them. In addition, group participation teaches empathy and helps to develop effective communication and helps to develop effective communication.
State any commendations to show the strengths of the	Due to the census of the Family Members wanting to have grown on a
Program:	weekend, accommodations were made moving the group to Saturdays. Each
	Family member who is not able to attend the groups on Saturdays are still
State any recommendations for the improvement of	Staff to continue networking efforts with community methods.
service delivery:	open to input and feedback. Staff continues to research the latest information
	through articles, journals, and on-line updates.
11.5 Maintain treatment capacity in ASAM Level	During this bi-weekly reporting period:
civen time State the	• 7 Clients were served.
given time, state the number of clients served, as well as those who successfully completed with the	• Transfer to another level of Care: 2 (Aftercare)
period. If applicable, state the number of clients	• Wait Listing: 4
transferred to another level of care and those on a "wait-	Phase Breakdown:
13671	• Orientation: 1
	• Awareness: 3
	• Enhancement; 1

	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	August 01, 2014 through August 15, 2014
Toolby / A 25. 25.	
USS ACTIVITY	Sanctuary, Inc. Bi-Weekly Progress Report
	• Enlightenment: 0
	• Empowerment: ()
AVEAU TO A	• Graduated: 2
II.5a Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of	During this Bi-weekly reporting period:
completed, within the reporting period. If applicable, state the number of clients	<ul> <li>4 Clients in Affercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>
In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?	Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to
	classroom work, group sessions (i.e. substance abuse, anger management,
	decision making, relapse prevention, life skills, team building, relationship
	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 hased on desire and appropriateness
In narrative form, briefly state how clients benefited from	The confinite of two tents of the state of t
the core functions or services from this level?	consistent contact with residential staff and the opportunity for support when
	the need arises.
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 of a
	productive member of society. Sanctuary, Incorporated has implemented
	Evidence Based Matrix Model incorporating individual sessions, family
	sessions, early recovery group, relapse prevention group, and 12 step
	participation,
state any recommendations for the improvement of	All efforts are channeled in enhancing our working relationship with our
	community partners and significant agencies.
in all lement evidence-based models and practices	Multi-level Interventions are still considered the best practice. It provides
following: 12 care and shall demonstrate the	and allows insight, growth, emotional well-being, recognition of strengths,
tonor ing. In halfalive lothi, state how the activities from	ability to communicate, group and family counseling and the opportunity to

	Rehabilitation Services for Adalaceasts
Bi-Weekly Reporting Pariod.	CHIDOCHAN
	August 01, 2014 through August 15, 2014
Task/Activity	S 11 17 10 11 11 12 11 11 11 11 11 11 11 11 11 11
	Sunctionly, Inc. bi-Weekily Progress Report
II.6.a to II.6.d were implemented and addressed.	share openly, express them-selves and work on problems.
establish a system of ears for substance of	Program staff continues to work with Department of Youth Affair, Guam
treatment for Asian/Pacific Islanders: Give a brief	Department of Education (GDOE), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Develonment (CSADD) Committee Notice of
summary of activities that occurred with GBHWC and its	Association of Social Workers (NASW) and Association of Individual,
II.8 Ensure all clients receive annronriate screening	Marriage, and Family Therapist (AIMFT) monthly.
and assessment for placement into ASAM Levels 0.5.1	Supervisor and staffing it conducted the con
II, III.5, and 0.7: Briefly state how sections II.7.a to	Staffing or on a case by case need using the American Coolers of Autorica
11.7.e are being addressed.	Medicine Patient Placement Criteria (ASAM-PPC)
II.9 Provide its staff with opportunities for staff	• Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the
Briefly state the status of staff mambag "soling"	inpatient / outpatient programs.
certification with IC & RC and what trainings they	• One counselor is a licensed IMFT Therapist.
attended during the reporting period.	• I staff continues to work on her CEU's that apply towards the ICRC Certification.
•	<ul> <li>I staff is currently working on becoming a Recovery Coach by attending training and</li> </ul>
	meeting with Clinical Supervisor for supervision to prepare for ICRC Certification.
	<ul> <li>Case Manager is working toward IC&amp;RC Certification.</li> </ul>
Sanctuary Kepresentative:	GBHWC Representative:
Submitted By: Eugene Anderson	Baraina Mari
Position Title: Case Manager	Mercived by.
Reviewed By: Of Taitano	Position Title:
Position Title: Program Director	
Date: August 19, 2014	Date of Submission:
And the state of t	



## 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



August 01, 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 July 16, 2014 to July 31, 2014.

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

Sincerely,

Mildred & Lujan

Executive Director

FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camac Tamuning, Guam 96913	ho Rd.	DATE: 7/31/2014
TO:	Mr. Ray Vega Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	S1456001 DMHSA-2014-0	020
	COSTS INCURRED BY CATEGORY		AMOUNT	***************************************
	1. Personnel		\$ 20,336.66	
	2. Fringe Benefits		\$ 2,400.00	
	3. Contractual		\$ 400.00	e e e e e e e e e e e e e e e e e e e
	4. Other		\$ 350.00	
	5. Supplies		\$ 1,000.00	Terrendeline de la companya de la co
	6. Utilities		\$ 2,180.00	
				-

TOTAL	PAYMENT	ME COLLEGE
TUIAL	MATIMENT	A-1314-31

\$ 26,666.66

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

MILTURED Q. LUJAN
Sanctuary, Incorporated

Date

Cancidary, micorporates Europetics Nicortes

Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2014-020 to be true and correct; and that services for July 16 - 31, 2014 have been rendered; and payment for this period is due.

Don Sabang

D & A Supervisor

During Ibe Puring The Grosstopping care of y Clients a use and c to prever associate The strer group set to encoun helped th and infor Staff to c feedback updates.		B: W.~. 1. D	Rehabilitation Services for Adolescents
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 transformed to nother level of care and those on a "wait-list."  In narrative form, state how activities from II.2.a to II.2. a to II.2. a stopping the core functions or services from this level?  State any commendations to show the strengths of the prevent associate Program:  State any recommendations for the improvement of staff to c service delivery:  II.3 Establish an ASAM Level II Intensive Outpatient program with a treatment capacity of ten.		or vveekly keporting Period:	July 16, 2014 through July 31, 2014
11.2 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 nother level of care and those on a "wait-list."  In narrative form, state how activities from II.2.a to II.2.c stopping the core functions or services from this level?  State any commendations to show the strengths of the prevent associate Brogram:  State any recommendations for the improvement of staff to c service delivery:  II.3 Establish an ASAM Level II Intensive Outpatient During the treatment program with a treatment capacity of ten		Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
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 nother level of care and those on a "wait-list."  In narrative form, state how activities from II.2.a to II.2.c The Gro were implemented and addressed?  In narrative form, state how clients benefited from the core functions or services from this level?  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 Unpdates.  II.3 Establish an ASAM Level II Intensive Outpatient During the		II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and	During this bi-weekly reporting period:
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 not the treatment capacity of ten		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	<ul> <li>6 group sessions</li> <li>22 participants in attendance [07/19/14 (12); 07/12/14 (10)]</li> <li>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.</li> </ul>
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 not the treatment capacity of ten (10) adolescents not treatment to the treatment capacity of ten (10) adolescents not treatment to the treatment capacity of ten (10) adolescents not treatment capacity of ten (10) adolescents n	·	notifer level of care and those on a "wait-list."	<ul> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care: 0</li> <li>Number of Clients on the Wait List: 3 pending orientation and PPD clearance</li> </ul>
		In narrative form what Is	8 Active Clients NON-DUPLICATE
		were implemented and addressed?	The Group lesson/activity was: Daily Schedule and Calendars; Road map for recovery; Thought stopping techniques; Dealing with feelings and depression; co-occurring disorders; Triggers; Taking
		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
Staff to feedba update During		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. The groups allow the parents and their child to practice new skills
_		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
THE STREET STREE		II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten	During this bi-weekly reporting period:
		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 wear	<ul> <li>10 sessions were conducted</li> <li>43 participants in attendance [07/18/14 (6); 07/19/14 (12); 07/25/14 (10); 07/26/14 (15)]</li> <li>Group time identified for Fridays from 3:30 — 4:30pm &amp; 4:30-5:30pm and Saturdays from 12:00pm—3:15pm at the Sanctuary loc Main Office.</li> </ul>

D: (A/ - 11 P)	Rehabilitation Services for Adolescents
bi-Weekly Reporting Period:	July 16, 2014 through July 31, 2014
Lask/ACIVITY	Sanctuary, Inc. Bi-Weekly Pragress Report
181,	Number of Successful Completions: 0
	Number of Clients Transferred to another level of Care: 1
A	Number of Clients on the Wait List: 2
	Active Clients: 7
II.3a Treatment capacity in ASAM Level 0.7 for all individuals who completed level II. State the number of	During this Bi-weekly reporting period:
completed within the remarking actived 16	• 1 Clients in Aftercare (Social Support) Level 0.7
state the number of clients	• Transfer to another level of Care: 0
In narrative form, briefly state how activities from	The Group Locentrate was seed to be a seed t
II.3.a to II.3.e were implemented and addressed?	Calendar, Scheduling It Is Important: Pros and Const. Managing August
	Triggers; Truthfulness; Co-Occurring Disorders; Trigger-thought-Craving
	Use; I'm Not Cool If I Don't Use; Thought-Stopping Techniques; Dealing
	with Feelings and Depression; and Roadmap For Recovery. Clients were
	provided with psycho-education for each topic. They were also given the
	feedback to peers for support and process.
the core functions or semicon form it.	Participants continue to explore pros and cons for use or staving 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
	pession neith elients to identify strengths and needs. In addition, group
C. 4. 4.	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
	allention, nelp, and feedback offered to each individual client, thereby
State any recommendations for the improvement of	Staff to continue and active participation in their treatment.
service delivery:	Open to input and feedback Stoff continued to input and feedback Stoff
The second secon	through articles, journals, and on-line undates
MATRIX Model Parent Education / Support Group	During this bi-weekly reporting period:

	Rehabilitation Services for Adolescents
Bi-Weekly Reporting Period:	July 16, 2014 through July 31, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
	<ul> <li>2 session were conducted</li> <li>Family Members in attendance [(7/19 (9), 7/26 (7)]</li> <li>Group time identified for Saturdays from 12:00pm—1:30pm at the Sanctuary, Inc. Main Office.</li> <li>Number of Successful Completions: 2</li> </ul>
	<ul> <li>Number of Clients Transferred to another level of Care: N/A</li> <li>Number of Clients on the Wait List: N/A</li> </ul>
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included: Road Map for Recovery and Creating Healthy Functional Families. Open discussion on each topic followed. Questions, answered, and comments were addressed to close out the sessions.
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic offer opportunities for family members to reflect on how they could put each topic discussed to use for them. In addition, group participation teaches empathy and helps to develop effective communication skills
State any commendations to show the strengths of the Program:	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 are still considered and accommodations continue to be made on a case by case basis.
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.
II.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	<ul> <li>During this bi-weekly reporting period:</li> <li>6 Clients were served.</li> <li>Transfer to another level of Care: 0 (Aftercare)</li> <li>Wait Listing: 1</li> </ul>
transferred to another level of care and those on a "wait-list."	Phase Breakdown:  • Orientation: 0
	<ul><li>Awareness: 3</li><li>Enhancement: 1</li></ul>

Bi-Weekly Penniting Barian	Rehabilitation Services for Adolescents
	July 16, 2014 through July 31, 2014
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
-	• Enlightenment: 0 • Empowerment: 2
individuals who completed level III.5. State the number of	During this Bi-weekly reporting period:
clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients	<ul> <li>4 Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>
in narrative form, briefly state how activities from 11.5.b	Sagan Na' Homlo is a 24/7 structured program where clients participate in a
	4
	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
	Adolescent AA and NA at our Main Facility and is available to all clients
In narrative form briefly cross sizes.	based on desire and appropriateness.
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
State any commendations to show the strenoths of the	VIX LIVAL II 1363.  CATOL NO. 11
Program;	addition Second No. 11 c. c. i. i. c. i.
	for restricture refering and to many the individual and family the opportunity
ì	addiction and eventually re-integrate hack into the comment.
	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
State any recommendations for the improvement of	participation.
0	Community partners and cionificant agencies
11.0 Implement evidence-based models and practices	Multi-level Interventions on etill oction in
in all levels of care and shall demonstrate the	and allows insight, growth emotional wall being accounted.
Il.6.a to 11.6 d were implemented and a start from	ability to communicate, group and family counseling and the opportunity to
II.7 Work with DMHSA and its and its	share openly, express them-selves and work on problems.
The state of the s	Program staff continues to work with Department of Youth Affair, Guam

	Rehabilitation Services for Adolascente
Bi-Weekly Reporting Period:	July 16, 2014 through July 31, 2014
I ask/ Activity	Sanctuary, Inc. Bi-Weekly Progress Report
treatment for Asian/Pacific Islanders: Give a brief summary of activities that occurred with DMHSA and its partners during the reporting period.	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.
and assessment for placement into ASAM Levels 0.5, I, II, III.5, and 0.7: Briefly state how sections II.7.a to I.7.e are being addressed.	The Drug and Alcohol screening/assessments are processed with the Clinical Supervisor and staffing is conducted throughout the week during weekly case staffing or on a case by case need using the American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC)
development by performing the following tasks:  Briefly state the status of staff members seeking  certification with IC & RC and what trainings they	<ul> <li>Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.</li> <li>One counselor is a licensed IMFT Therapist.</li> </ul>
attended during the reporting period.	<ul> <li>I staff continues to work on her CEU's that apply towards the ICRC Certification.</li> <li>I staff is currently working on becoming a Recovery Coach by attending training and meeting with Clinical Supervisor for supervision to prepare for ICRC Certification.</li> </ul>
Sanctuary Representative:	DMHSA Representative:
Submitted By: Eugene Anderson Position Title: Case Manager Reviewed By: Mamaling Reyes Position Title: Quality Assurance Officer	Received By: True, Authore Position Title: CTS#
Date: August 01, 2014	Date of Submission: 8/1/19



## Sanctuary, Incorporated of Guam

#### A Non-profit Organization Established in 1971





July 16, 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 June 16, 2014 to June 30, 2014.

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

Sincerely,

OJ Taitano \\\
Acting Executive Director

June 20, 2014

### MEMORANDUM

To:

All Staff

From:

Executive Director

RE:

**Acting Executive Director** 

Hafa Adai:

Please be advised that effective Monday, June 23, 2014, I will be on leave til July 25, 2014. In my absence, I am appointing OJ Taitano Acting Executive Director. Mr. Taitano will be assisted by Mr. Mike Franquez.

Please give your usual support and cooperation extended to OJ and Mike during this time.

Si Yu'os Ma'ase,

Allicated O. Kerjan

Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Tamuning, Guam 96913	Rd.		<b>DATE</b> : 7/15/201
Mr. Ray Vega Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.			119
COSTS INCURRED BY CATEGORY				
1. Personnel		\$	20,336.66	
2. Fringe Benefits		\$	2,400.00	
3. Contractual		\$	400.00	
4. Other		\$	350.00	
5. Supplies		\$	1,000.00	
3. Utilities		\$	2,180.00	WYK amada dagi ayyaya
				7
	Mr. Ray Vega Director Guam Behavioral Health & Wellness	Mr. Ray Vega Director Guam Behavioral Health & Wellness Center (DMHSA)  COSTS INCURRED BY CATEGORY  1. Personnel 2. Fringe Benefits 3. Contractual 4. Other	Mr. Ray Vega Director Guam Behavioral Health & Wellness Center (DMHSA)  Costs Incurred by Category  1. Personnel  2. Fringe Benefits  3. Contractual  4. Other  Simulations  Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.  Simulations  Sim	Mr. Ray Vega   Director   Document No.   Contract No.   Job Order No.   Contract No.   Job Order No.   Durchase Order No.   Durchase Order No.   Invoice No.   DMHSA-2014-(

TOTAL PAYMENT	REQUEST:
---------------	----------

\$ 26,666.66

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

OJ Taitano Sanctuary, Incorporated

Acting Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2014-019 to be true and correct; and that services for July 1-15, 2014 have been rendered; and payment for this period is due.

Bi-Weekly Reporting Posical	Rehabilitation Services for Adolescents
	July 01, 2014 through July 15, 2014
Tosk/Activity	
-	Sanctuary, Inc. Bi-Weekly Progress Report
II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and	During this bi-weekly reporting period:
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	<ul> <li>O group sessions</li> <li>O participants in attendance [07/05/14 (0); 07/12/14 (0)]</li> </ul>
successfully completed, within the reporting period. If applicable, state the number of clients transferred to	• 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.
anounce reveror care and those on a "wait-list."	<ul> <li>Number of Successful Completions: 0</li> <li>Number of Clients Transferred to another level of Care; 0</li> <li>Number of Clients on the Wait List: 1</li> </ul>
1	8 Active Clients NON-DITPLICATE
in narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?	Groups were cancelled for 7/5/14 and 7/12/14 due to storms in the area
In narrative form, briefly state how clients benefited from the core functions or services from this level?	All clients and families were notified of cancellation,
State any commendations to show the strengths of the Program:	All clients and families were notified of cancellation.
V 120 3111 WAY OF STATE OF STA	
3 3 1	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 undates
II.3 Establish an ASAM Level II Intensive Outpatient Treatment program with a treatment capacity of ten	During this bi-weekly reporting period:
(10) adolescents per treatment cycle and shall perform the following tasks: State the number of cleans	O sessions were conducted
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."	<ul> <li>O participants in attendance [07/04/14 (0); 07/05/14 (0); 07/11/14 (0); 07/12/14 (0)]</li> <li>Group time identified for Fridays from 3:30 – 4:30pm &amp; 4:30-5:30pm and Saturdays from 12:00pm—3:15pm at the Sanctuary Inc. Main Office.</li> </ul>
ISE."	Number of Successful Completions: 0
	<ul> <li>Number of Clients Transferred to another level of Care; 0</li> <li>Number of Clients on the Wait List; 2</li> </ul>
	Active Clients: 9
	The state of the s

Bi-Wasky Denoting Days	Rehabilitation Services for Adolescents
of vectory reporting region;	July 01, 2014 through July 15, 2014
Task/Activity	Constitution of the consti
-	Sciriui y, inc. bi-vveekly Progress Report
11.3a Treatment capacity in ASAM Level 0.7 for all individuals who completed level II. State the number of	During this Bi-weckly reporting period:
chents served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients	<ul> <li>5 Clients in Aftercare (Social Support) Level 0.7</li> <li>Transfer to another level of Care: 0</li> </ul>
In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?	The Group lesson/activity was: weekly check-in; review of group rules; Calendar; Treatment Planning: You're Hoar Boomes Williams
	Cravings; Pursuit of Happiness; Relapse Analysis Chart, Alcohol Aroumonte: A mahatamings: D. L.
	Recovery. Clients were provided with psycho-education for each topic. They
Francisco Company (1997)	Were also given the opportunity to share real-life experiences related to each topic and offer feedback to peers for support and provesses
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 themed and well themed and well themed and well themed and are the staying clean and so the staying
	their use. Small group discussions facilitate understanding of the importance
	session help clients to identify strengths and needs. In addition, group
State any commendations to show the	skills.
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 thanks.
Nale any recommandations of the	encouraging engagement and active participation in their treatment
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 included
MATRIX A 3 1 B	through articles, journals, and on-line updates.
MAIKIA Model Parent Education / Support Group	During this bi-weekly reporting period;
	• 0 session were conducted
	• Family Members in attendance
	• Group time identified for Saturdays from 12:00pm—1:30pm at the Sanctuary, Inc. Main Office.
	Number of Successful Completions: 0
	Number of Clients Transferred to another level of Care: N/A

Bi-Weekly Penorting Doctor	Rehabilitation Services for Adolescents
	July 01, 2014 through July 15, 2014
Tosk / Activity	
(11.10.17)	Sanctuary, Inc. Bi-Weekly Progress Report
	Number of Clients on the Wait List: N/A
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included: Groups were cancelled due to storms in the area.
In narrative form, briefly state how Family benefited from the core functions or services from this level?  State any commendations to show the	Groups were cancelled due to storms in the area. All parents and clients were notified of the cancelation of groups.
Program:	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 are still
5.5	Staff to continue networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information
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."	During this bi-weekly reporting period:  • Clients were served.  • Transfer to another level of Care: () (Aftercare)  Phase Breakdown:  • Orientation: ()  • Awareness: 1  • Enhancement: ()  • Empowerment: ()  • Empowerment: ()
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	During this Bi-weekly reporting period:  • 4 Clients in Aftercare (Social Support) Level 0.7  • Transfer to another level of Care: 0
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 chastrons).
The part of the depleton control of the depleton contr	School Second Second (1.C. Substance abuse, anger management,

Doc. No. 33GL-15-0955

D 1.1. 1.1. 1.1	Rehabilitation Services for Adolescents
Bt-Weekly Reporting Period:	July 01, 2014 through July 15, 2014
I GSK / ACTIVITY	Sanctuary, Inc. Bi-Weekly Progress Report
	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 regreation.
h narrative from bei-61,	Adolescent AA and NA at our Main Facility and is available to all clients  based on desire and appropriateness.
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
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
State any recommendations for the improvement of service delivery:	All efforts are channeled in enhancing our working relationship with our
IL6 Implement evidence-based models and practices in all levels of care and chall domonate and practices	Multi-level Interventions are still considered the best practice. It provides
following: In narrative form, state how the activities from I.6.a to II.6.d were implemented and addressed.	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 of the county.
establish a system of care for substance abuse	Program staff continues to work with Department of Youth Affair, Guam Public School System (GPSS) Inventile Drug Court (DC)
	Substance Abuse Planning & Development (CSAPD) Committee, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therwise (AME).
11.8 Ensure all clients receive appropriate screening and assessment for placement into ASAM Levels 0.5, I,	The Drug and Alcohol screening/assessments are processed with the Clinical Supervisor and staffing is conducted throughout the
II, III.5, and 0.7: Briefly state how sections II.7.a to II.7.e are being addressed.	staffing or on a case by case need using the American Society of Addiction  Medicine Patient Placement Criteria (ASAM-PPC)
development by performing the following tasks:	Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the inpution / output outp
personal days the state of the control of the contr	inflation () Outpatient programs.

Doc. No. 33GL-15-0955

Rehabilitation Services for Adolescents July 01, 2014 through July 15, 2014	Sonctuary, Inc. Bi-Weekly Progress Report     One counselor is a licensed IMFF Therapist.     I staff continues to work on her CEU's that apply towards the ICRC Certification.     I staff is currently working on becoming a Recovery Coach by attending training and meeting with Clinical Supervisor for	• Case Manager is working toward IC&RC Certification.  DMHSA Bepresentative:  Received By: Account Continued B
Bi-Weekly Reporting Period:	Briefly state the status of staff members seeking certification with IC & RC and what trainings they attended during the reporting period.	Sanctuary Representative: Submitted By: Eugene Anderson Position Title: Case Manager Reviewed By: OJ Taitano Position Title: Program Director Date: July 2, 2014

#### Attachment 4

Sanctuary, Incorporated of Guam
Runaway and Homeless Youth Basic Center

## Reporting Agency

Department of Youth Affairs

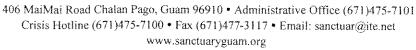
## Reports

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



# Sanctuary, Incorporated of Guam

#### A Non-profit Organization Established in 1971





January 02, 2015

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 4th quarter of Fiscal Year 2014 from July 1, 2014 – September 30, 2014.

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

Services

-()-

Equipment

-()-

Inventory Property -0-

Please let us know if you have any questions.

Sincerely,

Executive Director

# Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2014 - (July 1, 2014 - September 30, 2014) 4th Quarter Expenditure Report Department of Youth Affairs Runaway Homeless Program

Fund General Direct Appropriation	\$	Contract Amount 321,556 160,800.00	Object Classification	Ex	penditure
Total Funds	\$	482,356	Salary	\$	105,754
	w		Benefits	*	18,643
			Travel (Mileage)		+
			Contractual		(406)
			Supplies & Materials		3,994
			Equipment		••
			Utilities		28,135
			Miscellaneous		5,312
			Vehicle Lease		-
			Grand Total	\$	161,433

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: 01/05/2015



# SANCTUARY, INCORPORATED

Olythithcome

OCT 2 2 2014

"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

October 15, 2014

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 July 1, 2014 through September 30, 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 Guara
VENDOR NUMBER: S1456001	
PERSON COMPLETING REPORT: Jo	leen A Raza
TELEPHONE: 475-7113	FAX: 477-3117
REPORT PERIOD:	
July 1, 2014 to September 30, 2014	DATE OF REPORT: October 10, 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.

# <u>Project Goals and Objectives; Project Activities; Project Performance Measures; Project Outcomes:</u>

Goal: The overall goal of the Basic Center is to provide a safe and stable Emergency Shelter for run away and troubled youth and assist them in resolving crisis and conflicts by keeping focus on promoting family unity and improving quality of life for Guam's youth.

Objective 1. To increase the awareness of available services and issues related to Runaway and 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, door-to-door street outreach, and informational displays at shopping centers throughout the island.

Indicator/Outcomes/Periodicity: Awareness of available services for run away and troubled youth for the community of Guam as a whole.

#### Activity A:

The Emergency Shelter program will provide individual supportive counseling at least twice a week for each youth residing in the shelter.

Time Line: Daily; ongoing daily sessions

Responsible Parties: Case Manager and/or Program Director, and Residential Assistants

#### Results:

• During, this reporting period, eight (8) youth resided in the shelter during the month of July. Nine (9) youth resided in the shelter during the month of August. Eight (8) youth resided in the month of September. At least One Hundred and Thirty Three (133) individual supportive counseling sessions were conducted that included educational, health and personal growth.

#### Activity B:

To provide therapeutic and recreational activities for youth to promote personal well being.

Timeline: Daily

#### Responsible Parties:

Case Manager and/or Program Director, and Residential Assistants

#### Objective II.

To increase crisis intervention services to runaway and homeless youth and their families by providing 24 hours services to 200 youth parent and/or community members.

Indicators/Outcomes/Periodicity: Accessibility of children and their families in crisis situations who use Emergency Shelter services.

**Activity A**: 24-hour crisis hotline is open to the general public to provide immediate feedback, assessments and referrals to appropriate agencies.

Time line: on-going,

Responsible Parties: Crisis Intervention Worker, Case Manager, and Program Director

#### Activity B:

Provide referral services for all youth and their family members assessed for services needed from other agencies.

Timeline: ongoing

#### Results:

 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.

#### Results:

- One Hundred and Twenty (120) 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.

#### Results:

 An estimation of One Hundred and Two (102) referrals was made to other agencies, organizations, such as Guam Behavioral Health and Wellness Center (GBHWC), Alee Shelter, Drug and Alcohol services, Guam San Jose, AHRD, Guam Police Department, Sanctuary D&A Department, Child

Protective Services, I famagu'on-ta, and Westcare.

#### Responsible Parties:

Crisis Intervention Worker, Case Manager and Program Director.

#### Objective III:

To reduce the problems of youth 12-17 who are runaway, homeless and victims of abuse by providing temporary shelter and aftercare services for up to 10 youth at any given time while they resolve problematic issues.

Indicators/Outcomes/Periodicity: Accessibility of emergency 24hr placement for runaway and homeless youth needing assistance/guidance to begin the reunification process.

#### Activity A:

The project will provide temporary shelter and aftercare service for 10 youth 12-17 years of age for up to 30 days while providing the youth with supportive counseling and connecting youth and families with other agencies.

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.

Timeline: ongoing

**Responsible Parties:** Program Director and Case Manager.

Results: During this quarter a total of Twelve (12) youth received shelter services. There were Five (5) new intakes admitted to shelter, No youth reentered for shelter services, four (4) youth continued to receive shelter services in the month of September. Six (6) clients continued in aftercare services once reunified with their parent or legal guardian from the month of July to September.

During this reporting quarter Two (2) clients moved to an off-island shelter, one (1) went off-island for biological parent, one (1) transferred to foster parents, three (3) clients went to a legal guardian, one (1) client went to Alee Shelter, and one (1) client went to DYA.

Results: During this quarter all youth who were 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.

#### 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.

Indicators/Outcomes/Periodicity: Conflict Mediation skills of children and their families

#### 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.

Time line: ongoing

#### Responsible Parties:

Crisis Intervention Worker, Case Manager and Program Director.

#### 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.

Timeline: ongoing

**Responsible Parties:** Program Directors, Case Manager, and AmeriCorps volunteers.

#### Results:

A total of fifteen (15) 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 guardian, alternate familial placement or a foster care home.

#### Results:

- A total of twelve (12) High School YAM classes were conducted this reporting period with an average of three (3) youth in attendance and were mentored by Sanctuary's AmeriCorps Volunteers during the group session.
- A total of fourteen (14) Middle School
  YAM classes were conducted during this
  reporting period with an average of two
  (2) youth in attendance and were
  mentored by Sanctuary's AmeriCorps
  Volunteers during the group session.
  The group's participants consisted of
  youth in Sanctuary programs, as well as
  outside referrals from other agencies
  such as GDOE, I Famagu'on-ta and
  Probation.

#### 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.

Indicators/Outcomes/Periodicity: Availability of supportive services to children and their families in crisis situations.

Activity A:

#### 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:

- One hundred and thirty three (133) youth individual supportive counseling

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.  Timeline: ongoing	sessions.  - Fifteen (15) parent individual supportive counseling sessions  - IPP completion rate for this quarter is at 90%
Responsible Parties: Program Directors and Case- Manager	
Activity B: The project will provide case management services for 200 youth and their families that will enhance stabilize and strengthen their relationships.	Results: Twelve (12) youth received case management services via the Co-Ed Shelter and Six(6) participated in Aftercare services.
Timeline: ongoing	
Responsible Parties: Program Director and Case Manager	

#### **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. The youth and parent are always encouraged to sign up for aftercare services to help with the transition back home easier when problems arise. The youth and parent are always given a transitional plan to follow in the event they opt not to seek aftercare services. Further, youth and parents who attended Sanctuary's support groups observed frequent changes with group facilitators. However, before this issue was resolved before the quarter ended. Sanctuary's support groups now have assigned and stable group facilitators running the group.

Lastly, parent involvement in programs (groups and supportive counseling) is limited; parents do not participate in all the services we recommend despite agreeing 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 a holding monthly meeting to discuss ways to better serve clientele.

Performance M	leasures:
---------------	-----------

Social Compatance	
Social Competence	Case Manager and shelter staff have reported
	observed improvement in social interactions and,
	defined as maintaining positive relationships with
	others 9 of 12 (75%) 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 7 of the 12 (58%) of
	the clients served this reporting period. Most of the
	clients during this reporting period were wards of
	the state. The number provided above only includes
	clients who were able to work towards
	reunification with a family member or foster
	parent. It is challenging to work on a family
	relationship when a family member or foster parent
	is not identified. More than 30 days are needed to
	work on fostering a positive relationship when
	working with CPS clients and their family
	members or foster parent.
Families Satisfied with Program	Of the total number of family members who have
	completed the satisfaction survey 100% have
	reported to be satisfied with all aspects of the
	program including a 100% of families stating that
	they will access Sanctuary services for future
	familial issues. Areas surveyed include:
	1) Noted quality in family relationships
	2) Future access of services
	3) Accessibility and response time
	4) Overall rating of services
	5) Recommending services to others
Client Satisfaction	Of all clients who have completed satisfaction
	survey, 85% have reported an increase quality in
	familial relationships. A total of 85% have stated
	that they had good or very good access to services
	with prompt response time. A total of 85% have
	rated overall services as good or very good and
	100% of clients surveyed have indicated that they
	would likely or very likely refer others to Sanctuary for services needed.

#### 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

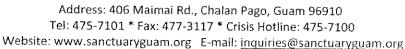


Date:	October 3, 2014
То:	Office of the Attorney General Attn: Franklin P. Artero
Enclos	sed herewith is the following document:
	1. 4 st Quarter Report (July 1, 2014-September 30, 2014)
Purpo	se/Action Needed:
	□ Needs your approval on the above
	☐ Needs reply or comment
	☑ To fulfill your requirement
	□ Other:
Execut Sanctu	d Q. Lujan tive Director ary, Incorporated of Guam
Print M	Name:



# SANCTUARY, INCORPORATED

"Helping Youth and Families Help Themselves" since 1971





October 3, 2014

To: Franklin P. Artero Office of the Attorney General

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

Re: Program and Financial Report

Attached is the quarterly program status report for July 1, 2014 through September 30, 2014.

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

Sincerely,

Mildred Q. Lujan, Executive Director

# SANCTUARY, INCORPORATED OF GUAM VICTIM OF CRIME ACT GRANT

Quarterly Progress Program Report For 4rd Quarter Ending 9/30/14

- 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: July 2014 September 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 \$30,240.00 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 Incorporated of Guam (Sanctuary) has an open contract with Doris Tolentino, Masters in Social Work (MSW) a licensed Individual Marriage and Family Therapist (IMFT) for clinical consultation and clinical services. As of June 2014 Sanctuary entered into a memorandum of agreement with Dan Duenas, Bachelor of Arts in Sociology, MSW, IMFT, Certified Substance Abuse Counselor (CSAC) and International Alcohol and Drug Abuse Counselor (ICDAC) for clinical consultation. 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.

#### 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.

#### 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. Majority of the referrals and placements into Emergency Shelter by these agencies were related to victims of sexual, physical abuse, neglect, and terrorizing.

The island community looks to Sanctuary for help and assistance in their time of crisis. 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. Unfortunately, the clinical director position became vacant on April 11, 2014. All cases receiving clinical services from Sanctuary were staffed with the clinical director before April 11, 2014 regarding services. Clients were linked to the appropriate agency based on the recommendations provided by the clinical director. Sanctuary continues to search for a licensed Individual Marriage and Family Therapist to replace our Clinical Director position in order to best serve our clientele.

#### 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:	July 1, 2014-September 30, 2014
Organization:	SANCTUARY, INC
TYPE OF VICTIMIZATION	TOTAL
. Child Victims of Physical Abuse (0-17)	1
2. Child Victims of Sexual Abuse (0-17)	
B. Victims of DUI/DWI	
1. Victims of Family Violence	
5. Adult Victims of Sexual Abuse	
5. Elder Abuse	
7. Adults Molested as Children	
8. Survivors of Homicide Victims	
9. Assault	
10. Robbery	3
11. Other (TOTAL A-K)	J
A. Arson	
B. Burglary	1
C. Child Neglect (Endangerment)	
D. Fraud	0
1. Forgery	
2. Fraud	
3. Indentity Theft	1
E. Harassment	I.
1. Criminal Mischief	
2. Criminal Trespass	
3. Disorderly Conduct	
4. Harassment	1
5. Terrorizing	
F. Kidnapping	
G. Stalking (DV and NON-DV)	0
H. Theft	
1. Theft by Deception	
2. Theft of a Motor Vehicle	
3. Theft of Intellectual Property	
4. Theft of Property	
5. Theft of Services	
I. Vehicular Crimes (Non DUI/DWI)	0
1. Leaving the scene of an accident	
2. Leaving the scene of an accident w/ Injuries	
3. Reckless Driving w/ Injuries	
J. Other: Specify Runaway	1
K. Other: Specify	
GRAND TOTAL	5

Victims with Disabilities:	
7 ICCOMO (COLOR DE COLOR DE CO	

## VICTIMS OF CRIME ACT VICTIM STATISTICS WORKSHEET

FOR THE PERIOD OF				
Organization		SANCTUARY, INC		
0-12 AGE		TOTA	(	
13-17				
18-24		5		
25-59				
60+				
Unknown				
Ommown				
NATIONAL ORIGIN	TOTAL	NATIONAL ORIGIN	TATA	
1. African American:		6. Filipino:	TOTAL	
2. Asian :		7. Hispanic:		
3. Caucasian/White:	<u> </u>	8. Other Pacific Islander:		
4. Chamorro:	4	9. Other: Indian		
5. Chuukese:		10. Unknown:		
		T. Olidiovii,		
GENDI	R	TOTAL		
Male	4	3		
Female		2		
Unknown				
Institutions Victimized		TOTAL	4	
Business Owned Building/Office/Property			**************************************	
Religious Organization Buildin	ig/Office/Property			
Federal Government Building/Office/Property				
Government of Guam Building/Office/Property				
Public or Private School Buildi	ng/Office/Property			
TVDEC OF GENARO				
TYPES OF SERVICES PROVIDED		TOTAL		
Crisis Counseling		120		
Follow-up Contact Therapy		10		
Group Treatment/Support Shelter/Safe House		I		
Information & Referral (In- Person)		5		
Criminal Justice Support/Advocacy		180 (Outreach)		
Assistance in Filing Compensat				
Emergency Financial Assistance	AUII CIAIIIIS			
Emergency Legal Advocacy	<b>Y</b>			
Personal Advocacy				
Telephone Information & Refer	***			
Other: (specify)	iai	102		
Other: (specify) Other: (specify)				



# SANCTUARY, INCORPORATED OF GUAM

"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



#### **Transmittal Form**

Date:	October 15, 2015		ice of the Speaker h T. Won Pat, Ed.D
To:	HONORABLE JUDITH T. WON PAT	1111111	n i. won fat. E.u.o
	Speaker	*);;;;;:	10-15-15
	33 rd Guam Legislature	TINC:	4:40Pm
Enclo	sed herewith are the following documents:		in the first terms of the first
2.	FY2015 4 th quarter list of expenditures ove FY2015 4 th quarter list of appropriations/ex FY2015 4 th quarter progress report	r \$5,000 spenditure report	
Purpo	ose/Action Needed:		
	☐ Needs your approval on the above		
	Needs reply or comment		
	To fulfill your requirement		
	Other: In compliance with Public Law 2 receive funding through a Government of G	-	s for all our programs
	receive randing through a concention of c	out agency	
Sense:	ramente,		
-	Maunit		
There	sa C. Arriola		
Execu	ttive Director		
	NOWLEDGEMENT		
Recei	pt of the above is hereby acknowledged:		
Print	Name:	Signature:	***************************************
Data		Tima	



# SANCTUARY, INCORPORATED OF GUAM

#### "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

October 15, 2015

HONORABLE JUDITH T. WON PAT Speaker 33rd Guam Legislature 155 Hessler Place Hagatna, GU 96910

Håfa 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 of Guam has existing contracts with the following Government of Guam agencies: Department of Public Health and Social Services, Guam Behavioral Health and Wellness Center, Department of Youth Affairs, Guam Housing and Urban Renewal Authority, 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 July 1, 2015 through September 30, 2015.

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.

Senseramente,

Theresa C. Arriola 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

FEDERAL FINANCIAL REPORT

			(Follow form in	nstructions)			
Federal Agency and O     to Which Report is Sub		2. Federal Grai	nt or Other Idei	ntifying Number Assigr	ned by Federal Agency	Page	of 1
Corporation for Natio	nal and Community Service		10AC12007	75		-	-
3. Recipient Organization	(Name and complete address incli	uding Zip code)	**************************************		//////// / / / / / / / / / / / / / / /		page
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			~~~~		o Final	Cash X A	ccrual
 Project/Grant Period From: (Month, Day, Ye 	ar)	To: (Month, Day	v. Year)		 Reporting Period Enc (Month, Day, Year) 	i Date	· · · · · · · · · · · · · · · · · · ·
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(Use lines a-c for single or	multiple grant reporting)					Cumbiante	v=1
Federal Cash				0.7/// mb	A	***************************************	**************************************
a. Cash Receipts					**************************************		**************************************
b. Cash Disbursement							\$0,00
c. Cash on Hand (line						***************************************	\$0.00
(Use lines d-o for single gra Federal Expenditures ar				***************************************	······································		
d. Total Federal funds						***************************************	\$450.012.00
e. Federal share of exp						//************************************	\$222,288,42
f. Federal share of uni		***************************************					\$0.00
g. Total Federal share h. Unobligated balance	soff Federal funds (line d minus g)	·//***					\$222,288.42
Recipient Share:						//////////////////////////////////////	\$227,723.58
i. Total recipient share		***************************************			**************************************	**************************************	\$15,319,00
j. Recipient share of e	xpenditures share to be provided (line i minus i)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$6,466.98
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a. Type	b. Rate	c. Period From	Period To	ld. Base	e. Amount Charged	f. Federal Sha	\$0.00
11. Indirect N/A	N/A	N/A	N/A	N/A		0	ле ()
Expense	**************************************	· ^ >> ~ =					***************************************
12. Remarks: Attach any e	explanations deemed necessary or	information required	g. Totals:	Lancarian anangy in an	Palanca with an ingina lan	valation.	
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13. Certification: By sign	ning this report, I certify that it is	true, complete, and	d accurate to	the best of my knowle	edge. I am aware that		
any false, fictitious, o	r fraudulent information may sub	niect me to criminal				ion 1001)	
 Typed or Printed Name : 	and Title of Authorized Certifying O	fficial	······································		c. Telephone (Area code	a, number and extension	on)
	$\mathcal{O}_{A, a}$				(671) 475-710		•
Theresa C Arriola, Execut	ive Director				d. Email address		7,000
Signature of Authorized	Costibutes Official	-		ž 2	e. Date Report Submitte	ictuaryguam.org	***************************************
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Expiration Date: 10/31/2011

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 eviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding he 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 ³roject (0348-0060), Washington, DC 20503,







REIMBURSEMENT FORMULA GRANT REQUEST FORM

FROM: SANCTUARY, INCORPORATED AC PROGRAM NAME: AYUDA PARA I KOMUNIDAT

ADDRESS: 406 MAI MAI ROAD

CHALAN PAGO, GUAM 96910

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1	AM PERIOD:			PERIOD CLAI			
	2014-2015 Sep-15						
REQUEST NUMBER: 2015-07 (PY 2 ACCOUNT NUMBER: 5101H	.014-2015)		FINAL CLAIM:	YES	NO		
ACCOUNT MOMBER: 2101H				_			
					ATTACH CNCS EMAIL:		
DEPT. OF ADMIN.	AMOUNT	AS400 PMT	CHK NUMBER	CNCS HHS DTE APPROVED	HHS AMOUNT APPROVED		
FUNDS REQUESTED	36,465.65						
GRANT AWARD	\$ 450,012.00						
LESS: PREVIOUSLY REQUESTED:	\$ 185,822.77						
SUB-TOTAL	\$ 264,189.23						
LESS: AMOUNT OF THIS REPORT	\$ 36,465.65						
GRANT BALANCE:	\$ 227,723.58						
□PROGRAM REPORTS are due on/ □FISCAL REPORTS are due on/ or L □FFR's are due on/ or before the 1	before the 10th of ed	ach MONTH for co	mpliance.	nbursement.			
purposes set forth and in the Gra no PROGRAM	nt Award. I understo	and that failure to	comply in submitting	on time due to late and ch le possibile withholding o	expenditures are approved and signed for pronic reporting will result on one warning f payment.		
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SGC EXECUTIVE D	SGC EXECUTIVE DIRECTOR/ DATE:						
	Doris M. Aguon						







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0.00

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5GC - Standard Operating Procedures - Process Instructions

□Step: 1 - Program Director/Fiscal are to fill out Periodic Expense Report(Sections 6, 11, (II))Program Director to submit with Reimbursoment Cover and supporting

Step: 2 - SGC to review for compliance, stamp, date and sign, for reimburstment processing

Avudo Para i Komunidat -14AFHGU0010002 CNCS PROGRAM **BUDGET YTD** 1ST BUDGET BUDGET MOD TOTAL Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 TOTAL BAL Section I **CNCS SHARE** Mar-15 Арт-15 May-15 Jun-15 Jul-15 A Personnal 2.374.56 17.809.20 31,790.00 2,374.56 3,561.84 2,374.56 2,374.56 2,374.56 2,374.56 13,000 31,790.00 Program Director 27,810.00 27,810.00 2,056.00 3,084.00 2,056.00 2,056.00 2.056.00 2,056.00 2,056.00 15.420.00 Program Coordinator 11,568,00 100 20,651.00 20,651.00 1,928.00 2,892.00 578.40 1,542.40 1,542.40 1,542.40 1,542.40 Admin Asst 80.251.00 80,251.00 6,358,56 9,537.84 5,008.96 5,972.96 5.972.96 5,972.96 5,972,96 0.00 0.00 0.00 0.00 0.00 0.00 44,797.20 35,453,80 Total - Personnel 0.00 **B** Fringe 3.677.32 383.19 456.94 456.94 456.94 707.25 1.00 FICA 6,140.00 6,140.00 486,42 729,64 5.160.00 0.00 300.48 450.72 751.20 375.60 375.60 375.60 2,629,20 5,160.00 Health insurance 74.34 Workers Comp 241.00 241.00 0.00 6.47 30.70 12.39 12.39 0.00 12.39 1000 Total - Fringe 1,220.53 844.93 832.54 1,095.24 0.00 0.00 0.00 0.00 0.00 6,380.86 5,160.14 11.541.00 0.00 11,541.00 486.42 1,036.59 864.61 0.00 S/Total (A/B) 91,792.00 91,792.00 6,844.98 10,574.43 5,873.57 7,193.49 6.817.89 6.805.50 7.068.20 0.00 0.00 0.00 0.00 0.00 0.00 51,173.06 40,613.9 E Supplies: 954.19 11 1.276.00 781.00 0.00 Program-Office Supplies / Materials 2,400.00 3,676.00 64.42 22.87 85.90 0.00 0.00 2,100.00 92.29 125.40 130.12 84.60 131.24 88.45 83.50 795,60 Gasoline 2,100.00 0.00 0.00 Service Gears 3,240.00 -140.00 3,100.00 0.00 0.00 0.00 0.00 0.000.00 7,748,60 8,876,00 156.71 148.27 216.02 865.60 131.24 83.45 83.50 0.00 0.60 0.00 0.00 0 DO 0.00 1,689.79 7,186.21 1,136.00 F Contractual: 1,130.18 Xerox Equipment Lease 780.00 2,025.00 2,805.00 276.14 174.99 0.00 230.63 0.00 0.00 448.42 11 ... 0.00 280.34 299.98 373.91 0.00 0.00 0.00 954.23 Internet Service 1,464.00 1,464.00 625.00 625.00 625.00 4,375.00 v. 135. 1,250.00 625.00 625.00 Vehicle Lease 7,500.00 7,500.00 0.00 4.200.00 284.40 181.63 372.20 322.80 1,161.03 Cell Phone / Telephone 4.200.00 0.00 0.00 0.0015,969.00 1.810.54 S/Total -Contractual 19.944.08 2,025.00 1,261.96 924.98 976,74 625,00 947.80 1.073.42 0.00 0.00 0.00 0.00 0.00 0.80 7,620,44 8,348.56 G 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 0.00 0.00 0.00 0.00 0.00 U.Ü 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 0.00 8.00 0.00 0.00 0.00 0.00 10.00 Member Training: 0.00 a aa 0.00 0.00 0.00 o on 5/Total - Training 0.00 0.00 0.00 **Total - Training** 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 H Evaluation 500.00 0.00 500.00 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 0.00 500.00 Total - Eval 500.00 0.00 500.00 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 0.00 500.00 Other Program Operating Costs: 414.00 FBI Check 1,080.00 -666.00 414.00 0.00 0.00 0.001 0.00 0.00 0.00 414.00 1,100.00 1.100.00 Drug Testing 1,620.00 -520.00 1,100.00 0.00 0.00 0.00 0.00 0.00 0.00 CPR / 1st Aid Training 2,160.00 -1,918.00 242.00 0.00 0.00 0.00 0.00 0.00 242.00 0.00 242.00 CNCS or Serve Guam Commission Mtg. 1,920.00 0.00 1,920.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Advertisement (banner) 275.00 -57.00 218.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 S/Total - OPOC 7,055.00 -3.161.00 3,894.00 0.00 0.00 0.00 0.00 0.00 242.00 1,514.00 0.00 0.00 0.00 0.00 0.00 0.00 1,756.00 2,138.00 121,031.00 8,083.75 62,244.29 Section I - Grand Total 0.00 121,031.00 8,812.23 11,984.66 7,014.57 9,035.83 7,574.13 9,739.12 0.00 0.00 0.00 0.00 0.00 0.00 58,786.73 100.00% 100.00% 100.00% #DIV/0! 100.00% 100.00% 100.00% 100.00% 100.00% 100.00% 51.43% 48.57 Section III

A Living Allowance Half Time

B Member support Cost

S/Total

23,029.38 23,262.00

24,715.50 24,715.50

24,715.50 24,715.50

0.00

0.00

0.00

0.00

0.00

147,596,64

147,596,64

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154,803,36

30,240.60 21,633.66 23,029.38 23,262.00

21,633.66



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SANCTUARY INCORPORATED - AYUDA PARA I KOMUNIDAT

	PROGRAM	BUDGET MODIFICATI	BUDGET														PROGRAM	CNCS BUDGET YTD
ection)	SHARE	ON	TOTAL	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	TOTAL	BAL
APersonnel	-										<u> </u>							
Program Director	5,609.00		5,609.00	419.04	628.56	419.04	419.04	419.04	419.04	419.04						·	3,142.80	
Administrative Aide	5162.00		5162.00	0.00	0.00	1349.60	385.60	385.60	385.60	385.60		Ì					2892.00	
Program Coordinator	0.0		0.0	0.0	0.0	0.0	- 1	0.0	0.0	0.0			}				0.0	1.
Total - Personnel	10,771.00	0.00	10,771.00	419.04	628.56	1,768.64	804.64	804.64	804.64	804,64	0.00	0.60	0.00	0.00	0.00	0.00	6,034.80	4,716.2
B Fringe							j					ļ					17.00	
FICA	823.00		823,00	32.06	48.08	105.80	61.56	61.56	51.56	61.56		}				_	432,18	8903
Health Insurance	0.90		0.00	0.00	0.00	0.00	0.08	0.00	0.00	0.00		Ì	,				0.60	10.0
Worker's Compensation	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							0.00	0.0
Total - Fringe	823.00	0.00	823.00	32.06	48.08	105.80	61.55	61,56	61.56	61.56	0.00	0.00	0.00	0.00	0.00	0.00	432.18	390.6
S/Total (A/B)	11,594.00	0.00	11,594.00	451.10	676.64	1,874.44	866.20	866.20	866.20	866.20	0.00	0.00	0.00	0.00	0.00	0.00	6,466.98	5,127.0
Section I - Total	11,594.00	0.00	11,594,00	451.10	676.64	1,874,44	866.20	866.20	866,20	866.20	0.00	0.00	0.00	0.00	0.00	9.00	1,406,98	5,127.0
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	A SALAH MANAGEMENTAN AND AND AND AND AND AND AND AND AND A		55.00.5550.00.5550.00.5550.00	***************************************			100.00%	100.00
ection III														_				
Corporation Fixed Percentage]																0.00	0.0
S/ Total												1		1			0.00	
Federally Approved Indirect Cost	3,725.00	0.00	3,725.00	0.00	0.00	0.00	0.00	0.00	0.00	9.00	0.00	0.00	0.00	0.00	0.00		0.00	
S/ Total	3,725.00	0.00	3,725.00	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	
Section III - Total	3,725,00	0.00	3,725,001	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	
	100.00%		100.00%	#DIV/01	#DIV/01	#DIV/01	#OIV/01	#DIV/0!	#DIV/01	#DIV/0!					***************************************		0.00%	100.00
BUDGET TOTAL	15,319.00	0.00	15,319.00	451.10	676.64	1,874.44	866.20	866.20	866.20	866.20	0.00	0.00	0.00	0.00	0.00	0.00	·	
	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100,00%	100.00%							42.22%	57.78
PER Total:	15,319.00	0.00	15,319.00	451.10	676.64	1,874.44	866.20	866.20	866.20	866.20	0.00	0.00	0.00	0.00	0.00	0.00	6.466.98	

Attachment 2

Sanctuary, Incorporated of Guam Foster Care Program

Reporting Agency

Department of Public Health and Social Services

Reports

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



SANCTUARY, INCORPORATED OF GUAM

"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



October 9, 2015

To:

JAMES GILLAN, Director

Department of Public Health and Social Services

123 Chalan Kareta Mangilao, Guam 96913

Re:

Program report

Mr. Gillan:

Attached is the quarterly program status report for July 1, 2015 through September 30, 2015. Should you have any questions, please feel free to contact myself at 475-7101 ext. 101 or Helen Onedera at 475-7101 ext. 104.

Sincerely,

Theresa C. Arriola, Executive Director

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Foster Care Payments

Bureau of Social Service, Division of Public Health Welfare

Department of Public Health and Social Service

Report Period: July 1, 2015 – September 30, 2015

Sanctuary, Incorporated of Guam 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 \$779.43 per child for a full month or a pro-rated amount thereof.

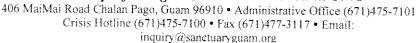
The clients referred to Sanctuary for foster care from DPHSS for this period were:

Month	Full	Partial
July 2015	3	4
August 2015	6	2
September 2015	4	5
Total:	13	11



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971



www.sanctuaryguam.org



October 12, 2015

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

Dear Mr. Gillian:

Hafa Adai! The information provided below is for the Foster Care Program (4th Quarter of Fiscal Year 2015) from July 1, 2015 thru September 30, 2015.

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.

Sinceramente.

Theresa C. Arriola Executive Director

Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2015 (July 1, 2015 - September 30, 2015) 4th Quarter Expenditure Report Department of Public Health and Social Services Foster Care

Fund	Co	ontract Amount	Object Class	ification	E	xpenditure
General	\$	40,680.14				
			Salary	\$		7,487.20
			Benefits			548.73
			Travel			0.00
			Contractual			3,000.00
			Supplies & Ma	aterials		7,000.00
			Equipment			0.00
			Utilities			148.26
			Miscellaneous	;		3,500.00
			Grand Total	\$	\$	21,684.19

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2015 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

THERESA C. ARRIOLA EXECUTIVE DIRECTOR

DATE: 10/15/15



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



October 1, 2015

To: MARYGRACE ROSADINO

Prevention and Training Acting Supervisor

PEACE Office

Guam Behavioral Health and Wellness Center

790 Governor Camacho Rd.

Tamuning, GU 96913

Re:

GBHWC Crisis Hotline Monthly Report

Dear Ms. Rosadino:

Attached is the Crisis Hotline Monthly Report for the period of September 1 to September 30, 2015. Should you have any questions, please contact me at 475-7101.

Sincerely,

Theresa C. Arriola Executive Director

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Sanctuary LogoSanctuary, 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



			9/30/2015
Grace Rosadino Guam Behavioral Health & Wellness Center (GBHWC) PEACE Office COSTS INCURRED BY CATEGORY	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	\$1456001 231014107230 P156A00931 CRISIS-2015-09 AMOUNT	
1. Personnel		\$ 2,449.00	
2. Fringe Benefits		400.00	
3. Contractual		100.00	
5. Supplies		50.00	
6. Utilities		0.00	
6. Miscellaneous (Training)		0.00	
	COSTS INCURRED BY CATEGORY 1. Personnel 2. Fringe Benefits 3. Contractual 5. Supplies 6. Utilities	PEACE Office Purchase Order No. Invoice No. COSTS INCURRED BY CATEGORY 1. Personnel 2. Fringe Benefits 3. Contractual 5. Supplies 6. Utilities	PEACE Office Purchase Order No. Invoice No. P156A00931 CRISIS-2015-09 COSTS INCURRED BY CATEGORY AMOUNT 1. Personnel \$ 2,449.00 2. Fringe Benefits 400.00 3. Contractual 100.00 5. Supplies 50.00 6. Utilities 0.00

TOTAL AMOUNT REQUESTED:

2,999.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the CRISIS HELPLINE PILOT PROJECT and that this is a true and certified original.

> Ed Laifant EDWARD H. TAITANO

7/30/15 Date

Interim Executive Director

Recommended for payment: I certify Invoice No. CRISIS-2015-09 to be true and correct; and that services for September 1-30, 2015 have been rendered; and payment for this period is due.

Grace Rosadino

Prevention & Training Acting Supervisor



SANCTUARY, INCORPORATED





GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER (GBHWC)

CRISIS HOTLINE MONTHLY REPORT

REPORTING MONTH OF: September 2015 SUBMITTED BY: Mark Mesngon, Project Assistant DATE OF REPORT: October 1, 2015

I. Total number of calls for reporting period: 91

II. Nature of calls:

Sex: 47.7% of callers were females and 25.3% were males.

Sex

		Frequency	Percent	Valid	Cumulative
				Percent	Percent
	Male	23	25.3	25.3	25.3
Valid	Female	68	47.7	47.7	47.7
	Total	91	100	100	100
Total			100.0		

Minor/Adult: 100% of callers were adults.

Minor/Adult

	Frequency	Percent	Valid Percent	Cumulative Percent
Minor	1	1	1	1
Adult Valid	90	99	99	99
Total	91	100.0	100.0	

Suicide: 5.5% of callers were recorded as suicidal during the time of the call.

SI

		Frequency	Percent	Valid	Cumulative
				Percent	Percent
	Yes	5	5.5	5.5	5.5
Valid	No	86	94.5	94.5	94.5
	Total	91	100.0	100.0	

Suicidal Callers by Sex

		S	Total	
		Yes	No	·
Ć	Male	0	23	23
Sex	Female	5	63	68
Total		5	86	91

Caller State: 56.0% of callers reported feelings of confusion during the call. The most common subsequent calls were made by individuals who reported feeling Overwhelmed (43.9%), Depression (29.6%), Helplessness (26.4%), and/or Anxiety (19.8%).

Caller State	Frequency:
Anger	9 (9.9%)
Depression	27 (29.6%)
Confusion	51 (56.0%)
Anxiety	18(19.8%)
Helpless	24(26.4%)
Hopelessness	16 (17.6%)
Overwhelmed	40(43.9%)
Other	1 (1.0%)

Current Issues: Most common current issues reported by callers were related to Depression (12.0%), Anxiety (10.9%), Significant Other (8.8%), or Prescription Medication (8.8%).

Current Issues:	Frequency (%)
Parent	1 (1.0%)
Child	3 (3.4%)
Significant Other	8 (8.8%)
Other - Interpersonal	6 (6.6%)
Loss/Bereavement	1 (1.0%)
Alcohol	4 (4.4%)
Tobacco	0 (0%)
Drugs	0 (0%)
Prescription Meds	8 (8.8%)

Depression	11 (12.0%)
Anxiety	10 (10.9%)
Hallucinations	6 (6.6%)
Physical Health/Medical	0 (0.0%)
Sexual Abuse	1 (1.0%)
Physical Abuse	7 (7.7%)
Family Violence	1 (1.0%)
Legal Issues	2 (2.1%)
Employment Issues	3 (3.4%)
Financial Issues	5 (5.5%)
Housing	4 (2.1%)
Request Information	39 (42.9%)
Other	0(0.0%)

III. Referrals made:

Most common referrals were to AIU, GBHWC Main Facility, and Healing Hearts

Referral:	Frequency:
GBHWC	10
AIU	25
Medication Clinic	3
GPD	1
CIU	2
CPS	2
Healing Hearts	7
AIMFT	4
New Beginnings	1
Sanctuary	3
I Famagu'on-ta	1
Dededo Mayor Office	1
VARO	2

IV. Significant during reporting period:

- 1. 47.7% of callers were female.
- 2. 25.3% of callers were male.
- 3. 99% of the calls made were from adults and 1% was made from minor.
- 4. 5.5% of individuals indicated that they were suicidal at the time of calling; most callers wanted to talk to nurse at AIU or were referred to the GBHWC for further assessment.
- 5. 56.0% of callers reported feelings of confusion during the call. The most common subsequent calls were made by individuals who reported feeling Overwhelmed (43.9%), Depression (29.6%), Helplessness (26.4%), or Anxiety (19.8%).
- 6. Most common current issues reported by callers were related to Depression (12.0%), Anxiety (10.9%), Significant Other (8.8%), or Prescription Medication (8.8%).
- 7. Most calls received continue to come from people requesting for information or referrals.
- 8. Most common referrals continue to be made to AIU, GBHWC Main Facility, and Healing Hearts

V. Challenges during reporting period:

1. Frequent callers using crisis hotline as a means to receive some sort of counseling and not wanting to attend professional counseling sessions at GBHWC.

VI. Recommendations for improving crisis hotline:

- 1. Attend more training to better serve clients with mental health needs.
- 2. Create an SOP for Crisis Hotline.
- 3. Provide updated community resource directory or updated numbers for Crisis Worker references.



SANCTUARY, INCORPORATED OF GUAM

"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



September 2, 2015

To: BARBARA BENAVENTE, Prevention and Training Supervisor

PEACE Office

Guam Behavioral Health and Wellness Center

790 Governor Camacho Rd. Tamuning, GU 96913

Re: Crisis Hotline Monthly Report

Dear Mrs. Benavente:

Attached is the Monthly Program Status Report for GBHWC's Crisis hotline for the period of August 1 to August 31, 2015. Should you have any questions, please contact me at 475-7101.

Si Yu'os Ma'åse',

Edward Taitano, Acting Executive Director

Ed Landon

Leceviel Amy 9/2/15



Sanctuary LogoSanctuary, 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



FROM: SANCTUARY, INCORPORATED Address: DATE: 406 Mai Mai Road 790 Gov. Carlos G. Camacho Rd. Chalan Pago, GU 96910 Tamuning, Guam 96913 8/31/2015 Vendor Acct. No. S1456001 TO: Barbara Benavente Document No. Guam Behavioral Health & Wellness Contract No. Center (GBHWC) Job Order No. 231014107230 PEACE Office Purchase Order No. P156A00931 Invoice No. CRISIS-2015-08 COSTS INCURRED BY CATEGORY AMOUNT 1. Personnel \$ 2,449.00 2. Fringe Benefits 400.00 3. Contractual 100.00 5. Supplies 50.00 6. Utilities 0.00 6. Miscellaneous (Training) 0.00

TOTAL AMOUNT REQUESTED: \$

\$ 2,999.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the CRISIS HELPLINE PILOT PROJECT and that this is a true and certified original.

EDWARD TAITANO
Interim Executive Director

8/31/15 Date

Recommended for payment: I certify invoice No. CRISIS-2015-08 to be true and correct; and that services for August 1-31, 2015 have been rendered; and payment for this period is due.



SANCTUARY, INCORPORATED





Website: www.sanctuaryguam.org * E-mail: inquiries@sanctuaryguam.org

GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER (GBHWC) CRISIS HOTLINE MONTHLY REPORT

REPORTING MONTH OF: AUGUST 2015

SUBMITTED BY: CASE MANAGER/TIFFANY PAULINO

DATE OF REPORT: September 1, 2015

I. Total number of calls for reporting period: 54

II. Nature of calls:

Sex: 61.2% of callers were females and 38.8% were males.

Sex

		Frequency	Percent	Valid	Cumulative
				Percent	Percent
	Male	21	38.8	38.8	38.8
Valid	Female	33	61.2	61.2	61.2
	Total	54	100	100	100
Total			100.0		

Minor/Adult: 100% of callers were adults.

Minor Adult

	Frequency	Percent	Valid Percent	Cumulative Percent
Minor	0	0	0	0
Adult Valid	54	100	100	100
Total	54	100.0	100.0	

. Suicide: 7.4% of callers were recorded as suicidal during the time of the call.

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		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	4	7.4	7.4	7.4
Valid	No	50	92.6	92.6	92.6
	Total	54	100.0	100.0	

Suicidal Callers by Sex

		SI		Total
		Yes No		
	Male	2	19	21
Sex	Female	3	30	33
Total		5	49	54

Caller State: 46.2% of callers reported feeling confusion during the time of the call. The most common subsequent calls were made by individuals who reported feeling overwhelmed (37.1%), depression (31.4%), anger (25.9%), and/or helpless (22.2%).

Caller State	Frequency:
Anger	14 (25.9%)
Depression	17(31.4%)
Confusion	25(46.2%)
Anxiety	5(9.3%)
Helpless	12(22.2%)
Hopelessness	11 (20.4%)
Overwhelmed	20(37.1%)
Other	0 (0.0%)

Current Issues: Most common current issues were callers having issues with their other interpersonal relations (27.7%), issues with significant other (14.8%) and prescription medication (16.6%).

Current Issues:	Frequency (%)
Parent	0(0%)
Child	2(3.7%)
Significant Other	8(14.8%)
Other - Interpersonal	15(27.7%)
Loss/Bereavement	0(0.0%)
Alcohol	1(1.9%)
Tobacco	1(1.9%)
Drugs	0(0%)

Prescription Meds	9(16.6%)
Depression	6(11.1%)
Anxiety	0(0.0%)
Hallucinations	7(12.9%)
Physical Health/Medical	8(5.7%)
Sexual Abuse	1(1.9%)
Physical Abuse	0(0.0%)
Family Violence	4(7.4%)
Legal Issues	1(1.9%)
Employment Issues	4(7.4%)
Financial Issues	7(12.9%)
Housing	6(11.1%)
Request Information	40(74.1%)
Other	0(0%)

III. Referrals made:

Most common referrals were GBHWC Main Facility, AIU, and Healing Hearts

Referral:	Frequency:
GBHWC	20
AIU	8
Healing Hearts	6
GBHWC medication Clinic	2
Guam Homeless Coalition	1
Guam Police Department	1
Attorney General's Office	1
ADC	1

IV. Significant during reporting period:

- 1. 61.2% of callers were female.
- 2. 38.8% of callers were male.
- 3. 100% of the calls were from adults.
- 4. 7.4% of individuals indicated that they were suicidal at the time of calling; ASIST Training was conducted with majority of these calls referred to GBHWC for further assessment
- 5. 46.2% of callers reported feeling confused during the time of the call. The most common subsequent calls were made by individuals who reported feelings of being overwhelmed (37.1%), depression (31.4%), anger (25.9%), and helpless (22.2%).
- 6. Most common current issues were callers having issues with other inter-personal relations (27.7%), medication (16.6%), and significant other (14.8%).
- 7. Most calls received are from individuals requesting for information or referrals.
- 8. Most common referrals are to GBHWC Main Facility, Healing Hearts, and GBHWC's Adult Intake Unit.

V. Challenges during reporting period:

1. Frequent callers using crisis hotline as a means to receive some sort of counseling and not wanting to attend professional counseling sessions at GBHWC.

VI. Recommendations for improving crisis hotline:

- 1. Attend more training to better serve clients with mental health needs.
- 2. Create an SOP for Crisis Hotline.
- 3. Create an updated community resource directory for Crisis Worker reference.



Sanctuary LegeSanctuary, 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



FROM:	SANCTUARY, INCORPORATED 406 Mai Mai Road Chalan Pago, GU 96910	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913		DATE: 7/31/2015
TO:	Barbara Benavente Guam Behavioral Health & Wellness Center (GBHWC) PEACE Office COSTS INCURRED BY CATEGORY	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.	S1456001 231014107230 P156A00931 CRISIS-2015-07 AMOUNT	
	1. Personnel		\$ 2,449.00	
	2. Fringe Benefits		400.00	
	3. Contractual		100.00	
	5. Supplies		50.00	
	6. Utilities		0.00	
	6. Miscellaneous (Training)	-	0.00	

TOTAL AMOUNT REQUESTED:

\$ 2,999.00

I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the CRISIS HELPLINE PILOT PROJECT and that this is a true and certified original.

EDWARD TAITANO

Interim Executive Director

Recommended for payment: I certify Invoice No. CRISIS-2015-007 to be true and correct; and that services for July 1-31, 2015 have been rendered; and payment for this period is due.

Barbara Benayente
Prevention & Training Supervisor

Deid My Steves



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



GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER (GBHWC)

CRISIS HOTLINE MONTHLY REPORT

REPORTING MONTH OF: JULY 2015

SUBMITTED BY: CASE MANAGER/ TIFFANY PAULING

DATE OF REPORT: August 10, 2015

- I. Total number of calls for reporting period: 134
- II. Nature of calis:

Sex: 69.3% of callers were females and 26.4% were males.

Sex

		Frequency	Percent	Valid	Cumulative
				Percent	Percent
	Male	37	26.4	26.4	26.4
Valid	Female	97	69.3	69.3	69.3
	Total	134	100	100	100
Total			100.0		

Minor/Adult: 100% of callers were adults.

MinorAdult

17411104 2 804000					
	Frequency	Percent	Valid	Cumulative	
			Percent	Percent	
Minor	3	2.3	2.3	2.3	
Adult Adult	131	92.9	97.7	97.7	
Valid			:		
Total	134	100.0	100.0		

Suicide: 5% of callers were recorded as suicidal during the time of the call.

SI

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	8	5.7	5.7	5.7
No Valid	126	94.3	94.3	94.3
Total	140	100.0	100.0	

Suicidal Callers by Sex

		SI		Total
		Yes	No	
c	Male	4	33	37
Sex	Female	4	93	97
Total		8	126	134

Caller State: (28.6%) of callers reported feeling overwhelmed during the time of the call. The subsequent most common caller states included anger (20.0%), Anxiety (20.0%), helpless (20.0%), and Confusion (18.6%).

Caller State	Frequency:
Anger	28 (20.0%)
Depression	19(13.6%)
Confusion	26(18.6%)
Anxiety	28(20.0%)
Helpless	28 (20.0%)
Hopelessness	25 (17.9%)
Overwhelmed	40 (28.6%)
Other	0 (0.0%)

Current Issues: Most common current issues were callers having issues with their significant other (7.1%), having depression (7.1%), and having anxiety (4.3%).

Current Issues:	Frequency (%)
Parent	5(3.6%)
Child	2(1.4%)
Significant Other	10(7.1%)
Other - Interpersonal	5(3.6%)
Loss/Bereavement	3(2.1%)
Alcohol	4(2.9%)
Tobacco	0(0%)
Drugs	0 (0%)
Prescription Meds	1(0.7%)
Depression	10(7.1%)

Anxiety	6(4.3%)
Hallucinations	5(3.6%)
Physical Health/Medical	8 (5.7%)
Sexual Abuse	3(2.1%)
Physical Abuse	1(0.7%)
Family Violence	1(0.7%)
Legal Issues	0(0%)
Employment Issues	0(0%)
Financial Issues	1(0.7%)
Housing	2(1.4%)
Request Information	117(83.6%)
Other	0 (0%)

III. Referrals made:

Most common referrals were GBHWC Main Facility. Counseling Division, and AIU

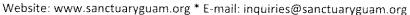
Referral:	Frequency:
GBHWC	47
GBHWC Counseling	38
AIU	31
Healing Hearts	7
GBHWC Medication Clinic	6
National Suicide Hotline	6
Guam Police Department	5
New Beginnings	4
I-Famagon-ta	3
Catholic Social Services	2
APS	2
GALA	2
Alee Shelter	2
VARO	2
Sanctuary Incorporated	2
Salvation Army	3
CPS	1
Lighthouse Recovery	1
Oasis Empowerment	1
Guam Memorial Hospital	1
DPHSS	1



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







Jaco Deitys

September 1, 2015

To: REY VEGA, Director

BENNY PINAULA, Deputy Director

DON P. SABANG, *Drug and Alcohol Supervisor* Guam Behavioral Health and Wellness Center 790 Governor Camacho Rd.

Tamuning, GU 96913

Re: Rehabilitation Services for Adolescent Report

Dear Mr. Vega, Mr. Pinaula, and Mr. Sabang:

Attached is the Monthly Program Status Report (Outpatient) for the period of August 1 to August 31, 2015. Should you have any questions, please contact me at 475-7101.

Si Yu'os Ma'åse',

Edward Taitano, Acting Executive Director



Sanctuary LogoSanctuary, 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



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd.	DATE:
	Frogram - Sagan Na Homio	Tamuning, Guam 96913	8/31/2015
TO:	Mr. Rey Vega Director	Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013	(0)
	Guam Behavioral Health & Wellness Center (GBHWC)	Job Order No. Purchase Order No.	(Outpatient)
	COSTS INCURRED BY CATEGORY	Invoice No. DMHSA-2015-0	8
	1. Personnel	\$ 5,719.69	
	2. Fringe Benefits	675.00	
	3. Contractual	112.50	
	4. Other	98.44	
	5. Supplies	281.25	
	6. Utilities	613.13	

TOTAL PAYMENT REQUEST:	\$ 7,500.00
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I CERTIFY that the costs in this Request for Payment are accurate and eligible under the provisions of the Drug & Alcohol Residential Treatment Program - Saga Nat Homlo and that this is a true and certified original.

> Ed Sanfarr Edward H. Taitano

Sanctuary, Incorporated

Interim Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2015-08 to be true and correct; and that services for August 1-31, 2015 been rendered; and payment for this period is due.

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	August 1, 2015 through August 31, 2015	
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report	
In narrative form, state how the activities from II.1a to II.1c were implemented and addressed. • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff In narrative form, state how the activities from II.1d to II.1e were implemented and addressed. • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models	Program staffs continue to work with I Famagu'on-ta (GBHWC) in the coordination of mental health services for qualifying youth, as well as, works with Department of Youth Affairs (DYA), Guam Public School System (GPSS), Juvenile Drug Court (JDC), National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT). Sanctuary, Incorporated of Guam (Sanctuary) staff was active in the preparation and coordination of Recovery Month activities and fund-raisers to support Recovery Month activities scheduled for the month of September. Sanctuary has been utilizing The Matrix Model for Teens & Young Adults, an organized set of evidence-based therapeutic interventions. The program consists of research-based techniques integrated into an approach that includes individual, family, and group sessions, introduction to Twelve Step programs, parent substance abuse education, and adolescent substance education. The Matrix Model for Teens & Young Adults integrated several treatment approaches in the program to include motivational interviewing and contingency management by hosting several youth and parent clean and sober activities, incentives for clean urine tests for youth, and acknowledging graduates from the outpatient program with incentives such as movie passes, gas coupons, and department store gift certificates	
 II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues. In narrative form, state how the activities from II.1g to II.1j were implemented and addressed. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug abuse Determine appropriateness and eligibility for admission or referral Experienced with the ASAM PPC for Level I and Level II Determine any coexisting conditions that indicate the need for additional professional assessment and services 	Sanctuary program staffs are presently developing a program utilizing AmeriCorps volunteers who are bilingual as interpreters. The volunteer interpreter program is currently in its development stage. Psycho-educational group topics are adapted to use language and concepts that are culturally appropriate and sensitive to allow for a more enriched individual and group learning experience. Thus, experiential learning is incorporated through exercises and activities that include cultural references. Sanctuary staff utilize a Bio-psychosocial assessment that includes the use of the American Society of Addiction Medicine (ASAM) six dimensions for placement and to determine eligibility for admission and/or if a referral is needed for further assessment or evaluation. Ongoing Screening / Assessments continues throughout an adolescent's treatment program to determine Patient Placement Appropriateness.	

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	August 1, 2015 through August 31, 2015
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report
In narrative form, state how the activities from II.1k to II.1o were implemented and addressed. • Adhere to Territory and Federal laws, regulations, and agency policies governing alcohol and other drug abuse services • Demonstrate the proper skills to prepare reports and relevant records, integrating available information to facilitate the continuum of care • Chart pertinent ongoing information pertaining to client • Utilize relevant information from written documents for client care • Adhere to Federal Laws including 42 C.F.R. Part II and HIPPA of 1996	Program staff participates in 42 C.F.R. part II and HIPAA workshops annually and whenever offered. Staff ensures that all information collected for client is secured behind two (2) locks at all times. Each individual, group, or family session and treatment plan is documented in client file.
II.2a Provide services for a minimum of 12 adolescents at any given time for Level 1 Outpatient Services.	Level I Outpatient program "Pathways" provided services to three (3) youth. There are six (6) adolescents on a waiting list pending PPD clearances and orientation. Program staff continues to work with DYA social workers, I Famagu'on-ta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics, or free outreach immunization clinics. Sanctuary is also exploring partnerships with private medical facilities to provide PPD shots and clearances.
In narrative form, state how the activities from II.2b to II.2d were implemented and addressed. Relevant alcohol, tobacco and other drug use/abuse information Assist them to make rational decisions	The Group lesson/activity included Daily Schedule and Calendars, Relapse Justifications in Dealing with Problems, Thought-Stopping Techniques, External Triggers, Relapse Warning Signs, SMART Goals, Making the Link, Trigger-Thought-Craving-Use, Dealing with Feelings of Depression, Watched the movies, <i>Inside Out</i> , <i>Escape Plan</i> , <i>Users in my Home</i> , <i>Lifestyle Changes</i> , <i>Substance Abuse Influences</i> , and Having Fun in Recovery.
 Build social skills to prevent substance related problems from re-occurring. Information about available alcohol, tobacco and drug resources in the Territory of Guam and off-island 	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; and are guided in recognizing and planning events that are not associated with substance use; and are rewarded for meeting their goals with incentives.
 Information about the legal aspects that pertains to drug and alcohol related crimes 	Based on staff observation, the strength of the class 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

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	August 1, 2015 through August 31, 2015	
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report	
	to encourage each other and share their experience on what has helped them overcome obstacles, and helps debunk the belief that clients are "alone" in their addiction. The groups allow the parents and their child to practice new skills and learn information, build communication skills, and enhance the relationship between parent and child.	
II.2e Provide detailed provisions in making ASAM Level I Outpatient drug treatment groups accessible to clients, adding evenings and weekend schedules, that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	Weekly groups are held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents' work schedules. Parent education groups are held on Saturdays from 12:00 to 1:30. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics.	
II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs.	
II.2g Incorporate provisions that will continue providing at least a minimum of four (4) hours a week for treatment sessions utilizing the Matrix Model for Teens curriculum.	Sanctuary facilitates weekly groups utilizing the Matrix Model for Teens & Young Adults on Mondays from 3:30 to 5:30 and Saturdays from 10:00 to 1:30.	
II.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment plans.	Program staff make necessary referrals to GBHWC – I Famagu'on-ta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.	
II.2i Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staff is aware to give preference to this population. None has been identified during this reporting period.	
II.2j Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care, as applicable.	Program staff meet with clients individually to transition client towards next level of care, as needed. Assessing clients using the ASAM's six dimensions throughout their treatment is conducted to ensure that clients are in the appropriate level of care as they progress in the recovery process.	
H.3a Provide services for a minimum of 8 adolescents at any given time for Level II Intensive Outpatient Services.H.3b Provide detailed provisions for making ASAM	Level II Intensive Outpatient program "High Hopes" provided D&A treatment services to five (5) adolescents. There is presently one (1) adolescent on a waiting list who is pending PPD and orientation. Program staff are working with DYA social workers, I Famagu'on-ta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics. Additionally, Sanctuary is exploring forming partnerships with private medical facilities to assist with administering PPD tests and clearances. Weekly groups are held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to	

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	August 1, 2015 through August 31, 2015	
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report	
Level II Outpatient drug treatment groups accessible, adding evening and weekend schedules that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education group are held on Saturdays from 12:00 to 1:30 p.m. Program staff are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics. Free parenting classes and other community resources that are announced publicly that Sanctuary staffs are made notice of.	
II.3c Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs.	
In narrative form, state how the activities from II.3d to II.3e were implemented and addressed. • Minimum six (6) hours a week for treatment • Utilize Matrix Model for teens curriculum • Experience with necessary techniques for IOP	Weekly groups are held on Mondays from 3:30pm to 5:30pm and on Saturdays from 10:00am to 12:00pm. Adolescent-education groups are held on Saturdays from 12:00pm to 1:00 pm. Parent-education groups are held on Saturdays from 12:00pm to 1:30pm.	
	The Group lesson/activity were Weekly check-in, Daily Schedule and Calendars, Relapse Justifications in Dealing with Problems, Thought-Stopping Techniques, External Triggers, Making the Link, Trigger-Thought-Craving-Use, and Dealing with Feelings of Depression.	
	They also watched the following movies: <i>Inside Out, Escape Plan, Relapse Warning Signs, SMART Goals, Users in my Home, Lifestyle Changes, Substance Abuse Influences,</i> and <i>Having Fun in Recovery,</i> and various educational lecture videos to reinforce information taught during Psychoeducational Groups.	
	Participants explored 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.	
II.3f Provide provisions that will address clients needing	Sanctuary's current Clinical Director is a licensed Professional Counselor. Additionally, Sanctuary has	
psychiatric and medical services by consultation or referral arrangements.	a Memorandum of Understanding with two (2) private practitioners that are licensed Professional Counselors and lCRC Certified. The Clinical Director and the two practitioners provide consultation	

Rehabilitation Services for Adolescents	
Monthly Reporting Period:	August 1, 2015 through August 31, 2015
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report
	to program staff, as needed.
II.3g Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staff are aware to give preference to this population. None has been identified during this reporting period.
II.3h Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care.	Program staffs meet with clients individually to transition client towards next level of care as needed. Program staffs also utilize the ASAM's six dimensions to ensure transitions are clinically appropriate.
II3i Comply with Charitable Choice Regulations should applicant be a faith based organization. If a client objects to a religious character of the faith-based organization then the participating faith-based organization shall, within a reasonable time after the date of such objection, refer such individual to an alternative provider. The applicant shall keep all referral records that may be reviewed upon a program evaluation by GBHWC.	Sanctuary, Incorporated of Guam is not a faith-based organization.
Sanctuary Representative: Ed January Ed Taitano Position Title: Interim Executive Director Date: September 3, 2015	Position Title: CSTS TE Date of Submission: 9/1/15



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

August 1, 2015

T0:

Rey Vega

Director

Guam Behavioral Health and Wellness Center

Benny Pinaula Deputy Director

Guam Behavioral Health and Wellness Center

ATTN:

Don P. Sabang

Drug and Alcohol Supervisor

Guam Behavioral Health and Wellness Center

FROM:

Edward Taitano

Acting Executive Director Sanctuary, Incorporated

RE

Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Monthly Program Status (Outpatient Services) Report for the period of July 1, 2015 to July 30, 2015.

If you should have any questions, please feel free to contact me at 475-7101.

Si Yu'os Ma'ase',

Edward Taitano

Interim Executive Director



Sanctuary LogoSanctuary, 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



FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. (Tamuning Guam ge		DATE:
TO:	Mr. Rey Vega	Vendor Acct. No. Document No.	S1456001	7/01/2015
	Director Guam Behavioral Health & Wellness Center (GBHWC)	Contract No. Job Order No. Purchase Order No.	RFP 08-2013	(outpatient)
	COSTS INCURRED BY CATEGORY	Invoice No.	DMHSA-2014-0 AMOUNT)42
	1. Personnel		\$ 5,719.69	
	2. Fringe Benefits	10.000 A A A A A A A A A A A A A A A A A	675.00	
	3. Contractual	***************************************	112.50	
4. Other		TOTAL PARTY AND	98.44	
	5. Supplies		281.25	
	6. Utilities		613.13	
		ne novombra a a a a a a a a a a a a a a a a a a		

TOTAL PAYMENT REQUEST:

\$ 7,500,000

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

Edward Taitano

Sanctuary, Incorporated

Interim Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2014-042 to be true and correct; and that services for July 1-31, 2015 been rendered; and payment for this period is due.

Don Sabang D & A Supervisor

G. 5hy 7-21-15

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	July 1, 2015 through July 31, 2015	
Tersk/Activity	Sanctuary, Inc. Monthly Progress Report	
In narrative form, state how the activities from II.1a to II.1c were implemented and addressed. • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff	Program staffs continue to work with I' Famagu'onta (GBH&WC) in the coordination of mental health services for qualifying youth, as well as, works with Department of Youth Affairs (DYA), Guam Public School System (GPSS), Juvenile Drug Court (JDC), National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT).	
 In narrative form, state how the activities from II.1d to II.1e were implemented and addressed. Utilize evidenced-based models Utilize Matrix, contingency management for these levels of care Identify and justify any adaptations or modifications to proposed models 	Sanctuary has been utilizing The Matrix Model for Teens & Young Adults, an organized set of evidence-based therapeutic interventions. The program consist of research-based techniques integrated into an approach that includes: individual sessions; family sessions; group sessions; introduction to Twelve Step programs; parent substance abuse education and adolescent substance education. The Matrix Model for Teens & Young Adults integrated several treatment approaches in the program to include motivational interviewing and contingency management by hosting several youth and parent clean and sober activities, incentives for clean urine tests for youth, and acknowledging graduates from the outpatient program with incentives such as movie passes, gas coupons, and department store gift certificates	
II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.	Sanctuary program staffs are presently developing a program utilizing Americorps volunteers who are bilingual as interpreters. The volunteer interpreter program is currently in its development stage. Psycho-educational group topics are adapted to use language and concepts that are culturally appropriate and sensitive to allow for a more enriched individual and group learning experience. Thus, experiential learning is incorporated through exercises and activities that include cultural references.	
In narrative form, state how the activities from II.1g to II.1j were implemented and addressed. • Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug abuse • Determine appropriateness and eligibility for admission or referral • Experienced with the ASAM PPC for Level 1	Sanctuary staff utilize a Bio-psychosocial assessment that includes the use of the American Society of Addiction Medicine (ASAM) six dimensions for placement and to determine eligibility for admission and/or if a referral is needed for further assessment or evaluation. Ongoing Screening / Assessments continues throughout an adolescent's treatment program to determine Patient Placement Appropriateness.	

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	July 1, 2015 through July 31, 2015	
Task/Activity and Level II Determine any coexisting conditions that indicate the need for additional professional assessment and services	Sanctuary, Inc. Monthly Progress Report	
In narrative form, state how the activities from II.1k to II.1o were implemented and addressed. • Adhere to Territory and Federal laws, regulations, and agency policies governing alcohol and other drug abuse services • Demonstrate the proper skills to prepare reports and relevant records, integrating available information to facilitate the continuum of care • Chart pertinent ongoing information pertaining to client • Utilize relevant information from written documents for client care • Adhere to Federal Laws including 42 C.F.R. Part II and HIPPA of 1996	Program staff participates in 42 C.F.R. part II and HIPPA workshops annually and whenever offered via on island training. Staff ensures that all information collected for client is secured behind two (2) locked doors at all times. Each individual, group or family session and treatment plan is documented in client file.	
II.2a Provide services for a minimum of 12 adolescents at any given time for Level 1 Outpatient Services.	Level I Outpatient program "Pathways" provided services to five (5) youth. There are eight (8) adolescents on a waiting list pending PPD clearances and orientation. One (1) adolescent completed Level I treatment in the month of July. Program staff continues to work with DYA social workers, I'famagu'onta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics. Sanctuary, Inc. is also exploring partnerships with private medical facilities to provide PPD shots and clearances.	
In narrative form, state how the activities from H.2b to H.2d were implemented and addressed. • Relevant alcohol, tobacco and other drug use/abuse information • Assist them to make rational decisions • Build social skills to prevent substance related problems from re-occurring. • Information about available alcohol,	The Group lesson/activity included: Daily Schedule and Calendars; External and Internal Triggers; Club Drugs; "You are here because why?" Cigarette arguments; Alcohol arguments; Life Satisfaction Scale; When did I start using? Clients also participated in a clean and sober activity and watched "Ant Man' with their peers and family members on July 18, 2015. The activity promoted having fun without the use of drugs and or alcohol. Additionally, video lectures and box office movies are used to reinforce topics such as Coping with difficult emotions, Managing Anger, and Resentments. The group watched Tyler Perry's "I can do bad all myself" stage performance, which highlights social and family issues such as, teen pregnancy, sibling rivalry, drug and alcohol abuse, and learning to forgive	

Rehabilitation Services for Adolescents	
Monthly Reporting Period:	July 1, 2015 through July 31, 2015
Task/Activity	Sanctuary, Inc. Monthly Progress Report
tobacco and drug resources in the Territory of Guam and off-island	self and others (i.e., making amendments).
 Information about the legal aspects that pertains to drug and alcohol related crimes 	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 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 and share their experience on what has helped them overcome obstacles, and helps debunk the belief that clients are "alone" in their addiction. The groups allow the parents and their child to practice new skills and information learned, build communication skills, and enhance the relationship between parent and child.
II.2e Provide detailed provisions in making ASAM Level I Outpatient drug treatment groups accessible to clients, adding evenings and weekend schedules, that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education groups are held on Saturdays from 12:00 to 1:30. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics.
II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs.
II.2g Incorporate provisions that will continue providing at least a minimum of four (4) hours a week for treatment sessions utilizing the Matrix Model for Teens curriculum.	Sanctuary facilitates weekly groups utilizing the Matrix Model for Teens & Young Adults on Mondays from 3:30 to 5:30 and Saturdays from 10:00 to 1:30.
II.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment plans.	Program staff make necessary referrals to GBHWC – I famagu'onta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.
II.2i Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.
II.2j Provide provisions that will assess and implement	Program staffs meet with clients individually to transition client towards next level of care as needed.

Rehabilitation Services for Adolescents		
Monthly Reporting Period:	July 1, 2015 through July 31, 2015	
Task/Activity	Sanctuary, Inc. Monthly Progress Report	
motivational strategies that will assist clients with their transition towards the next level of care, as applicable. II.3a Provide services for a minimum of 8 adolescents at any given time for Level II Intensive Outpatient Services.	Assessing clients using the ASAM's six dimensions throughout their treatment is conducted to ensure that clients are in the appropriate level of care as they progress in the recovery process. Level II Intensive Outpatient program "High Hopes" provided D&A treatment services to five (5) adolescents. One (1) adolescent completed the 16 week program successfully during the month of July. There are presently three (3) adolescents on a waiting list who are pending PPD and orientation. Program staff are working with DYA social workers, 1' famagu'onta workers, and family members in obtaining PPD clearances by referring to Express Care clinic, DPHSS northern and southern clinics or free outreach immunization clinics. Additionally, Sanctuary, Inc. is exploring forming partnerships with private medical facilities to assist with administering PPD tests and clearances.	
II.3b Proved detailed provisions for making ASAM Level II Outpatient drug treatment groups accessible, adding evening and weekend schedules that includes detailed provisions for collaborating with a medical institution that will provide TB testing and necessary treatment.	Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Groups are conducted at these scheduled times to work with school schedule and parents work schedules. Parent education group are held on Saturdays from 12:00 to 1:30 p.m. Program staffs are working with DYA social workers and family members in referring to free outreach clinics for TB testing or to DPHSS Northern or Southern clinics. Free parenting classes and other community resources that are announced publicly that Sanctuary staffs are made notice of.	
II.3c Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment. In narrative form, state how the activities from II.3d to II.3e were implemented and addressed. Minimum six (6) hours a week for treatment Utilize Matrix Model for teens curriculum Experience with necessary techniques for IOP	Sanctuary currently employs a certified HIV Risk Reduction Counselor that can provide HIV/AIDS/STDs education and testing. Referrals will be made to DPHSS for treatment of HIV/AIDS/STDs. Weekly groups are being held on Mondays from 3:30 pm to 5:30 p.m. and on Saturdays from 10:00 a.m. to 12:00 p.m. Adolescent education groups are held on Saturdays from 12:00 p.m. to 1:00 p.m. Parent education groups are held on Saturdays from 12:00 to 1:30.	
	The Group lesson/activity was: Weekly check-in; Daily Schedule and Calendars; External and Internal Triggers; Club Drugs; "You are here because why?" Cigarette arguments; Alcohol arguments; Life Satisfaction Scale; When did I start using? Clients also participated in a clean and sober activity and watched "Ant Man' with their peers and family members on July 18, 2015. The activity promoted having fun without the use of drugs and or alcohol. Additionally, video lectures and	

Rehabilitation Services for Adolescents	
Monthly Reporting Period:	July 1, 2015 through July 31, 2015
Task/Activity	Sanctuary, Inc. Monthly Progress Report
	box office movies are used to reinforce topics such as Coping with difficult emotions. Managing Anger, and Resentments. The group watched Tyler Perry's "I can do bad all myself" stage performance, which highlights social and family issues such as, teen pregnancy, sibling rivalry, drug and alcohol abuse, and learning to forgive self and others (i.e., amendments) Participants 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.
II.3f Provide provisions that will address clients needing psychiatric and medical services by consultation or referral arrangements.	Sanctuary's current Clinical Director is a licensed Professional Counselor. Additionally, Sanctuary, Inc. has a Memorandum of Understanding with two (2) private practitioners that are licensed Professional Counselors and ICRC Certified. The Clinical Director and the two practitioners provide consultation to program staff as needed.
II.3g Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.	Program staffs are aware to give preference to this population. None have been identified during this reporting period.
II.3h Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care.	Program staffs meet with clients individually to transition client towards next level of care as needed. Program staffs also utilize the ASAM's six dimensions to ensure transitions are clinically appropriate. Sanctuary, Incorporated is not a faith based organization.
II3i Comply with Charitable Choice Regulations should applicant be a faith based organization. If a client objects to a religious character of the faith based organization then the participating faith based organization shall, within a reasonable time after the date of such objection, refer such individual to an alternative provider. The applicant shall keep all referral records that may be reviewed upon a program evaluation by GHBWC.	Sanctuary, incorporated is not a fauti based organization.

	Rehabilitation Services for Adolescents
Monthly Reporting Period:	July 1, 2015 through July 31, 2015
Task/Activity	Sanctuary, Inc. Monthly Progress Report
Sanctuary Representative: Ed Taitano Position Title: Interim Executive Director Date: August 2, 2015	DMHSA Representative: Received By: TERRY DANTE Dedarte Position Title: AT II Date of Submission: 7.28.3015



SANCTUARY, INCORPORATED OF GUAM

"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



October 2, 2015

To:

REY VEGA, Director

BENNY PINAULA, Deputy Director

DON P. SABANG, *Drug and Alcohol Supervisor* Guam Behavioral Health and Wellness Center

790 Governor Carlos Camacho Rd.

Tamuning, GU 96913

Re:

Rehabilitation services for adolescent report

Dear Mr. Vega, Mr. Pinaula, and Mr. Sabang:

Attached is the Monthly Program Status Report (Residential) for the period of September 1 to September 30, 2015. Should you have any questions, please contact me at 475-7101.

Si Yu'os Ma'åse'

Theresa C. Arriola, Executive Director





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FROM: SANCTUARY, INCORPORATED Address: DATE: 790 Gov. Carlos G. Camacho Rd. Drug & Alcohol Residential Treatment Tamuning, Guam 96913 9/30/2015 Program - Sagan Na' Homlo Vendor Acct. No. S1456001 TO: Mr. Rey Vega Document No. Contract No. RFP 04-2014 (Residential) Director Guam Behavioral Health & Wellness Job Order No. Purchase Order No. Center (GBHWC) Invoice No. DMHSA-2015-09/1 COSTS INCURRED BY CATEGORY **AMOUNT** 25,420.58 1. Personnel 2,999.97 2. Fringe Benefits 500.00 3. Contractual 4. Other 437.50 1,249.99 5. Supplies 2,724.96 6. Utilities TOTAL PAYMENT REQUEST: 33,333.00

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

> 9/30/15' Date Edward H. Taitano

Sanctuary, Incorporated Interim Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2015-09/1 to be true and correct; and that services fo September 1-30, 2015 have been rendered; and payment for this period is due.

Don Sabang Date D & A Supervisor

Residential Rehabilitation Services for Adolescents Wonthly Reporting Period: September 1, 2015 through September 30, 2015		
September 1, 2015 through September 30, 2015		
Sanctuary, Incorporated of Guam Bi-Weekly Progress Report		
During this monthly reporting period: 30-day Treatment		
Sagan Na'homlo' is a 24-hour structured residential program where clients participate in a regulated daily routine schedule which includes: meditation, recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management), individual and family counseling sessions, and individual case management sessions. Clients work on objectives to meet behavioral goals within the program that coincide with their treatment plans. Progress in treatment is reviewed weekly. Residential assistants and counselors implement monitoring and observation, supervision, weekly drug testing, contingency management, and other interventions to help clients meet such goals All clients that enter Sagan Na'homlo' complete and/or provide Physician certification for PPD clearance and physical examination prior to orientation.		

Residential Rehabilitation Services for Adolescents		
Monthly Reporting Period:	September 1, 2015 through September 30, 2015	
Task/Activity	Sanctuary, incorporated of Guam Bi-Weekly Progress Report	
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 clients with consistent contact with residential staff and the opportunity for support when the need arises. Clients in the program participate in pro-social activities such as music lessons, basketball, movies, bowling, island tours, visits to museums, ping pong, and mentoring programs with the AmeriCorps volunteers.	
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 reintegrate back into the community as a productive member of society. Sanctuary has implemented evidence-based Matrix Model incorporating individual sessions, family sessions, early recovery group, relapse prevention group and 12-step participation. Sanctuary has a Memorandum of Understanding with the Guam Department of Education which provides a certified teacher that reports to the facility throughout the school week.	
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.1a: Work with GBHWC and its partners to establish a system of care for substance abuse treatment that is culturally competent: Give a brief summary of activities that occurred with GBHWC and its partners during the reporting period.	Program staff work with Department of Youth Affairs, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, Guam Homeless Coalition, Payu-ta, Guam Coalition Against Sexual Assault and Family Violence, Micronesian Youth Services Network, Department of Labor Serve Guam Commission, Guam Behavioral Health and Wellness Center, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.	
II.1d,e& II.2g: Identify evidenced-based models (i.e., Matrix For Teens Model, Motivational Interviewing, Driving with Care, Trauma Informed Care, etc.) and practices to implement that focuses on core treatment. In narrative form, state how evidence-based models are 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. Clients attend at least 6 hours of psycho-educational groups utilizing Matrix Model for Teens curriculum weekly. In addition, clients attend 12-Step groups within the community at least twice a week. Anger Management, Parenting, Collaborative Problem Solving Skills, Tobacco Cessation, Life Skills and Team Building are supplemental groups that clients may attend as well. Motivational Interviewing skills are utilized when needed to help clients move through the stages of change.	

Residential Rehabilitation Services for Adolescents			
Monthly Reporting Period:	September 1, 2015 through September 30, 2015		
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report		
II.1 g-j: Evaluate the psychological, social, and physiological signs and symptoms of alcohol and drug abuse. Determine the client's appropriateness and eligibility for admission or referral. Briefly state how sections II.2g to II.2j are being addressed.	Ongoing Screening / Assessments continued daily using ASAM to determine Patient Placement Appropriateness. Assessments were ongoing throughout client's treatment episode. In September, out of twelve (12) assessments conducted, one (1) was not recommended for treatment;		
	four (4) referrals were made to GBHWC for Level 0.5 education; three (3) for Level I; three (3) for Level II; and one (1) for Level III.5.		
MATRIX Model Family Education: Family Education / Support Group	During this monthly reporting period:		
	• 4 sessions were conducted.		
	• 20 Family Members in attendance		
	• Group time identified for Saturdays is 12:00pm to 1:30pm at the Sanctuary 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 		
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included: Is This Normal for My Teen, Recovery month activities such as serenity walk, open-house activities, Zumba, display/outreach events, basketball and family movie/picnic. Open discussion on each topic followed. Questions, answers, and comments were addressed to close the sessions.		
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic offer opportunities for family members to reflect on how they could put each topic discussed to use for them. In addition, group participation teaches empathy and helps to develop effective communication skills.		
State any commendations to show the strengths of the Program:	Due to the census of family members wanting to have group on a weekend, accommodations were made and groups were then scheduled for Saturdays. Family members who are unable to attend on Saturdays, are still considered and accommodations are continuously made on a case-by-case basis.		
State any recommendations for the improvement of service delivery:	Staff to continue networking with community partners and receptive to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.		

Residential Rehabilitation Services for Adolescents			
Monthly Reporting Period: September 1, 2015 through September 30, 2015			
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report		

Sanctuary Representative:	GBHWC Representative:
Theresa C. Arriola Position Title: Executive Director	Received By:
Date: October 2, 2015	Position Title:
	Date of Submission:



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September 1, 2015



To: REY VEGA, Director

BENNY PINAULA, Deputy Director

DON P. SABANG, *Drug and Alcohol Supervisor* Guam Behavioral Health and Wellness Center

790 Governor Camacho Rd. Tamuning, GU 96913

Re: Rehabilitation Services for Adolescent Report

Dear Mr. Vega, Mr. Pinaula, and Mr. Sabang:

Attached is the Monthly Program Status Report (Residential) for the period of August 1 to August 31, 2015. Should you have any questions, please contact me at 475-7101.

Si Yu'os Ma'åse'.

Ta Ladan

Edward Taitano, Acting Executive Director

Pay Inty alls



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FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913		DATE: 8/31/2015	
то:	Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.		6001 04-2014 SA-2015-08/1	(Residential)
	COSTS INCURRED BY CATEGORY		AMO	JNT	
	1. Personnel	THE STATE OF THE S	\$	25,420.58	
	2. Fringe Benefits		\$	2,999.97	
	3. Contractual		\$	500.00	
	4. Other	THE CONTRACT OF THE CONTRACT O	\$	437.50	
	5. Supplies	***************************************	\$	1,249.99	
	6. Utilities		\$	2,724.96	

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

TOTAL PAYMENT REQUEST:

Edward H. Taitano Date
Sanctuary, Incorporated

\$

33,333.00

Sanctuary, Incorporated Interim Executive Director

Recommended for payment: I certify Invoice No. DMHSA-2015-08/1 to be true and correct; and that services fo August 1-31, 2015 have been rendered; and payment for this period is due.

Don Sabang D & A Supervisor

Residential Rehabilitation Services for Adolescents		
Monthly Reporting Period:	August 1, 2015 through August 31, 2015	
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report	
II.2a, II.2f.a&b Maintain treatment capacity in ASAM Level III.5 to serve a minimum of 8 adolescents (male or female) at any given time. II.2i Pregnant adolescent females and females with dependent children are to be given preference in admission and/or ensured receipt of the most appropriate services available within forty-eight hours. 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 monthly reporting period: 30-day Treatment 0 Client was served. 0 Transfer to another level of Care: (Aftercare) 0 Wait Listed 0 Completed: 180-day Treatment 4 Clients were served. 0 Transfer to another level of Care (Aftercare) 3 Wait Listed 0 Completed - Clients on waitlist pending PPD Clearance, Physical Examination, and/or Psychological/Psychiatric EvaluationProgram staff continue to address barriers regarding PPD clearances by working with DYA, Guam Community College, DPHSS and private clinicsProgram staff continue to work with Juvenile Drug Court and I Famagu'on-ta programs to improve the working relationship and improve on the referral process for treatmentProgram staff are working with AmeriCorps volunteers Coalitions and community volunteers to assist as interpreters.	
In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed?	Sagan Na'homlo' is a 24-hour structured residential program where clients participate in a regulated daily routine schedule which includes: meditation, recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management), individual and family counseling sessions, and individual case management sessions. Clients work on objectives to meet behavioral goals within the program that coincide with their treatment plans. Progress in treatment is reviewed weekly. Residential assistants and counselors implement monitoring and observation, supervision, weekly drug testing, contingency management, and other interventions to help clients meet such goals All clients that enter Sagan Na'homlo' complete and/or provide Physician certification for PPD clearance and physical examination prior to orientation.	
In narrative form, briefly state how clients benefited from	The continuity of treatment in this level of care provides clients with consistent contact with	

Residential Rehabilitation Services for Adolescents			
Monthly Reporting Period:	August 1, 2015 through August 31, 2015		
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report		
the core functions or services from this level?	residential staff and the opportunity for support when the need arises. Clients in the program participate in pro-social activities such as music lessons, basketball, movies, bowling, island tours, visits to museums, ping pong, and mentoring programs with the AmeriCorps volunteers.		
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 reintegrate back into the community as a productive member of society. Sanctuary 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.1a Work with GBHWC and its partners to establish a system of care for substance abuse treatment that is culturally competent: Give a brief summary of activities that occurred with GBHWC and its partners during the reporting period.	Program staff work with Department of Youth Affairs, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, Guam Homeless Coalition, Payu-ta, Guam Coalition Against Sexual Assault and Family Violence, Micronesian Youth Services Network, Department of Labor Serve Guam Commission, Guam Behavioral Health and Wellness Center, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.		
II.1d,e& II.2g: Identify evidenced-based models (i.e., Matrix For Teens Model, Motivational Interviewing, Driving with Care, Trauma Informed Care, etc.) and practices to implement that focuses on core treatment. In narrative form, state how evidence-based models are 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. Clients attend at least 6 hours of psycho-educational groups utilizing Matrix Model for Teens curriculum weekly. In addition, clients attend 12-Step groups within the community at least twice a week. Anger Management, Parenting, Collaborative Problem Solving Skills, Tobacco Cessation, Life Skills and Team Building are supplemental groups that clients may attend as well. Motivational Interviewing skills are utilized when needed to help clients move through the stages of change.		
II.1 g-jEvaluate the psychological, social, and physiological signs and symptoms of alcohol and drug abuse. Determine the client's appropriateness and	Ongoing Screening / Assessments continued daily using ASAM to determine Patient Placement Appropriateness.		
eligibility for admission or referral.: Briefly state how	Assessments were ongoing throughout client's treatment episode.		

Residential Rehabilitation Services for Adolescents			
Monthly Reporting Period:	August 1, 2015 through August 31, 2015		
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report		
sections II.2g to II.2j are being addressed.	In August, out of six (6) assessments conducted, two (2) were not recommended for treatment and four (4) referrals were made to GBHWC for Level 0.5 education .		
MATRIX Model Family Education: Family Education / Support Group	During this monthly reporting period: • 5 sessions were conducted.		
	 20 Family Members in attendance Group time identified for Saturdays is 12:00pm to 1:30pm at the Sanctuary 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 		
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included:Creating Healthy, Peer Pressure, Families in Recovery. Open discussion on each topic followed. Comments and concerns were addressed at session closeout.		
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic offer opportunities for family members to reflect on how they could put each topic discussed to use for them. In addition, group participation teaches empathy and helps to develop effective communication skills.		
State any commendations to show the strengths of the Program:	Due to the census of family members wanting to have group on a weekend, accommodations were made and groups were then scheduled for Saturdays. Family members who are unable to attend on Saturdays, are still considered and accommodations are continuously made on a case-by-case basis.		
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.		

Residential Rehabilitation Services for Adolescents		
Monthly Reporting Period:	August 1, 2015 through August 31, 2015	
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report	
Sanctuary Representative: Ed January Ed Taitano Position Title: Interim Executive Director Date: August 31, 2015	DMHSA Representative: Received By:	



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August 1, 2015

TO:

Rey Vega

Director

Guam Behavioral Health and Wellness Center

Benny Pinaula Deputy Director

Guam Behavioral Health and Wellness Center

ATTN:

Don P. Sabang

Drug and Alcohol Supervisor

Guam Behavioral Health and Wellness Center

FROM:

Edward Taitano

Acting Executive Director Sanctuary, Incorporated

RE:

Rehabilitation Services for Adolescents Report

Attached with this memorandum is the Monthly Program Status (Residential Services) Report for the period of July 1, 2015 to July 30, 2015.

If you should have any questions, please feel free to contact me at 475-7101.

Si Yu'os Ma'ase',

Edward Taitano

Acting Executive Director



Sanctuary LogoSanctuary, 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.sanciuaryguam.org

	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913		DATE: 7/31/2015	
TO:	Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. Document No. Contract No. Job Order No. Purchase Order No. Invoice No.		6001 04-2014 SA-2014-043	(residential)
	COSTS INCURRED BY CATEGORY		AMO	*****	
	1. Personnel		\$	25,420.58	
	2. Fringe Benefits		\$	2,999.97	
	3. Contractual		\$	500.00	
	4. Other		\$	437.50	
	5. Supplies		\$	1,249.99	
	6. Utilities		\$	2,724.96	

TOTAL PAYMENT REQUEST:

33,333.00

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

Edward Taitano

Sanctuary, Incorporated Interim Executive Director

Date

Recommended for payment: I certify Invoice No. DMHSA-2014-043 to be true and correct; and that services fo July 1-31, 2015 have been rendered; and payment for this period is due.

Don G. - 4 7/31/15

D & A Supervisor

Residential Rehabilitation Services for Adolescents		
Monthly Reporting Period:	July 1, 2015 through July 31, 2015	
Task/Activity	Sanctuary, Inc. Monthly Progress Report	
II.2a, II.2f.a&b Maintain treatment capacity in ASAM Level III.5 to serve a minimum of 8 adolescents (male or female) at any given time. II.2i Pregnant adolescent females and females with dependent children are to be given preference in admission and/or ensured receipt of the most appropriate services available within forty-eight hours. 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 monthly reporting period: 30-day Treatment 1 Client was served. 0 Transfer to another level of Care: (Aftercare) 1 Completed: 180-day Treatment 5 Clients were served. 1 Transfer to another level of Care (Aftercare) 1 Wait Listed 1 Completed Client on waitlist pending PPD Clearance, Physical Examination, and/or Psychological/Psychiatric Evaluation Program staff continue to address barriers regarding PPD clearances by working with DYA, DPHSS and private clinics. Program staff continue to work with Juvenile Drug Court and I famaguon'ta programs to improve the working relationship and improve on the referral process for treatment. Program staff are working with AmeriCorps volunteers Coalitions and community volunteers to assist as interpreters.	
In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed?	Sagan Na' Homlo is a 24-hour structured residential program where clients participate in a regulated daily routine schedule which includes: meditation, recreational therapy, school/class room work, family structure/process groups, psycho-educational group sessions (Early Recovery Skills, Relapse Prevention, Adolescent Education, and Anger Management), individual and family counseling sessions, and individual case management sessions. Clients work on objectives to meet behavioral goals within the program that coincide with their treatment plans. Progress in treatment is reviewed weekly. Residential assistants and counselors implement monitoring and observation, supervision, weekly drug testing, contingency management, and	

Residential Rehabilitation Services for Adolescents		
Monthly Reporting Period: July 1, 2015 through July 31, 2015		
Task/Activity	Sanctuary, Inc. Monthly Progress Report	
	Sagan Na Homlo complete and/or provide Physician certification for PPD clearance and physical examination prior to orientation.	
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 clients with consistent contact with residential staff and the opportunity for support when the need arises. Clients in the program participate in pro-social activities such as music lessons, basketball, movies, bowling, island tours, visits to museums, ping pong, and mentoring programs with the AmeriCorps volunteers.	
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.1a Work with GBHWC and its partners to establish a system of care for substance abuse treatment that is culturally competent: Give a brief summary of activities that occurred with GBHWC and its partners during the reporting period.	Program staff work with Department of Youth Affairs, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, Guam Homeless Coalition, Payuta, Guam Coalition Against Sexual Assault and Family Violence, Micronesian Youth Services Network, Department of Labor Serve Guam Commission, Guam Behavioral Health and Wellness Center, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.	
II.1d,e & II.2g: Identify evidenced-based models (i.e., Matrix For Teens Model, Motivational Interviewing, Driving with Care, Trauma Informed Care, etc.) and	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. Clients attend at	

	idential Rehabilitation Services for Adolescents
Monthly Reporting Period:	July 1, 2015 through July 31, 2015
Task/Activity	Sanctuary, Inc. Monthly Progress Report
practices to implement that focuses on core treatment. In narrative form, state how evidence-based models are implemented and addressed.	least 6 hours of psycho-educational groups utilizing Matrix Model for Teens curriculum weekly. In addition, clients attend 12-Step groups within the community at least twice a week. Anger Management, Parenting, Tobacco Cessation, Life Skills and Team Building are supplemental groups that clients may attend as well. Motivational Interviewing skills are utilized when needed to help clients move through the stages of change.
II.1 g-j Evaluate the psychological, social, and physiological signs and symptoms of alcohol and drug abuse. Determine the client's appropriateness and eligibility for admission or referral.: Briefly state how sections II.2g to II.2j are being addressed.	Ongoing Screening / Assessments continued daily using ASAM to determine Patient Placement Appropriateness. Assessments were ongoing throughout client's treatment episode. Out of nine (9) assessments conducted throughout the month of July, one (1)
	no treatment recommended, three (3) have met the criteria for outpatient services, six (6) referrals were made to GBHWC for Level 0.5 education, and one (1) met the criteria for residential services.
MATRIX Model Family Education: Family Education / Support Group	 During this monthly reporting period: 3 sessions were conducted. I session was cancelled due to storm. 11 Family Members in attendance Group time identified for Saturdays from 12:00pm—130pm 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
In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?	The group lessons/activities included: Communication; Family movie activity; Families in recovery. Open discussion on each topic followed. Questions, answered, and comments were addressed to close out the sessions.
In narrative form, briefly state how Family benefited from the core functions or services from this level?	Small group discussions facilitate understanding of the importance of each topic in recovery. Various examples provided on each topic offer opportunities for family members to reflect on how they could put each topic discussed to use for them. In addition, group participation teaches empathy

R	esidential Rehabilitation Services for Adolescents	
Monthly Reporting Period:	July 1, 2015 through July 31, 2015	
Task/Activity	Sanctuary, Inc. Monthly Progress Report	
State any commendations to show the strengths of the Program:	and helps to develop effective communication skills. 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 are still considered and accommodations continue to be made on a case by case basis.	
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.	

Sanctuary Representative:	DMHSA Representative:
Ed Janan Ed Taitano Position Title: Interim Executive Director Date: August 1, 2015	Received By: TERRY DANTE Dedente Position Title: PT II Date of Submission: 7.28.2015

Attachment 4

Sanctuary, Incorporated of Guam
Runaway and Homeless Youth Basic Center

Reporting Agency

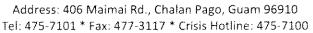
Department of Youth Affairs

<u>Reports</u>

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

SANCTUARY, INCORPORATED OF GUAM

"Helping Youth and Families Help Themselves" since 1971





Leid 10/14/15

October 13, 2015

To:

ADONIS MENDIOLA, Director

Department of Youth Affairs

P. O. Box 23672

GMF Barrigada, Guam 96921

RE:

Quarterly Program Status Report

Håfa Adai Mr. Adonis:

Attached is the quarterly program status report for July 1, 2015 through September 30, 2015. Should you have any questions, please feel free to contact myself at 475-7101 ext. 101 or Helen Onedera at 475-7101 ext. 104.

Saina Ma'åse'

Theresa C. Arriola, Executive Director

FY 2015 RUNAWAY HOMELESS YOUTH (RHY) BASIC CENTER

Department of Youth Affairs

OUARTERLY PERFORMANCE REPORT FORM

ORGANIZATION/AGENCY: Sanctuar	y, Incorporated of Guam
VENDOR NUMBER: S1456001	
PERSON COMPLETING REPORT: I	iffany Paulino
TELEPHONE : 475-7101	FAX: 477-3117
REPORT PERIOD:	DATE OF REPORT: October 13, 2015
July 1, 2015 - September 30, 2015	

Project Description:

The Runaway Homeless Youth (RHY) COED shelter 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.

<u>Project Goals and Objectives; Project Activities; Project Performance Measures; Project Outcomes:</u>

Goal: The overall goal of the COED is to provide professional services for up to 200 who are runaways, homeless, or victims of abuse.

Decrease recidivism and problems of runaways and homeless youth.

Objective 1. To increase the awareness of available services and issues related to Runaway and 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, door-to-door street outreach, and informational displays at shopping centers throughout the island.

Indicator/Outcomes/Periodicity: Awareness of available services for run away and troubled youth for the community of Guam as a whole.

For this reporting period, our agency provided services for thirteen (13) youth in the community. Eleven (11) of which were victims of abuse, while the remaining two (2) simply requested for a timeout from their families.

Activity A:

The Emergency Shelter program will provide individual supportive counseling at least twice a week for each youth residing in the shelter.

Time Line: Daily; ongoing daily sessions

Responsible Parties: Case Manager and Residential

Assistants

Results:

• During, this reporting period, nine (9) youth resided in the shelter during the month of July. Ten (10) youth resided in the shelter during the month of August. Ten (10) youth resided in the month of September. At least one hundred and seventy four (174) individual supportive counseling sessions were conducted that included educational, health and personal growth.

Activity B:

To provide therapeutic and recreational activities for youth to promote personal well being.

Timeline: Daily

Responsible Parties:

Case Manager and/or and Residential Assistants

Objective II.

To increase crisis intervention services to runaway and homeless youth and their families by providing 24 hours services to 200 youth parent and/or community members.

Indicators/Outcomes/Periodicity: Accessibility of children and their families in crisis situations who use Emergency Shelter services.

Activity A: 24-hour crisis hotline is open to the general public to provide immediate feedback, assessments and referrals to appropriate agencies.

Time line: on-going,

Responsible Parties: Crisis Intervention Worker and Case Manager

Activity B:

Provide referral services for all youth and their family members assessed for services needed from other agencies.

Timeline: ongoing

Results:

 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.

Results:

- Four Hundred and eighty two (482) 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.

Results:

 An estimation of One Hundred and eighty (180) referrals was made to other agencies, organizations, such as Guam Behavioral Health and Wellness Center (GBHWC), Guam Police Department, Sanctuary D&A Department, Child Protective Services, 1

Responsible Parties:

Crisis Intervention Worker, Case Manager and Program Director.

Famagu'on-ta, and I-CARE, and Healing Hearts.

Objective III:

To reduce the problems of youth 12-17 who are runaway, homeless and victims of abuse by providing temporary shelter and aftercare services for up to 10 youth at any given time while they resolve problematic issues.

Indicators/Outcomes/Periodicity: Accessibility of emergency 24hr placement for runaway and homeless youth needing assistance/guidance to begin the reunification process.

Activity A:

The project will provide temporary shelter and aftercare service for 10 youth 12-17 years of age for up to 30 days while providing the youth with supportive counseling and connecting youth and families with other agencies.

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.

Timeline: ongoing

Responsible Parties: Case Manager.

Results: During this quarter a total of Thirteen (13) youth received shelter services. There were nine (9) new intakes admitted to shelter, Five (5) youth continued to receive shelter services into the month of October. Two (2) clients continued in aftercare services once reunified with their parent or legal guardian from the month of July to September.

During this reporting quarter four (4) clients transitioned to their biological parent., and two (2) clients reunited with a family relative.

Results: During this quarter all youth who were admitted into shelter met their basic needs, and referred to appropriate agencies or organizations to further meet the youth and family's needs. The Case Manager and Executive Director worked with other agencies and organizations to help work towards promoting reunification and reconciliation between the youth and family.

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.

Indicators/Outcomes/Periodicity: *Conflict Mediation skills of children and their families*

Activity A:

Provide 120 family skills training sessions for youth

Results:

A total of five (5) 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 guardian, alternate familial placement or a foster care home.

and their families experiencing crisis situations through Sanctuary's 24-hour crisis hotline or Emergency Shelter Program.

Time line: ongoing

Responsible Parties:

Crisis Intervention Worker and Case Manager

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.

Timeline: ongoing

Responsible Parties: Case Manager, and

AmeriCorps volunteers.

Results:

• A total of twenty-one (21) Middle/High School YAM classes were conducted during this reporting period with a total of ten (10) youth in attendance at the Astumbo Midddle School class site, while sixteen (16) attended YAM classes at Sanctuary. These youth were mentored by Sanctuary's AmeriCorps Volunteers during the group session. The group's participants consisted of youth in Sanctuary programs, as well as outside referrals from other agencies such as GDOE, I Famagu'on-ta, probation as well as self referrals.

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.

Indicators/Outcomes/Periodicity: Availability of supportive services to children and their families in crisis situations.

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.

Timeline: ongoing

Responsible Parties: Crisis worker and Case-

Manager

Activity B: The project will provide case management services for 200 youth and their families that will enhance stabilize and strengthen their relationships.

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:

- One hundred and seventy four (174) youth individual supportive counseling sessions.
- Five (5) parent individual supportive counseling sessions
- IPP completion rate for this quarter is at 90%

Results:

Thirteen (13) youth received case management services via the COED Shelter and two (2) participated in Aftercare services.

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Timeline: ongoing	1
1 Inchie. Ongoing	
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Responsible Parties: Case Manager	
Responsible Parties: Case Managet	

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. The youth and parent are always encouraged to sign up for aftercare services to help with the transition back home easier when problems arise. The youth and parent are always given a transitional plan to follow in the event they opt not to seek aftercare services. Lastly, parent involvement in programs (groups and supportive counseling) is limited; parents do not participate in all the services we recommend despite agreeing 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 a holding monthly meeting to discuss ways to better serve clientele.

Performance Measures:

Performance Measures:	
Social Competence	Case Manager and shelter staff have reported observed improvement in social interactions and, defined as maintaining positive relationships with others 11 of 13 (84.6%) 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 5 out of 6(83%) based on parents verbal feedback to the Case Manager. Most of the clients during this reporting period were wards of the state. The number provided above only includes clients who were able to work towards reunification with a family member or foster parent. It is challenging to work on a family relationship when a family member or foster parent is not identified. More than 30 days are needed to work on fostering a positive relationship when working with CPS clients and their family members or foster parent.
Families Satisfied with Program	A total of 9 out of 13 family members completed Sanctuary's Satisfaction Survey during this reporting period. Of the total number of family

	members who have completed the satisfaction survey, 82% have reported to be satisfied with all aspects of the program. 84% stating that they will access Sanctuary services in the future. Areas surveyed include: 1) Noted quality in family relationships 2) Future access of services 3) Accessibility and response time 4) Overall rating of services 5) Recommending services to others
Client Satisfaction	Of all clients who have completed satisfaction survey, 88% have reported an increased quality in familial relationships. A total of 77.7% have stated that they had good or very good access to services with prompt response time. A total of 100% have rated overall services as good or very good and 88.9% of clients surveyed have indicated that they would likely or very likely refer others to Sanctuary for services needed.





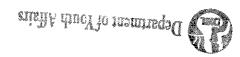


A Non-profit Organization Established in 1971

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

October 15, 2015

Mr. Adonis Mendiola Director Department of Youth Affairs Government of Guam P.O. Box 23672, GMF Barrigada, Guam 96921 Directed Office



Dear Mr. Mendiola:

Hafa Adai! The information provided below is for the Runaway Homeless and Abused Program (4th Quarter of Fiscal Year 2015) from July 1, 2015 thru September 30, 2015.

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.

Sinceramente,

Theresa C. Arriola Executive Director

Non Profit Organization Receiving Appropriations from Government of Gu Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2015 - (July 1, 2015 - September 30, 2015) 4th Quarter Expenditure Report Department of Youth Affairs Runaway Homeless Program

Fund General	\$ Contract Amount 254,764	Object Classification	Expenditure
		Salary Benefits Travel (Mileage) Contractual Supplies & Materials Equipment Utilities Miscellaneous Vehicle Lease Grand Total	70,543.79 10,269.31 0.00 1,461.28 6,642.20 0.00 8,006.44 1,530.13 0.00 98,453.15

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2015 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

THERESA C. ARRIOLA EXECUTIVE DIRECTOR

DATE: 10 15 15

Attachment 5

Sanctuary, Incorporated of Guam Victims of Crime Act

Reporting Agency

Office of the Attorney General

Reports

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

SANCTUARY, INCORPORATED OF GUAM VICTIM OF CRIME ACT GRANT

Quarterly Progress Program Report For 4th Quarter Ending 9/30/15

- A) PROJECT GRANT NO.: 2013-VA-GX-0064
- B) CONTRACT NO.: C141100015
- C) FEDERAL FY OF FUNDING: 2014-2015
- D) PROJECT TITLE: Sanctuary, Incorporated Victim Assistance Program
- E) REPORTING PERIOD: July 1, 2015- September 30, 2015
- F) SUBGRANTEE NAME AND ADDRESS: Sanctuary, Incorporated

#406 Maimai Road

Chalan Pago, Guam 96910

- G) **REPORT CONTACT:** Therese Arriola, Executive Director
- H) ACCOUNT NO.: 5101H131120SE113-280

I. EXECUTIVE SUMMARY

For this fiscal year, Sanctuary was awarded the sum of \$34,896.00 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 Incorporated of Guam (Sanctuary) has an open contract with Doris Tolentino, Masters in Social Work (MSW) a licensed Individual Marriage and Family Therapist (IMFT) for clinical consultation and clinical services. Employed as a Clinical Director, is Edward Taitano, with a Bachelor of Arts in Psychology, minor in Social Work, MHR, and is also a licensed Individual, Marriage, and Family Therapist. 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.

II. PROGRAM ACTIVITIES

Sanctuary has taken initiative in networking 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-

VICTIMS OF CRIME ACT VICTIM STATISTICS WORKSHEET

	FOR THE PERIOD OF:	July 1, 2015- September 30, 2015
	Organization:	SANCTUARY, INC
	~ - 2	
TYPE OF VICTIMIZATION		TOTAL
1. Child Victims of Physical Abuse (0-17)		1
2. Child Victims of Sexual	Abuse (0-17)	7
3. Victims of DUI/DWI		
4. Victims of Family Violet		
5. Adult Victims of Sexual	Abuse	
6. Elder Abuse		
7. Adults Molested as Child		
8. Survivors of Homicide V	ictims	4-7400
9. Assault		
10. Robbery		
11. Other	(TOTAL A-K)	5
A. Arson		
B. Burglary		
C. Child Neglect (Endan	germent)	5
D. Fraud		0
1. Forgery		
2. Fraud		
3. Indentity Theft		
E. Harassment		0
1. Criminal Mischief		
2. Criminal Trespass		
3. Disorderly Conduct		
4. Harassment		
5. Terrorizing		
F. Kidnapping		
G. Stalking (DV and NO	N-DV)	
H. Theft		0
1. Theft by Deception		·
2. Theft of a Motor Vehi		
3. Theft of Intellectual P	roperty	
4. Theft of Property		
5. Theft of Services		
I. Vehicular Crimes (Non DUI/DWI)		0
1. Leaving the scene of an accident		
2. Leaving the scene of an accident w/ Injuries		
3. Reckless Driving w/ Injuries		
J. Other: Specify Homeless		0
K. Other: Specify		
7-73	GRAND TOTAL	13
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	±.V

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Victims with Disabilities:	
i y icums with Disabilities.	

VICTIMS OF CRIME ACT VICTIM STATISTICS WORKSHEET

FOR THE PERIOD OF:		July 1, 2015- September 30, 2015		
Organization:				
AC	GE .	TOTAL		
0-12		4		
13-17		9		
18-24				
25-59				
60+	Par 11, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
Unknown				
NATIONAL ORIGIN	TOTAL	NATIONAL ORIGINA	Page 25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. African American:	TOTAL	NATIONAL ORIGIN	TOTAL	
2. Asian:		6. Filipino:		
3. Caucasian/White:	1	7. Hispanic:	A	
4. Chamorro:	<u>1</u> 8	8. Other Pacific Islander: 9. Other: Indian	4	
5. Chuukese:	<u> </u>			
J. OHUUNESE.		10. Unknown:		
GEN	DFR	TOTAI		
Male		101Ai	4	
Female		9		
Unknown			***************************************	
Institutions	Victimized	TOTAL	_	
Business Owned Building/O		3. V. 131	4	
Religious Organization Build				
Federal Government Buildin			· · · · · · · · · · · · · · · · · · ·	
Government of Guam Buildi				
Public or Private School Bui				

TYPES OF SERVI	CES PROVIDED	TOTAL	2	
Crisis Counseling		482		
Follow-up Contact	······································	65		
Therapy		3		
Group Treatment/Support		5		
Shelter/Safe House		13		
Information & Referral (In- Person)				
Criminal Justice Support/Advocacy				
Assistance in Filing Compen				
Emergency Financial Assista				
Emergency Legal Advocacy				
Personal Advocacy				
Telephone Information & Referral		180		
Other: (specify)				
Other: (specify)				







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: inquiry@sanctuaryguam.org www.sanctuaryguam.org

October 15, 2015

The Honorable Elizabeth Barrett-Anderson Attorney General of Guam Office of the Attorney General 590 South Marine Corps Drive, Ste. 706 Tamuning, Guam 96913

Dear General Barrett-Anderson:

Hafa Adai! The information provided below is for the VOCA Program (4th Quarter of Fiscal Year 2015) from July 1, 2015 thru September 30, 2015.

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.

Sinceramente,

Theresa C. Arriola
Executive Director

Non Profit Organization Receiving Appropriations from Government of Guam Pursuant to P.L. 31-77 (Sanctuary, Incorporated) FY 2015 (July 1, 2015 - September 30, 2015) 4th Quarter Expenditure Report Office of the Attorney General VOCA

Fund	Contract Amount	Object Classification	Expenditure
Federal	\$ 34,896		
		Salary	\$ 9,878
		Benefits	1,121
		Travel	0
		Contractual	0
		Supplies & Materials	0
		Equipment	0
		Utilities	0
		Miscellaneous	0
		Grand Total	\$ 10,999

I CERTIFY THAT THIS IS A TRUE AND CORRECT STATEMENT OF THE EXPENDITURES FOR FISCAL YEAR 2015 FOR THE PROJECT ABOVE.

SIGNATURE OF AUTHORIZED OFFICIAL:

THERESA CARRIOLA
EXECUTIVE DIRECTOR