



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

33-15-0955
Office of the Speaker
Judith T. Won Pat, F.D.D

Date: 10-15-15
Time: 4:40pm
Received By: [Signature]

Hâfa Adai Speaker Won Pat:

In compliance with Public Law 28-150, please find herein reports for all our programs which receive funding through a Government of Guam agency. Section 7 specifically states: All non-profit organizations funded by this Act shall maintain financial records that accurately account for appropriated funds and shall provide a budgetary breakdown by object category to the department or agency overseeing the appropriation. Sanctuary, Incorporated has existing contracts with the following Government of Guam agencies: Department of 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

2015 OCT 16 AM 9:44



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

To: HONORABLE JUDITH T. WON PAT
Speaker
33rd Guam Legislature

Enclosed herewith are the following documents:

1. FY2015 1st quarter list of expenditures over \$5,000
2. FY2015 1st quarter list of appropriations/expenditure report
3. FY2015 1st quarter progress report

Purpose/Action Needed:

- Needs your approval on the above
- Needs reply or comment
- To fulfill your requirement

Other: In compliance with Public Law 28-150 herein reports for all our programs which receive funding through a Government of Guam agency

Senseramente,

Theresa C. Arriola
Executive Director

ACKNOWLEDGEMENT

Receipt of the above is hereby acknowledged:

Print Name: _____

Signature: _____

Date: _____

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
(Follow form instructions)

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

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

4a. DUNS Number 855025284	4b. EIN 95-0002543	5. Recipient Account Number or Identifying Number 11AFHGU0010011	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
-------------------------------------	------------------------------	--	--	---

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

10. Transactions Cumulative

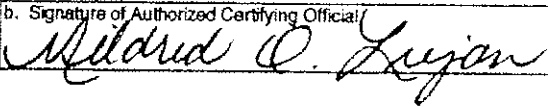
(Use lines a-c for single or multiple grant reporting)

Federal Cash	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	\$0.00
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	
e. Federal share of expenditures	\$540,013.00
f. Federal share of unliquidated obligations	\$431,007.75
g. Total Federal share (sum of lines e and f)	\$0.00
h. Unobligated balance of Federal funds (line d minus g)	\$431,007.75
Recipient Share:	\$109,005.25
i. Total recipient share required	
j. Recipient share of expenditures	\$25,252.00
k. Remaining recipient share to be provided (line i minus j)	\$9,260.42
Program Income:	\$15,991.58
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

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

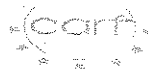
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

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

a. Typed or Printed Name and Title of Authorized Certifying Official Mildred Lujan, Executive Director	c. Telephone (Area code, number and extension) (671) 475-7101
b. Signature of Authorized Certifying Official 	d. Email address mldred@nccs.gov
	e. Date Report Submitted (Month, Day, Year) 9-Jan-15
14. Agency use only:	

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

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



DEPT. OF ADMINISTRATION STAMP REC'D

REIMBURSEMENT FORMULA GRANT REQUEST FORM

DEPARTMENT OF ADMINISTRATION

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

AC GRANT AWARD NUMBER 11AFHGU0010011	AC GRANT ID NUMBER 13AC156206	DOA VENDOR NUMBER S1456001	DOA CONTRACT NUMBER 123400000	EMPLOYER ID 96-0002543	EMPLOYER DUNNS NUMBER 85502584
PROGRAM PERIOD: 2013-2014			PERIOD CLAIMING FOR: Dec-14		
REQUEST NUMBER: 2013-12			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	39,415.49				
GRANT AWARD	\$ 540,013.00				
LESS: PREVIOUSLY REQUESTED:	\$ 391,592.26				
SUB-TOTAL	\$ 148,420.74				
LESS: AMOUNT OF THIS REPORT	\$ 39,415.49				
GRANT BALANCE:	\$ 109,005.25				

- PROGRAM REPORTS are due on/ or before the 10th of each **MONTH** for compliance and reimbursement.
- FISCAL REPORTS are due on/ or before the 10th of each **MONTH** for compliance.
- FFR's are due on/ or before the 10th of each **QUARTER** for compliance.

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

PROGRAM DIRECTOR/ DATE: [Signature] 1-9-2015
 CERTIFYING OFFICER/ DATE: [Signature] 01-09-2015
 EXECUTIVE DIRECTOR/ DATE: [Signature] 01/09/2015

SGC/ DOL USE ONLY -

Reviewed against PERIODIC EXPENSE REPORT (PER) & BUDGET MODIFICATION

SGC Administrative Assistant

Julie Iriarte/ Signature/ Date: [Signature] 1-9-15

PER REIMBURSEMENT BUDGET MODIFICATION FFR's

Submit: Supporting Documents

SGC/ AMERICORPS PROGRAM COMPLIANCE:

EGRANTS NPM SUBMISSION:

- NATIONAL PERFORMANCE MEASURES (NPM)
- CNCS NATIONAL SERVICE CRIMINAL HISTORY CHECKS
- ACCOMPANIEMENT: DAILY TIME SHEET/ TIME IN/ OUT/ HOURS
- EGRANTS MEMBER
- ENROLLMENT
- EXIT
- EVALUATIONS
- MID
- FINAL
- PROGRAM SITE VISIT
- FISCAL SITE VISIT
- PROGRAM CLOSE OUT
- FISCAL CLOSE OUT
- PROGRAM EVALUATIONS

SGC/ DDOL - ASSURANCE & CERTIFICATION:

DOL CERTIFYING OFFICER/ DATE: [Signature] 1/12/15

Nellie N. Asanuma

SGC EXECUTIVE DIRECTOR/ DATE: [Signature] 1/12/15

Doris M. Aguon

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



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
Sanctuary Incorporated of Guam

RECEIVED
HR / Personnel Office
Division Of General Administration

JAN 12 2015

DPH&SS / DGA

Time: Locator#5



SANCTUARY, INCORPORATED

"Helping Youth and Families Help Themselves" since 1971

Address: 406 Maimai Rd., Chalan Pago, Guam 96910

Tel: 475-7101 * Fax: 477-3117 * Crisis Hotline: 475-7100

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



Foster Care Payments

Bureau of Social Service, Division of Public Health Welfare

Department of Public Health and Social Service

Report Period: 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).

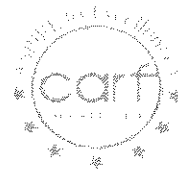
No reports are required although every year Sanctuary reapplies for Licensure that includes site visits to ensure the health and safety of the clients. Periodic visits by DPHSS staff also occur to monitor the shelters for compliance and to meet with the clients.

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:

2015 MAR 24 PM 1:30
DPHSS/BOSSA
M. Q. Lujan

The information listed below is for the Foster Care Program for the 1st quarter of Fiscal Year 2015 from 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	Contract Amount	Object Classification	Expenditure
General	\$ 40,800		
		Salary	\$ 1,134
		Benefits	1,100
		Travel	0
		Contractual	200
		Supplies & Materials	500
		Equipment	0
		Utilities	466
		Miscellaneous	0
		Grand Total	<u>\$ 3,400</u>

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

MILDRED Q. LUJAN
EXECUTIVE DIRECTOR

DATE: 03/13/2015



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



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
Mildred Q. Lujan



Sanctuary Logo 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: sanctuary@ite.net
 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: 11/30/2014
TO:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013 (outpatient) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-029	
COSTS INCURRED BY CATEGORY		AMOUNT	
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 11/26/2014
 MILDRED Q. LUJAN Date
 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.

Rehabilitation Services for Adolescents

Monthly Reporting Period:

November 1, 2014 through November 31, 2014

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

<p>In narrative form, state how the activities from II.1a to II.1c were implemented and addressed.</p> <ul style="list-style-type: none"> • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff 	<p>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 Affairs, 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.</p>
<p>In narrative form, state how the activities from II.1d to II.1e were implemented and addressed.</p> <ul style="list-style-type: none"> • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models 	<p>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.</p>
<p>II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.</p>	<p>Sanctuary program staff are currently working with New Beginnings staff to act as interpreters during the assessment and orientation phase to address language barriers.</p>
<p>In narrative form, state how the activities from II.1g to II.1j were implemented and addressed.</p> <ul style="list-style-type: none"> • 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 	<p>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.</p>

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.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" 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 related problems from re-occurring.**
- **Information about available alcohol, tobacco and drug resources in the Territory of Guam and off-island**

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.

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.

Rehabilitation Services for Adolescents

Monthly Reporting Period:

November 1, 2014 through November 31, 2014

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

<ul style="list-style-type: none"> • Information about the legal aspects that pertains to drug and alcohol related crimes 	<p>The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other 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.</p>
<p>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.</p>	<p>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.</p>
<p>II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>
<p>II.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment plans.</p>	<p>Program staff make necessary referrals to GBHWC – I famagu’onta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.</p>
<p>II.2i Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.</p>	<p>Program staff are aware to give preference to this population. None have been identified during this reporting period.</p>
<p>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.</p>	<p>Program staff meet with clients individually to transition client towards next level of care as needed.</p>
<p>II.3a Provide services for a minimum of 8 adolescents at any given time for Level II Intensive Outpatient Services.</p>	<p>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</p>

Rehabilitation Services for Adolescents

Monthly Reporting Period:

November 1, 2014 through November 31, 2014

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

II.3b Provide 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.

immunization clinics.

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.

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 12:30 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

	<p>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.</p>
<p>II.3f Provide provisions that will address clients needing psychiatric and medical services by consultation or referral arrangements.</p>	<p>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.</p>
<p>II.3g Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.</p>	<p>Program staff are aware to give preference to this population. None have been identified during this reporting period.</p>
<p>II.3h Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care.</p>	<p>Program staff meet with clients individually to transition client towards next level of care as needed.</p>
<p>II.3i 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.</p>	<p>Sanctuary, Incorporated is not a faith based organization.</p>

Rehabilitation Services for Adolescents

Monthly Reporting Period:

November 1, 2014 through November 31, 2014

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:

[Signature]

Position Title:

CPS #

Date of Submission:

12/16/14 [Signature]



Sanctuary, Incorporated of Guam

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



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 (**Residential 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
Mildred Q. Lujan

Rehabilitation Services for Adolescents	
November 1, 2014 through November 30, 2014	Bi-Weekly Reporting Period:
Sanctuary, Inc. Bi-Weekly Progress Report	
	Task/Activity

<p>II.2a, II.2f&b Maintain treatment capacity in ASAM Level III.5 to serve a minimum of 8 adolescents (male or female) at any given time.</p> <p>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.</p> <p>State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."</p>	<p>In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed?</p>
<p>During this monthly reporting period:</p> <ul style="list-style-type: none"> • 0 Clients were served. • Transfer to another level of Care: 0 (Aftercare) • Wait Listing: 1 <p>30-day Treatment</p> <p>• 7 Clients were served. • Transfer to another level of Care: 0 (Aftercare) • Wait Listing: 1 <p>180-day Treatment</p> <ul style="list-style-type: none"> • 0 Clients were served. • Transfer to another level of Care: 0 (Aftercare) • Wait Listing: 1 <p>Phase Breakdown:</p> <ul style="list-style-type: none"> • Orientation: 0 • Awareness: 0 • Enhancement: 3 • Enlightenment: 2 • Empowerment: 2 <p>** Client on waitlist pending PPD Clearance</p> </p>	<p>Sagan Na' Home 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</p>

Rehabilitation Services for Adolescents

Bi-Weekly Reporting Period:

November 1, 2014 through November 30, 2014

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

	<p>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.</p>
<p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p>	<p>The continuity of treatment in this level of care provides clients with consistent contact with residential staff and the opportunity for support when the need arises.</p>
<p>State any commendations to show the strengths of the Program:</p>	<p>Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In addition, Sagan Na' Homlo offers the individual and family the opportunity to restructure, refrain and to recover with the challenges of drug and alcohol addiction and eventually re-integrate back into the community as a productive member of society. Sanctuary, Incorporated has implemented Evidence Based Matrix Model incorporating individual sessions, family sessions, early recovery group, relapse prevention group, and 12-step participation.</p>
<p>State any recommendations for the improvement of service delivery:</p>	<p>All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.</p>
<p>II.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.</p>	<p>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.</p>
<p>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</p>	<p>Multi-level Interventions are still considered the best practice. It provides and allows insight, growth, emotional well-being, recognition of strengths, ability to communicate, group and family counseling and the opportunity to share openly, express them-selves and work on problems. 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</p>

Rehabilitation 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	During this bi-weekly reporting period: <ul style="list-style-type: none"> • 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.

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.

<p>Sanctuary Representative: <i>Mildred C. Lujan</i> Mildred Lujan Position Title: Program Director / Executive Director Date: December 16, 2014</p>	<p>DMHSA Representative: Received By: <i>[Signature]</i> Position Title: <i>WPS#</i> Date of Submission: <i>12/16/14 Nam</i></p>
--	--

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:

Mildred C. Lujan
Mildred Lujan

Position Title: Program Director / Executive Director

Date: December 16, 2014

DMHSA Representative:

Received By: _____

Position Title: _____

Date of Submission: _____

[Signature]
WPS#
12/16/14 *lan*



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



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.

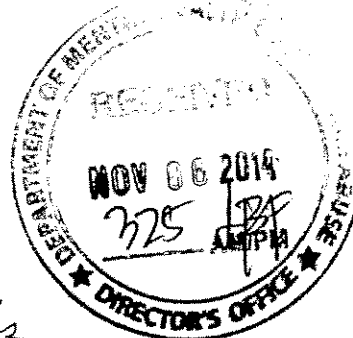
Sincerely,

Mildred Q. Lujan
Mildred Q. Lujan
Executive Director

[Signature]
RECEIVED
11/6/14
Drug & Alcohol Branch,
DMHSA

CERTIFIED TRUE COPY OF ORIGINAL DOCUMENT

SIGNED: *Mildred Q. Lujan*
DATE: 11/10/2014



GBHWC - Patient Affairs
RECEIVED
DATE: 11-10-2014 *M. Afique ASC*
3:10 pm



Sanctuary Logo 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: sanctuary@ite.net
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: 10/31/2014
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013 (outpatient) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-027	
COSTS INCURRED BY CATEGORY		AMOUNT
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 - Sagan Na' Homlo and that this is a true and certified original.

Mildred Q. Lujan 11/04/2014
MILDRED Q. LUJAN Date
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.

Monthly Reporting Period:

Rehabilitation Services for Adolescents
October 1, 2014 through October 31, 2014

Task/Activity

Sanctuary, Inc. Monthly Progress Report

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

During this bi-weekly reporting period:

- 18 group sessions. Groups for 10/6/14 were cancelled due to typhoon.
- 45 participants in attendance [10/4/14 (4); 10/11/14 (7); 10/13/14 (2); 10/18/14 (13); 10/20/14 (4); 10/25/14 (9); 10/27/14 (6)]
- 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.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 8 pending orientation and ppd clearance

8 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; 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. Each client was provided the opportunity to discuss each topic and legal consequences for substance use.

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

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

State any commendations to show the strengths of the Program:

The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other 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 service delivery:

Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.


II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten

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
<p>(10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."</p>	<ul style="list-style-type: none"> • 19 sessions were conducted. Groups for 10/6/14 were cancelled due to typhoon. • 24 participants in attendance [10/4/14 (3); 10/11/14 (4); 10/13/14 (2); 10/18/14 (3); 10/20/14 (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 – 12:00 pm, education groups are held from 12:30 pm – 1:30 pm at the Sanctuary, Inc. Main Office. • Number of Successful Completions: 0 • Number of Clients Transferred to another level of Care: 0 • Number of Clients on the Wait List: 1 pending orientation and ppd clearance • Active Clients: 5
<p>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</p>	<p>During this Bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 0 Clients in Aftercare (Social Support) Level 0.7 • Transfer to another level of Care: 0
<p>In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?</p>	<p>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.</p>
<p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p>	<p>Participants continue to explore pros and cons for use or staying clean and sober to help them to make informed and well thought out decisions about their use. Small group discussions facilitate understanding of the importance of each topic in recovery. Role-play, rehearsal, repetition, and practice in session help clients to identify strengths and needs. In addition, group participation teaches empathy and helps to develop effective communication skills.</p>

Rehabilitation Services for Adolescents October 1, 2014 through October 31, 2014	
Monthly Reporting Period:	
Task/Activity	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 attention, help, and feedback offered to each individual client, thereby encouraging engagement and active participation in their treatment.
State any recommendations for the improvement of service delivery:	Staff to continue networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.
MATRIX Model Family Education: Family Education / Support Group	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 4 sessions were conducted • 19 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: Panel Member Guidelines for Teens; I Respectfully Disagree with You; Soft is the Heart of a Child; and Setting Healthy Boundaries and Limits. 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.

Rehabilitation Services for Adolescents	
Monthly Reporting Period:	October 1, 2014 through October 31, 2014
Task/Activity	Sanctuary, Inc. Monthly Progress Report

<p>Sanctuary Representative:</p> <p>Sanctuary Representative:</p> <p>Submitted By: Eugene Anderson Position Title: Case Manager Reviewed By: Mildred Q. Lujan Position Title: Executive Director Date: November 06, 2014</p>	<p>GBHWC Representative:</p> <p>Received By: </p> <p>Position Title: <u>copst</u></p> <p>Date of Submission: <u>11/6/14 2:45pm</u></p>
--	---



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



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

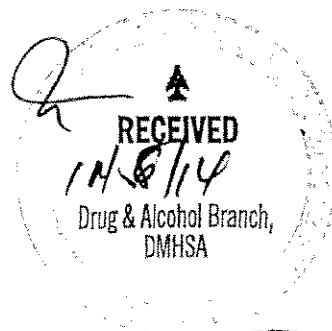
Re: Rehabilitation Services for Adolescents Report

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.

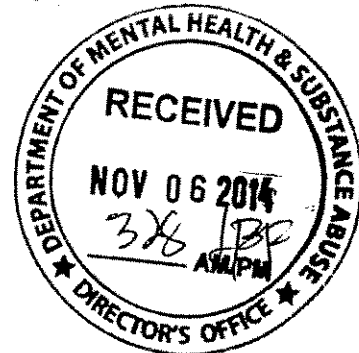
Sincerely,

Mildred Q. Lujan
Mildred Q. Lujan
Executive Director



CERTIFIED TRUE COPY OF ORIGINAL DOCUMENT

SIGNED: *Mildred Q. Lujan*
DATE: 11/10/2014



GBHC - Patient Affairs
RECEIVED
DATE: 11-10-2014 *M. Aflague ASO*
CR Doc. No. 383L-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



FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 10/31/2014
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 04-2014 (residential) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-026	
COSTS INCURRED BY CATEGORY		AMOUNT
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 - Sagan Na' Homlo and that this is a true and certified original.

Mildred Q. Lujan 11/04/2014
 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.

Rehabilitation Services for Adolescents
October 1, 2014 through October 31, 2014

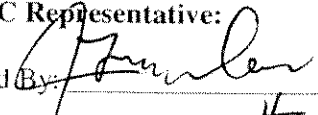
Monthly Reporting Period:

Task/Activity

Sanctuary, Inc. Monthly Progress Report

<p>II.5 Maintain treatment capacity in ASAM Level III.5 to serve 6 to 8 adolescents (male or female) at any given time. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."</p>	<p>During this Monthly reporting period:</p> <ul style="list-style-type: none"> • 8 Clients were served. • Transfer to another level of Care: 1 (Aftercare) • Wait Listing: 2 <p>Phase Breakdown:</p> <ul style="list-style-type: none"> • Orientation: 0 • Awareness: 1 • Enhancement: 4 • Enlightenment: 2 • Empowerment: 0
<p>II.5a Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients</p>	<p>During this Monthly reporting period:</p> <ul style="list-style-type: none"> • 2 Clients in Aftercare (Social Support) Level 0.7 • Transfer to another level of Care: 0
<p>In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?</p>	<p>Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to classroom work, group sessions (i.e. substance abuse, anger management, decision making, relapse prevention, life skills, team building, relationship intelligence; emotional wellness; big book and 12-step education), individual counseling sessions, individual case management sessions, meditation and evening recreation. Sanctuary continues to host 12-Step Meetings: Sanctuary continues to host AL-NON Meetings at our Main Facility and is available to all clients based on desire and appropriateness.</p>
<p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p>	<p>The continuity of treatment in this level of care provides the clients consistent contact with residential staff and the opportunity for support when the need arises.</p>
<p>State any commendations to show the strengths of the Program:</p>	<p>Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In addition, Sagan Na' Homlo offers the individual and family the opportunity to restructure, refrain and to recover with the challenges of drug and alcohol addiction and eventually re-integrate back into the community as a productive member of society. Sanctuary, Incorporated has implemented</p>

Rehabilitation Services for Adolescents	
Monthly Reporting Period:	October 1, 2014 through October 31, 2014
Task/Activity	Sanctuary, Inc. Monthly Progress Report
	Evidence Based Matrix Model incorporating individual sessions, family sessions, early recovery group, relapse prevention group, and 12-step participation.
State any recommendations for the improvement of service delivery:	All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.
II.6 Implement evidence-based models and practices in all levels of care and shall demonstrate the following: In narrative form, state how the activities from II.6.a to II.6.d were implemented and addressed.	Multi-level Interventions are still considered the best practice. It provides and allows insight, growth, emotional well-being, recognition of strengths, ability to communicate, group and family counseling and the opportunity to share openly, express them-selves and work on problems.
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 Patient Placement Appropriateness. Assessments are ongoing throughout client's treatment episode.
II.9 Provide its staff with opportunities for staff development by performing the following tasks: Briefly state the status of staff members seeking certification with IC & RC and what trainings they attended during the reporting period.	<ul style="list-style-type: none"> • Sagan Na' Homlo currently has 2 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.
MATRIX Model Parent Education / Support Group	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> 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: Panel Member Guidelines for Teens; I Respectfully Disagree with You; Soft is the Heart of a Child; and Setting Healthy Boundaries and Limits. 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 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.
Sanctuary Representative: Sanctuary Representative: Submitted By: Eugene Anderson Position Title: Case Manager Reviewed By: OJ Taitano Position Title: Program Director Date: October 02, 2014	GBHWC Representative: Received By:  Position Title: <u>WPC#</u> Date of Submission: <u>11/8/14 2:45pm</u> <u>Z</u>

Attachment 3

Sanctuary, Incorporated of Guam
Rehabilitation Services for Adolescents

Reporting Agency

Guam Behavioral Health and Wellness Center

Reports

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



SANCTUARY, INCORPORATED

"Helping Youth and Families Help Themselves" since 1971

Address: 406 Maimai Rd., Chalan Pago, Guam 96910 * Tel: 475-7101 * Fax: 477-3117 *

Crisis Hotline: 475-7100

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



TRANSMITTAL 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 PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

DESCRIPTION:

Enclosed:

3rd and 4th Quarter Report FY 2014

1st Quarter report FY2015

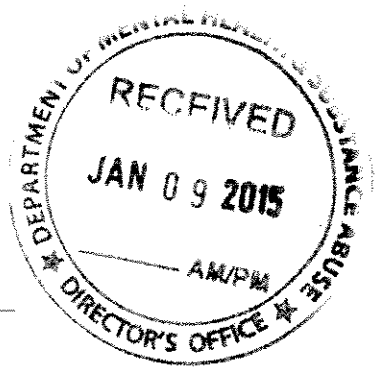
NOTICE: The Information in this correspondence, including any attachments, is for the sole use of the intended recipients and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender at (671) 475-7101, and destroy all copies of the original message.

RECEIVED BY:

NAME: L. Salazar

TITLE: Admin Secretary

SIGNATURE / DATE: [Signature] 01/12/15





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

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	-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 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	<u>\$ 154,580</u>

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

 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

Reports

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



SANCTUARY, INCORPORATED

"Helping Youth and Families Help Themselves" since 1971

Address: 406 Mai Mai Rd., Chalan Pago, Guam 96910

* Tel: 475-7101 * Fax: 477-3117 * Crisis Hotline: 475-7100

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



January 9, 2015

To: Adonis Mendiola
Director
Department of Youth Affairs

ed
1/14/15

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
Mildred Q. Lujan, Executive Director
Sanctuary Incorporated of Guam

<p>Activity A: The Emergency Shelter program will provide individual supportive counseling at least twice a week for each youth residing in the shelter.</p> <p>Time Line: Daily; ongoing daily sessions</p> <p>Responsible Parties: Case Manager and/or Program Director, and Residential Assistants</p>	<p>Results:</p> <ul style="list-style-type: none"> • During, this reporting period, 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.
<p>Activity B: To provide therapeutic and recreational activities for youth to promote personal well being.</p> <p>Timeline: Daily</p> <p>Responsible Parties: Case Manager and/or Program Director, and Residential Assistants</p>	<p>Results:</p> <ul style="list-style-type: none"> • On a weekly basis, the program facilitates various support activities for therapeutic and recreational purpose such as life skills to include money management, cooking skills, home management, mentoring, and exercise to promote social skills and personal growth.
<p>Objective II. To increase crisis intervention services to runaway and homeless youth and their families by providing 24 hours services to 200 youth parent and/or community members.</p> <p>Indicators/Outcomes/Periodicity: <i>Accessibility of children and their families in crisis situations who use Emergency Shelter services.</i></p> <p>Activity A: 24-hour crisis hotline is open to the general public to provide immediate feedback, assessments and referrals to appropriate agencies.</p> <p>Time line: on-going,</p> <p>Responsible Parties: Crisis Intervention Worker, Case Manager, and Program Director</p>	<p>Results:</p> <ul style="list-style-type: none"> • 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.
<p>Activity B: Provide referral services for all youth and their family members assessed for services needed from other agencies.</p> <p>Timeline: ongoing</p>	<p>Results:</p> <ul style="list-style-type: none"> • 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

<p>Objective IV To strengthen family relationships of 120 youth and their families through individual family and group counseling to resolve conflicts that will lead to familial reconciliation and reunification.</p> <p>Indicators/Outcomes/Periodicity: <i>Conflict Mediation skills of children and their families</i></p> <p>Activity A: Provide 120 family skills training sessions for youth and their families experiencing crisis situations through Sanctuary's 24-hour crisis hotline or Emergency Shelter Program.</p> <p>Time line: ongoing</p> <p>Responsible Parties: Crisis Intervention Worker, Case Manager and Program Director.</p>	<p>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.</p>
<p>Activity B: The Project will conduct 45 Anger Management groups for children in crisis situations to learn assertive, non-violent ways of channeling their anger.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Program Directors, Case Manager, and AmeriCorps volunteers.</p>	<p>Results:</p> <ul style="list-style-type: none"> • 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.
<p>Objective V: To decrease recidivism and problems of runaway and homeless youth and their families to assist with their transition back home and meet their long-term needs.</p> <p>Indicators/Outcomes/Periodicity: <i>Availability of supportive services to children and their families in crisis situations.</i></p> <p>Activity A:</p>	<p>Results: Individual supportive counseling sessions were provided this reporting period to assist youth and their parent/legal guardians to make appropriate decisions relative to their family dynamics. The breakdown of the sessions are as follow: - Two Hundred Ninety Four (294) youth individual supportive counseling</p>

Performance Measures:

<p>Social Competence</p>	<p>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.</p>
<p>Family Relationships</p>	<p>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.</p>
<p>Families Satisfied with Program</p>	<p>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:</p> <ol style="list-style-type: none"> 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
<p>Client Satisfaction</p>	<p>Of all clients who have completed satisfaction survey, 75% have reported an increased quality in familial relationships. A total of 87.5% have stated 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.</p>



Sanctuary, Incorporated of Guam



A Non-profit Organization Established in 1971

406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101

Crisis Hotline (671)475-7100 • Fax (671)477-3117 • 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	-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 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	<u>76,002.57</u>

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



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

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	-0-
Equipment	-0-
Inventory Property	-0-

Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan
Mildred Q. Lujan
Executive Director

COPY

3/23/15
MRS

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	Contract Amount	Object Classification	Expenditure
Federal	\$ 34,896		
		Salary	\$ 6,806
		Benefits	992
		Travel	-
		Contractual	-
		Supplies & Materials	-
		Equipment	-
		Utilities	-
		Miscellaneous	-
		Grand Total	<u>\$ 7,799</u>

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

SIGNATURE OF AUTHORIZED OFFICIAL:



 MILDRED Q. LUJAN
 EXECUTIVE DIRECTOR

DATE: 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-December 31, 2014	
Organization:		SANCTUARY, INC	
AGE		TOTAL	
0-12		1	
13-17		10	
18-24			
25-59			
60+			
Unknown			
NATIONAL ORIGIN	TOTAL	NATIONAL ORIGIN	TOTAL
1. African American:	1	6. Filipino:	
2. Asian :		7. Hispanic:	
3. Caucasian/White:	1	8. Other Pacific Islander:	
4. Chamorro:	9	9. Other: Indian	
5. Chuukese:		10. Unknown:	
GENDER		TOTAL	
Male		4	
Female		7	
Unknown			
Institutions Victimized		TOTAL	
Business Owned Building/Office/Property			
Religious Organization Building/Office/Property			
Federal Government Building/Office/Property			
Government of Guam Building/Office/Property			
Public or Private School Building/Office/Property			
TYPES OF SERVICES PROVIDED		TOTAL	
Crisis Counseling		438	
Follow-up Contact		7	
Therapy		1	
Group Treatment/Support		1	
Shelter/Safe House		11	
Information & Referral (In- Person)		255 (Outreach)	
Criminal Justice Support/Advocacy			
Assistance in Filing Compensation Claims			
Emergency Financial Assistance			
Emergency Legal Advocacy			
Personal Advocacy			
Telephone Information & Referral		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 VICTIMIZATION	TOTAL
<i>1. Child Victims of Physical Abuse (0-17)</i>	3
<i>2. Child Victims of Sexual Abuse (0-17)</i>	3
<i>3. Victims of DUI/DWI</i>	
<i>4. Victims of Family Violence</i>	
<i>5. Adult Victims of Sexual Abuse</i>	
<i>6. Elder Abuse</i>	
<i>7. Adults Molested as Children</i>	
<i>8. Survivors of Homicide Victims</i>	
<i>9. Assault</i>	
<i>10. Robbery</i>	
<i>11. Other (TOTAL A-K)</i>	5
<i>A. Arson</i>	
<i>B. Burglary</i>	
<i>C. Child Neglect (Endangerment)</i>	4
<i>D. Fraud</i>	0
1. Forgery	
2. Fraud	
3. Identity Theft	
<i>E. Harassment</i>	0
1. Criminal Mischief	
2. Criminal Trespass	
3. Disorderly Conduct	
4. Harassment	
5. Terrorizing	
<i>F. Kidnapping</i>	
<i>G. Stalking (DV and NON-DV)</i>	
<i>H. Theft</i>	0
1. Theft by Deception	
2. Theft of a Motor Vehicle	
3. Theft of Intellectual Property	
4. Theft of Property	
5. Theft of Services	
<i>I. Vehicular Crimes (Non DUI/DWI)</i>	0
1. Leaving the scene of an accident	
2. Leaving the scene of an accident w/ Injuries	
3. Reckless Driving w/ Injuries	
<i>J. Other: Specify</i>	1
Homeless	
<i>K. Other: Specify</i>	
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

To: HONORABLE JUDITH T. WON PAT
Speaker
33rd Guam Legislature

Office of the Speaker
Judith T. Won Pat, Ed.D

Date: 10-15-15
Time: 4:40 pm
Received By: [Signature]

Enclosed herewith are the following documents:

1. FY2015 2nd quarter list of expenditures over \$5,000
2. FY2015 2nd quarter list of appropriations/expenditure report
3. FY2015 2nd quarter progress report

Purpose/Action Needed:

- Needs your approval on the above
- Needs reply or comment
- To fulfill your requirement

Other: In compliance with Public Law 28-150 herein reports for all our programs which receive funding through a Government of Guam agency

Senseramente,

[Signature]
Theresa C. Arriola
Executive Director

ACKNOWLEDGEMENT

Receipt of the above is hereby acknowledged:

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

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

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

8. Project/Grant Period From: (Month, Day, Year) 1-Oct-13	To: (Month, Day, Year) 28-Feb-15	9. Reporting Period End Date (Month, Day, Year) January 01, 2015 - February 28, 2015
---	--	--

10. Transactions Cumulative

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

Federal Cash	
a. Cash Receipts	\$0.00
b. Cash Disbursements	\$0.00
c. Cash on Hand (line a minus b)	\$0.00

(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

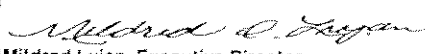
Recipient Share:	
i. Total recipient share required	\$25,252.00
j. Recipient share of expenditures	\$9,861.90
k. Remaining recipient share to be provided (line i minus j)	\$15,390.10

Program Income:	
l. Total Federal program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

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

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

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

a. Typed or Printed Name and Title of Authorized Certifying Official  Mildred Lujan, Executive Director	c. Telephone (Area code, number and extension) (671) 475-7101 d. Email address inquiries@sanctuaryaidin.org e. Date Report Submitted (Month, Day, Year) 10-Apr-15
b. Signature of Authorized Certifying Official	
14. Agency use only:	

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

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



SGC - Standard Operating Procedures - Process Instructions:

Step: 1 - Program Director/Fiscal are to fill out Periodic Expense Report(Sections I, II, III) Program Director to submit with Reimbursement Cover and supporting documents

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



Ayuda Para I Komunidad -11AFHGU0010011

Section I	CNCS SHARE	BUDGET TOTAL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Jan-15	Feb-15	PROGRAM TOTAL	BUDGET YTD BAL
A Personnel																		
Program Coordinator	26,187.00	30,692.32	2,014.40	2,014.40	2,014.40	2,033.12	3,084.00	2,056.00	2,056.00	2,056.00	2,056.00	3,084.00	2,056.00	2,056.00	2,056.00	2,056.00	30,692.32	0.00
Program Supervisor	25,647.00	35,791.49	1,972.80	1,972.80	1,972.80	2,216.45	3,771.36	2,514.24	2,514.24	2,514.24	2,514.24	3,771.36	2,514.24	2,514.24	2,514.24	2,514.24	35,791.49	0.00
Admin Asst	21,632.00	27,982.80	1,664.00	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	1,928.00	27,982.80	0.00
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	9,747.36	6,498.24	6,498.24	6,498.24	6,498.24	103,720.15	0.00
B Fringe																		
FICA	8,107.00	7,934.60	604.50	604.50	604.50	652.80	745.68	497.12	497.12	497.12	497.12	745.68	497.12	497.12	497.12	497.12	7,934.59	0.01
Health Insurance	6,480.00	7,248.52	0.00	0.00	345.60	0.00	1,036.80	0.00	1,202.40	239.04	0.00	0.00	1,143.60	400.60	240.36	453.54	5,061.94	2,186.58
Workers Comp	311.00	311.00	0.00	0.00	108.81	0.00	0.00	0.00	108.81	23.37	23.37	0.00	0.00	46.64	0.00	0.00	311.00	0.00
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	745.68	1,640.72	944.36	737.48	950.66	13,307.53	2,186.59
S/Total (A/B)	120,876.00	119,214.27	8,506.56	8,506.56	8,960.97	9,186.13	11,529.84	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	2,186.59
E Supplies:																		
Program-Office Supplies / Mater	3,000.00	9,218.09	0.00	0.00	0.00	0.00	360.00	0.00	0.00	160.00	150.32	800.00	0.00	1,311.07	4,828.45	0.00	7,609.84	1,608.25
Gasoline	1,200.00	3,200.00	0.00	0.00	438.04	226.66	413.00	0.00	120.28	310.67	189.47	0.00	346.17	0.00	273.71	81.21	2,399.21	800.79
Service Gears	3,900.00	2,854.40	0.00	0.00	0.00	0.00	2,854.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,854.40	0.00
S/Total -Supplies	8,100.00	15,272.49	0.00	0.00	438.04	226.66	3,627.40	0.00	120.28	470.67	339.79	800.00	946.17	1,311.07	5,102.16	481.21	12,863.45	2,409.04
F Contractual:																		
Vehicle Lease	5,850.00	11,050.00	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	425.00
xerox	0.00	3,264.70	0.00	0.00	0.00	50.04	136.48	50.06	200.24	174.42	203.24	0.00	276.24	174.52	0.00	203.80	1,469.04	1,795.66
Telephone	0.00	3,264.70	0.00	0.00	0.00	50.04	136.48	50.06	200.24	174.42	203.24	0.00	276.24	174.52	0.00	203.80	1,469.04	1,795.66
Cell Phone	3,600.00	6,864.70	0.00	0.00	215.12	0.00	1,152.67	211.96	288.59	150.23	317.04	0.00	395.03	308.80	0.00	264.50	3,303.94	3,560.76
S/Total -Contractual	9,450.00	21,179.40	0.00	0.00	215.12	1,925.04	4,414.15	262.02	488.83	1,574.65	1,145.28	0.00	671.27	483.32	3,125.00	1,093.30	15,397.98	5,781.42
G Staff Training	0.00	28.00	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	0.00
Member Training:																		
C.E.R.T	0.00	0.00	0.00	0.00	0.00	0.00	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 Guam/ 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	1,512.00	0.00
Fraud, Waste and Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Active 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	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	0.00	0.00	0.00
SGC/GDOL/AmeriCorps Alums Resume & Job Application	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	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	0.00
Team Building	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00
S/Total -Training	0.00	1,540.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,540.00	0.00	0.00	0.00	0.00	0.00	1,540.00	0.00
H Evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I Other Program Operating Costs:																		
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	0.00	0.00	0.00
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	0.00



SANCTUARY INCORPORATED - AYUDA PARA I KOMUNIDAT

Section I	PROGRAM SHARE	BUDGET TOTAL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	PROGRAM TOTAL	CNCS BUDGET YTD BAL	
A Personnel																	
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	3,963.82	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	419.04	279.36	279.36	279.36	3,976.83	8,840.35
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	
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	7,942.65	8,840.35	
B Fringe																	
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	607.69	676.31
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	1,186.56	3,133.44
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	125.00	0.00
Total - Fringe	5,729.00	0.00	90.56	90.56	347.36	100.84	802.47	21.38	21.37	289.54	21.38	32.07	21.38	37.57	21.38	1,919.26	3,809.74
S/Total (A/B)	22,512.00	0.00	1,274.42	1,274.42	1,531.22	1,418.96	1,221.51	300.74	300.73	568.90	300.74	451.11	300.74	316.93	300.74	300.74	12,650.10
C Staff Travel																	
National Volunteer Conf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
MYSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Local Mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	
C Member Travel																	
MYSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Local Mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
S/Total - member travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
S/Total - travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
D Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
E Supplies																	
Program Supplies / Materials	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Office Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Gasoline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Service Gears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	
F Contractual																	
Xerox Copier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Internet Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	
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	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	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	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	0.00	
G Staff Training																	
AC Policies & Procedures	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00	
S/Staff Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Member Training:																	
Pre-Service Orientation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
First Aid & CPR	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

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	-0-
Equipment	-0-
Inventory Property	-0-

Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan
Executive Director

Ⓟ 4/8/15 WSP/CLZ

COPY

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	Contract Amount	Object Classification	Expenditure
General	\$ 40,800		
		Salary	\$ 3,393.80
		Benefits	265.34
		Travel	-
		Contractual	2,000.00
		Supplies & Materials	6,000.00
		Equipment	-
		Utilities	41.75
		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	-0-
Equipment	-0-
Inventory Property	-0-

Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan
Mildred Q. Lujan
Executive Director

4/8/15 M. Lujan

COPY

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	Contract Amount	Object Classification	Expenditure
General/Federal	\$ 490,000		
		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	<u>\$ 125,994.97</u>

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

"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

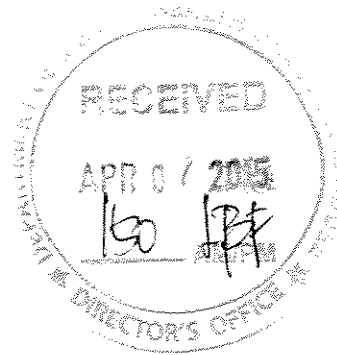
Website: www.sanctuaryguam.org E-mail: inquiries@sanctuaryguam.org



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 (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. Lujan

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: 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
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013 (outpatient) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-035	
COSTS INCURRED BY CATEGORY		AMOUNT
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 - Sagan Na' Homlo and that this is a true and certified original.

Mildred Q. Lujan 03/31/2015
MILDRED Q. LUJAN Date
Sanctuary, Incorporated
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.

Don Sabang 4-6-15 6:59 pm
Don Sabang
D & A Supervisor

Residential 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.2fa&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

- 2 Clients were served.
- 0 Transfer 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' Homlo complete 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.
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-j Evaluate 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.	<p>Patient Placement Appropriateness.</p> <p>Assessments were ongoing throughout client's treatment episode.</p>
MATRIX Model Family Education: Family Education / Support Group	<p>During this monthly reporting period:</p> <ul style="list-style-type: none"> • 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.

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: <u>Athena Ochoa</u> 13:55 Position Title: <u>CDTS III</u> Date of Submission: <u>4.6.15</u>
---	--



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971

406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101

Crisis Hotline (671)475-7100 • Fax (671)477-3117 •

www.sanctuaryguam.org



March 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,

Mildred Q. Lujan
Mildred Q. Lujan

*Received
from Quetzal*

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

<ul style="list-style-type: none"> • 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.
<p>In narrative form, state how the activities from II.1k to II.1o were implemented and addressed.</p> <ul style="list-style-type: none"> • 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 	<p>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.</p> <p>Each individual, group or family session and treatment plan is documented in client file.</p>
<p>II.2a Provide services for a minimum of 12 adolescents at any given time for Level I Outpatient Services.</p>	<p>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 I 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.</p>
<p>In narrative form, state how the activities from II.2b to II.2d were implemented and addressed.</p>	<p>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</p>

Rehabilitation Services for Adolescents

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

<ul style="list-style-type: none"> • 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 	<p>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”.</p> <p>Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.</p> <p>The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other 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.</p>
<p>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.</p>	<p>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.</p>
<p>II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>
<p>II.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment</p>	<p>Program staff make necessary referrals to GBHWC – I famagu’onta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.</p>

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, 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 Provide 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. <ul style="list-style-type: none"> • 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

<ul style="list-style-type: none"> • Experience with necessary techniques for IOP 	<p>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".</p> <p>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.</p>
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.	level of care as needed. Program staffs also utilize the ASAM's six dimensions to ensure transitions are clinically appropriate.
<p>III 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.</p>	Sanctuary, Incorporated is not a faith based organization.
<p>Sanctuary Representative:</p> <p>Mildred Q. Lujan Position Title: Executive Director Date: March 3, 2015</p>	<p>DMHSA Representative:</p> <p>Received By: <u>Tracy Quiñones</u> Position Title: <u>LOTS II</u> Date of Submission: <u>3-5-15</u></p>



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971

406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101

Crisis Hotline (671)475-7100 • Fax (671)477-3117 •

www.sanctuaryguam.org



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. Lujan

Rehabilitation Services for Adolescents

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

<p>In narrative form, state how the activities from II.1a to II.1c were implemented and addressed.</p> <ul style="list-style-type: none"> • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff 	<p>Sanctuary program staff attended a conference/training on cultural competency in behavioral healthcare on December 4th and 5th 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 Department of Education (GDOE), Juvenile Drug Court (JDC), National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT).</p>
<p>In narrative form, state how the activities from II.1d to II.1e were implemented and addressed.</p> <ul style="list-style-type: none"> • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models 	<p>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.</p>
<p>II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.</p>	<p>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 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.</p>
<p>In narrative form, state how the activities from II.1g to II.1j were implemented and addressed.</p> <ul style="list-style-type: none"> • Evaluate psychological, social, and 	<p>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</p>

Rehabilitation 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, 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

<ul style="list-style-type: none"> • 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 	<p>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.</p> <p>Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.</p> <p>The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other 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.</p>
<p>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.</p>	<p>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.</p>
<p>II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>
<p>II.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment</p>	<p>Program staff make necessary referrals to GBHWC – I Famagu’onta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.</p>

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, 1 st 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 Provide 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 accommodate the 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. <ul style="list-style-type: none"> • 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.

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

	<p>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.</p> <p>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.</p>
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 reviewed upon a program evaluation by GHBWC.

Sanctuary, Incorporated is not a faith based organization.

Sanctuary Representative:

Mildred Q. Lujan
 Position Title: Executive Director
 Date: February 3, 2015

DMHSA Representative:

Received By: Athera Daenos
 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

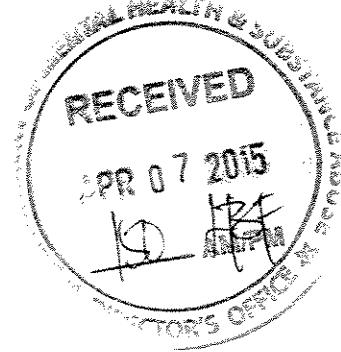
Website: www.sanctuaryguam.org E-mail: inquiries@sanctuaryguam.org



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

Residential 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.
- 0 Transfer to another level of Care: (Aftercare)
- 0 Wait Listed
- 0 Completed:

180-day Treatment

- 2 Clients were served.
- 0 Transfer 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 1 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' Homlo complete 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

<p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p>	<p>The continuity of treatment in this level of care provides clients with consistent contact with residential staff and the opportunity for support when the need arises.</p>
<p>State any commendations to show the strengths of the Program:</p>	<p>Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In addition, Sagan Na' Homlo offers the individual and family the opportunity to restructure, refrain and to recover with the challenges of drug and alcohol addiction and eventually re-integrate back into the community as a productive member of society. Sanctuary, Incorporated has implemented Evidence Based Matrix Model incorporating individual sessions, family sessions, early recovery group, relapse prevention group, and 12-step participation.</p>
<p>State any recommendations for the improvement of service delivery:</p>	<p>All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.</p>
<p>II.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.</p>	<p>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.</p>
<p>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.</p>	<p>Multi-level Interventions are still considered the best practice. It provides and allows insight, growth, emotional well-being, recognition of strengths, ability to communicate, group and family counseling and the opportunity to share openly, express them-selves and work on problems. 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.</p>
<p>II.1 g-j Evaluate the psychological, social, and</p>	<p>Ongoing Screening / Assessments continued daily using ASAM to determine</p>

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:

- 3 sessions were conducted - 1 session was cancelled due to COR 3 status
- 14 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: 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.

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:

Athena Ochoa 13:55

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
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 04-2014 (residential) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-034	
COSTS INCURRED BY CATEGORY	AMOUNT	
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 - Sagan Na' Homlo and that this is a true and certified original.

Mildred Q. Lujan 03/31/2015
 MILDRED Q. LUJAN Date
 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 P. Sabang 4-6-15 6:57 P.M.
 Don Sabang
 D & A Supervisor



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971

406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101

Crisis Hotline (671)475-7100 • Fax (671)477-3117 •

www.sanctuaryguam.org



March 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 (**Residential Services**) for the month of February 2015.

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

Sincerely,

Mildred Q. Lujan
Mildred Q. Lujan

Received
Ray Vega
3/5/15

Rehabilitation Services for Adolescents

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

<p>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.</p> <p>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.</p> <p>State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."</p>	<p>During this monthly reporting period:</p> <p>30-day Treatment</p> <ul style="list-style-type: none"> • 1 Client was served. • 1 Transfer to another level of Care: (Aftercare) • 0 Wait Listed • 0 Completed: <p>180-day Treatment</p> <p>4 Clients were served.</p> <ul style="list-style-type: none"> • 0 Transfer to another level of Care (Aftercare) • 1 Wait Listed • 2 Completed <p>** Client on waitlist pending PPD Clearance, Physical Examination, and/or Psychological/Psychiatric Evaluation</p>
---	---

<p>In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed?</p>	<p>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.</p>
--	---

<p>In narrative form, briefly state how clients benefited from</p>	<p>The continuity of treatment in this level of care provides clients with</p>
--	--

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.
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:	February 1, 2015 through February 28, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report
<p>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.</p>	<p>Ongoing Screening / Assessments continued daily using ASAM to determine Patient Placement Appropriateness.</p> <p>Assessments were ongoing throughout client's treatment episode.</p>
<p>MATRIX Model Family Education: Family Education / Support Group</p>	<p>During this monthly reporting period:</p> <ul style="list-style-type: none"> • 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
<p>In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?</p>	<p>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.</p>
<p>In narrative form, briefly state how Family benefited from the core functions or services from this level?</p>	<p>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.</p>
<p>State any commendations to show the strengths of the Program:</p>	<p>Due to the census of the Family Members wanting to have group on a weekend, accommodations were made moving the group to Saturdays. Each Family member who is not able to attend the groups on Saturdays are still considered and accommodations continue to be made on a case by case basis.</p>

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:

Mildred Lujan

Position Title: Program Director / Executive Director

Date: March 3, 2015

DMHSA Representative:

Received By: Tracy Quintana

Position Title: LOTS II

Date of Submission: 3-5-15



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



FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo		Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 2/28/2015
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (GBHWC)		Vendor Acct. No. S1458001 Document No. Contract No. RFP 04-2014 (residential) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-033	
COSTS INCURRED BY CATEGORY		AMOUNT	
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.

Mildred Q. Lujan 02/26/2015
 MILDRED Q. LUJAN Date
 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.

Don Sabang 3-5-15
 Don Sabang
 D & A Supervisor
Approved for payment



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971

406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101

Crisis Hotline (671)475-7100 • Fax (671)477-3117 •

www.sanctuaryguam.org



February 3, 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 (**Residential 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. Lujan

Rehabilitation Services for Adolescents

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

<p>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.</p> <p>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.</p> <p>State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."</p>	<p>During this monthly reporting period:</p> <p>30-day Treatment</p> <ul style="list-style-type: none"> • 2 Client was served. • 1 Transfer to another level of Care: (Aftercare) • 1 Wait Listed • 0 Completed: <p>180-day Treatment</p> <ul style="list-style-type: none"> • 4 Clients were served. • 1 Transfer to another level of Care (Aftercare) • 1 Wait Listed • 1 Completed <p>** Client on waitlist pending PPD Clearance, Physical Examination, and/or Psychological/Psychiatric Evaluation</p>
<p>In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed?</p>	<p>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.</p>
<p>In narrative form, briefly state how clients benefited from</p>	<p>The continuity of treatment in this level of care provides clients with</p>

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

<p>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.</p>	<p>Ongoing Screening / Assessments continued daily using ASAM to determine Patient Placement Appropriateness.</p> <p>Assessments were ongoing throughout client's treatment episode.</p>
<p>MATRIX Model Family Education: Family Education / Support Group</p>	<p>During this monthly reporting period:</p> <ul style="list-style-type: none"> • 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
<p>In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?</p>	<p>The group lessons/activities included: Marijuana – The escape to nowhere; Soft is a heart of a child; I respectfully disagree with you; Families in Recovery. Open discussion on each topic followed. Questions, answered, and comments were addressed to close out the sessions.</p>
<p>In narrative form, briefly state how Family benefited from the core functions or services from this level?</p>	<p>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.</p>
<p>State any commendations to show the strengths of the Program:</p>	<p>Due to the census of the Family Members wanting to have group on a weekend, accommodations were made moving the group to Saturdays. Each Family member who is not able to attend the groups on Saturdays are still considered and accommodations continue to be made on a case by case basis.</p>
<p>State any recommendations for the improvement of</p>	<p>Staff to continue networking efforts with community partners as well as be</p>

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: Mildred Lujan Position Title: Program Director / Executive Director Date: February 3, 2015	DMHSA Representative: Received By: <u>Athena Dumas</u> Position Title: <u>COTS III</u> Date of Submission: <u>2.3.15</u>
--	--

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: Grace Jeanette



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

4/8

April 07, 2015



Youth Affairs

APR 08 2015

11:52 AM

Director's Office

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	-0-
Inventory Property	-0-

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 - (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	<u>79,051.54</u>

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



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

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,

Mildred Q. Lujan
Mildred Q. Lujan
Executive Director

COPY

Ⓟ 4/8/15
M. Lujan

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	Contract Amount	Object Classification	Expenditure
Federal	34,896.00		
		Salary	\$ 6,131.92
		Benefits	1,010.63
		Travel	-
		Contractual	-
		Supplies & Materials	-
		Equipment	-
		Utilities	-
		Miscellaneous	-
		Grand Total	<u>\$ 7,142.55</u>

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

SIGNATURE OF AUTHORIZED OFFICIAL:


 MILDRED Q. LUJAN
 EXECUTIVE DIRECTOR

DATE: 04/07/2015

**INCORPORATED OF GUAM
VICTIMS OF CRIME ACT GRANT**

Program Report
Ending 3/31/15

-0064

11111111

PERIOD: 2014-2015
Sanctuary, Incorporated Victim Assistance Program
GRANTEE NAME AND ADDRESS: Sanctuary, Incorporated
406 Maimai Road
Chalan Pago, Guam 96910
Executive Director

- 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 the 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 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 several outreach and training events throughout this quarter. The following outreach events were the Guam 'A' Club, Payless Kick the Fat, Autism Fair, High School Parent Teacher Conference, UOG Suicide Prevention Forum, and the 2015 Law Fair Information Display. Case Managers and Residential Assistants received First Aid and CPR training during this quarter.

Sanctuary offers a twenty-four hour crisis hotline to assist youth who are runaway, homeless, victims of physical, mental, emotional, and verbal), experiencing relationship problems with family, or experiencing other behavioral and emotional issues (e.g., drug use, etc.).

**VICTIMS OF CRIME ACT
VICTIM STATISTICS WORKSHEET**

FOR THE PERIOD OF:		January 01, 2015 - March 31, 2015	
Organization:		SANCTUARY, INC	
AGE		TOTAL	
0-12			
13-17			
18-24			7
25-59			
60+			
Unknown			
NATIONAL ORIGIN		TOTAL	
1. African American:		6. Filipino:	
2. Asian :		7. Hispanic:	
3. Caucasian/White:		8. Other Pacific Islander:	3
4. Chamorro:	3	9. Other: Indian	
5. Chuukese:	1	10. Unknown:	
GENDER		TOTAL	
Male			
Female			1
Unknown			6
Institutions Victimized		TOTAL	
Business Owned Building/Office/Property			
Religious Organization Building/Office/Property			
Federal Government Building/Office/Property			
Government of Guam Building/Office/Property			
Public or Private School Building/Office/Property			
TYPES OF SERVICES PROVIDED		TOTAL	
Crisis Counseling			
Follow-up Contact			265
Therapy			11
Group Treatment/Support			1
Shelter/Safe House			1
Information & Referral (In- Person)			7
Criminal Justice Support/Advocacy			381 (Outreach)
Assistance in Filing Compensation Claims			
Emergency Financial Assistance			
Emergency Legal Advocacy			
Personal Advocacy			
Telephone Information & Referral			
Other: (specify)			146
Other: (specify)			

Attachment 6

Sanctuary, Incorporated of Guam

Forrester's Refuge – Permanent Housing Program

Reporting Agency

Guam Housing and Urban Renewal Authority (GHURA)

Reports

1. Quarterly financial expenditures and obligation



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971

406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101
Crisis Hotline (671)475-7100 • Fax (671)477-3117 • Email:
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	-0-
Equipment	-0-
Inventory Property	-0-

Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan
Mildred Q. Lujan
Executive Director

Ⓢ ASHLEY

COPY

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	Contract Amount	Object Classification	Expenditure
General	\$ 129,450		
		Salaries & Benefits	\$ 20,804.93
		Travel	-
		Contractual	2,369.56
		Supplies & Materials	1,135.74
		Equipment	-
		Utilities	4,713.22
		Miscellaneous	1,041.23
		Grand Total	<u>\$ 30,064.68</u>

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

To: HONORABLE JUDITH T. WON PAT
Speaker
33rd Guam Legislature

Office of the Speaker
Judith T. Won Pat, Ed.D

Date: 10-15-15
Time: 4:40pm
Received By: [Signature]

Enclosed herewith are the following documents:

1. FY2015 3rd quarter list of expenditures over \$5,000
2. FY2015 3rd quarter list of appropriations/expenditure report
3. FY2015 3rd quarter progress report

Purpose/Action Needed:

- Needs your approval on the above
- Needs reply or comment
- To fulfill your requirement

Other: In compliance with Public Law 28-150 herein reports for all our programs which receive funding through a Government of Guam agency

Senseramente,

[Signature]
Theresa C. Arriola
Executive Director

ACKNOWLEDGEMENT

Receipt of the above is hereby acknowledged:

Print 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
(Follow form instructions)

COPY 7/17/15

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

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

4a. DUNS Number 855025284	4b. EIN 96-0002543	5. Recipient Account Number or Identifying Number 11AFHGU0010002	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
-------------------------------------	------------------------------	--	--	---

8. Project/Grant Period From: (Month, Day, Year) 1-Oct-14	To: (Month, Day, Year) 30-Sep-15	9. Reporting Period End Date (Month, Day, Year) April 01, 2015 - June 30, 2015	1ST QTR
---	--	--	----------------

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

Federal Cash	
a. Cash Receipts	\$0.00
b. Cash Disbursements	\$0.00
c. Cash on Hand (line a minus b)	\$0.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$450,012.00
e. Federal share of expenditures	\$119,127.53
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$119,127.53
h. Unobligated balance of Federal funds (line d minus g)	\$330,884.47

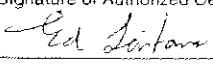
Recipient Share:	
i. Total recipient share required	\$15,319.00
j. Recipient share of expenditures	\$3,868.39
k. Remaining recipient share to be provided (line i minus j)	\$11,450.61

Program Income:	
l. Total Federal program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

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

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

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

a. Typed or Printed Name and Title of Authorized Certifying Official Edward Taitano, Interim Director	c. Telephone (Area code, number and extension) (671) 475-7101
b. Signature of Authorized Certifying Official 	d. Email address EDUARDO.TAITANO@CORPUSCROSSING.ORG
	e. Date Report Submitted (Month, Day, Year) 10-Jul-15

14. Agency use only:

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

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



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 GRANT ID NUMBER	DOA VENDOR NUMBER	DOA CONTRACT NUMBER	EMPLOYER ID	EMPLOYER DUNNS NUMBER
14AFHGU0010002	14AC161850	S1456001	C150600470	96-0002543	85502584

PROGRAM PERIOD: 2014-2015			PERIOD CLAIMING FOR: Jun-15		
REQUEST NUMBER: 2015-04 (PY 2014-2015) ACCOUNT NUMBER: 5101H			FINAL CLAIM:	YES	NO 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/ or before the 10th of each MONTH for compliance and reimbursement.
- FISCAL REPORTS are due on/ or before the 10th of each MONTH for compliance.
- FFR's are due on/ or before the 10th of each QUARTER for compliance.

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

PROGRAM DIRECTOR/ DATE: Doris M. Aguon 7/10/15
 CERTIFYING OFFICER/ DATE: Julie Iriarte 07-10-2015
 EXECUTIVE DIRECTOR/ DATE: Ed Justice 7/10/15

SGC/ DOL USE ONLY -
 Reviewed against PERIODIC EXPENSE REPORT (PER) & BUDGET MODIFICATION
 SGC Administrative Assistant
 Julie Iriarte/ Signature/ Date: _____
 PER REIMBURSEMENT BUDGET MODIFICATION FFR's
 Submit: Supporting Documents

SGC/ AMERICORPS PROGRAM COMPLIANCE:
 EGRANTS NPM SUBMISSION:
 NATIONAL PERFORMANCE MEASURES (NPM) EGRANTS MEMBER ENROLLMENT EXIT EVALUATIONS MID FINAL
 CNCS NATIONAL SERVICE CRIMINAL HISTORY CHECKS PROGRAM SITE VISIT FISCAL SITE VISIT
 ACCOMPANIEMENT: DAILY TIME SHEET/ TIME IN/ OUT/ HOURS PROGRAM CLOSE OUT FISCAL CLOSE OUT PROGRAM EVALUATIONS

SGC/ DDOL - ASSURANCE & CERTIFICATION:
 DOL CERTIFYING OFFICER/ DATE: _____
 Nellie N. Asanuma
 SGC EXECUTIVE DIRECTOR/ DATE: _____
 Doris M. Aguon



SGC - Standard Operating Procedures - Process Instructions:

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

Ayuda Para I Komunidad -14AFHGU0010002

Section I	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														
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:														
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	0.00	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							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	2,160.00
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							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														
A Living Allowance														
Half Time	302,400.00	302,400.00	0.00	30,240.60	21,633.66	23,029.38							74,903.64	227,496.36
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														
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
Health	0.00	0.00	0.00	0.00	0.00								0.00	0.00
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/0!	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	0.00	0.00	0.00	0.00	0.00	119,127.53	330,884.47



SANCTUARY INCORPORATED - AYUDA PARA I KOMUNIDAT

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	3,723.32
Administrative Aide	5,162.00	5,162.00	0.00	0.00	1,349.60	385.60							1,735.20	3,426.80
Program Coordinator	0.00	0.00	0.00	0.00	0.00	-							0.00	0.00
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	7,150.12
B Fringe														
FICA	823.00	823.00	32.06	48.08	105.80	61.56							247.51	575.49
Health Insurance	0.00	0.00	0.00	0.00	0.00								0.00	0.00
Worker's Compensation	0.00	0.00	0.00	0.00	0.00								0.00	0.00
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	575.49
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	7,725.61
Section I - 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	7,725.61
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%	100.00%
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/0!							0.00%	100.00%
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

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



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	Contract Amount	Object Classification	Expenditure
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	<u>\$ 1,049.86</u>

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

SIGNATURE OF AUTHORIZED OFFICIAL:



 EDWARD H. TAITANO
 INTERIM EXECUTIVE 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 Logo Sanctuary, Incorporated of Guam
 A Non-profit Organization Established in 1971
 406 MaiMai Road Chalan Pago, Guam 96910 Administrative Office (671)475-7101
 Crisis Hotline (671)475-7100 Fax (671)477-3117 Email: inquiries@sanctuaryguam.org
 www.sanctuaryguam.org



FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 06/30/2015
TO: Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013 (outpatient) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-040	
COSTS INCURRED BY CATEGORY		AMOUNT
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 - Sagan Na' Homlo and that this is a true and certified original.

Ed Taitano 6/30/15
 Edward Taitano Date
 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 6/15/15
 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

<p>In narrative form, state how the activities from II.1a to II.1c were implemented and addressed.</p> <ul style="list-style-type: none"> • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff 	<p>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 Ist 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).</p>
<p>In narrative form, state how the activities from II.1d to II.1e were implemented and addressed.</p> <ul style="list-style-type: none"> • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models 	<p>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</p>
<p>II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.</p>	<p>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.</p>
<p>In narrative form, state how the activities from II.1g to II.1j were implemented and addressed.</p> <ul style="list-style-type: none"> • Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug abuse • Determine appropriateness and eligibility for admission or referral 	<p>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.</p>

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 I 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 I treatment in the month of June. Program staff work with DYA social workers, P'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

<ul style="list-style-type: none"> • 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 	<p>during the activity, which included a group discussion about the importance of working with others to accomplish a task.</p> <p>Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.</p> <p>The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other 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.</p>
<p>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.</p>	<p>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.</p>
<p>II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>
<p>II.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment plans.</p>	<p>Program staff make necessary referrals to GBHWC – I famagu’onta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.</p>
<p>II.2i Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.</p>	<p>Program staffs are aware to give preference to this population. None have been identified during this reporting period.</p>

Rehabilitation Services for Adolescents

June 1, 2015 through June 30, 2015

Monthly Reporting Period:

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.

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.

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 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.

II.3b Provide 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.

II.3i 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 Taitano
Ed Taitano
Position Title: *Interim* Executive Director
Date: July 2, 2015 *11*

DMHSA Representative:

Received By: *Jerry Dante*
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



FR. : SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 5/31/2015
TO: Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013 (outpatient) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-039	
COSTS INCURRED BY CATEGORY		AMOUNT
1. Personnel		\$ 5,719.69
2. Fringe Benefits		675.00
3. Contractual		112.50
4. C.		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 06/10/2015
 MILDRED Q. LUJAN Date
 Sanctuary, Incorporated
 Executive Director

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.

Don Sabang 6/10/15
 Don Sabang
 D & A Supervisor

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

<p>In narrative form, state how the activities from II.1a to II.1c were implemented and addressed.</p> <ul style="list-style-type: none"> • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff 	<p>Sanctuary program staff attended a conference/training on cultural competency in behavioral healthcare on December 4th and 5th 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).</p>
<p>In narrative form, state how the activities from II.1d to II.1e were implemented and addressed.</p> <ul style="list-style-type: none"> • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models 	<p>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.</p>
<p>II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.</p>	<p>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.</p>
<p>In narrative form, state how the activities from II.1g to II.1j were implemented and addressed.</p> <ul style="list-style-type: none"> • Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug abuse • Determine appropriateness and eligibility for admission or referral 	<p>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.</p>

Monthly Reporting Period:

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 I 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.

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; 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

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

<ul style="list-style-type: none"> • 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 	<p>to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.</p> <p>The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other 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.</p>
<p>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.</p>	<p>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.</p>
<p>II.2f Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>
<p>II.2h Make referrals for other services not provided by Contractor and outlined in client individualized treatment plans.</p>	<p>Program staff make necessary referrals to GBHWC – I famagu’onta Services, New Beginnings, PEACE; AMC Clinic; Salvation Army LRC; Oasis Empowerment Center; and CPS.</p>
<p>II.2i Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.</p>	<p>Program staffs are aware to give preference to this population. None have been identified during this reporting period.</p>
<p>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.</p>	<p>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.</p>
<p>II.3a Provide services for a minimum of 8 adolescents at any given time for Level II Intensive Outpatient Services.</p>	<p>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</p>

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

<p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p>II.3c Provide detailed provisions for clients to receive HIV/AIDS/STDs education and available linkages for early intervention and treatment.</p>	<p>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.</p>
<p>In narrative form, state how the activities from II.3d to II.3e were implemented and addressed.</p> <ul style="list-style-type: none"> • Minimum six (6) hours a week for treatment • Utilize Matrix Model for teens curriculum • Experience with necessary techniques for IOP 	<p>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.</p> <p>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 DVD Lecture: Cross Addiction</p> <p>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</p>

Rehabilitation Services for Adolescents

Monthly Reporting Period:

May 1, 2015 through May 31, 2015

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

	<p>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.</p>
<p>II.3f Provide provisions that will address clients needing psychiatric and medical services by consultation or referral arrangements.</p>	<p>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.</p>
<p>II.3g Ensure adolescent females who are pregnant or who are intravenous drug users be given preference to treatment.</p>	<p>Program staffs are aware to give preference to this population. None have been identified during this reporting period.</p>
<p>II.3h Provide provisions that will assess and implement motivational strategies that will assist clients with their transition towards the next level of care.</p>	<p>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.</p>
<p>II.3i 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.</p>	<p>Sanctuary, Incorporated is not a faith based organization.</p>
<p>Sanctuary Representative: Mildred Q. Lujan <i>Mildred Q. Lujan</i> Position Title: Executive Director Date: December 16, 2014</p>	<p>DMHSA Representative: Received By: <u>TERRY DANTE Sedante</u> Position Title: <u>PT II</u> Date of Submission: <u>6.4.15</u></p>



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



FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 4/30/2015
TO: Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013 (outpatient) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-037	
COSTS INCURRED BY CATEGORY		AMOUNT
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 05/08/2015
 MILDRED Q. LUJAN Date
 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.

Don Sabang 5/11/15
 Don Sabang
 D & A Supervisor

Rehabilitation Services for Adolescents	
Monthly Reporting Period:	April 1, 2015 through April 30, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report

<p>In narrative form, state how the activities from II.1a to II.1c were implemented and addressed.</p> <ul style="list-style-type: none"> • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff 	<p>Sanctuary program staff attended a conference/training on cultural competency in behavioral healthcare on December 4th and 5th 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).</p>
<p>In narrative form, state how the activities from II.1d to II.1e were implemented and addressed.</p> <ul style="list-style-type: none"> • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models 	<p>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.</p>
<p>II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.</p>	<p>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.</p>
<p>In narrative form, state how the activities from II.1g to II.1j were implemented and addressed.</p> <ul style="list-style-type: none"> • Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug abuse • Determine appropriateness and eligibility for admission or referral 	<p>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.</p>

Rehabilitation Services for Adolescents

Monthly Reporting Period:	April 1, 2015 through April 30, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report

<ul style="list-style-type: none"> 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 	
<p>In narrative form, state how the activities from II.1k to II.1o were implemented and addressed.</p> <ul style="list-style-type: none"> 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 	<p>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.</p>
<p>II.2a Provide services for a minimum of 12 adolescents at any given time for Level I Outpatient Services.</p>	<p>Level I 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.</p>
<p>In narrative form, state how the activities from II.2b to II.2d were implemented and addressed.</p> <ul style="list-style-type: none"> 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. 	<p>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.</p> <p>Clients are taught to analyze events and change their thoughts and behaviors that lead to substance</p>

Rehabilitation Services for Adolescents	
Monthly Reporting Period:	April 1, 2015 through April 30, 2015
Task/Activity	Sanctuary, Inc. Bi-Weekly Progress Report

<ul style="list-style-type: none"> • 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 	<p>use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.</p> <p>The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other 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.</p>
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

Rehabilitation Services for Adolescents

Monthly Reporting Period:

April 1, 2015 through April 30, 2015

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

Services.

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.

II.3b Provide 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** and **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; 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.

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.

II.3i 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.

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 <i>Mildred Q. Lujan</i> Position Title: Executive Director Date: December 16, 2014	DMHSA Representative: Received By: <i>Athena Orenas</i> Position Title: <i>COTS III</i> Date of Submission: <i>5-8-15</i>
---	---



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

To: HONORABLE JUDITH T. WON PAT
Speaker
33rd Guam Legislature

Office of the Speaker
Judith T. Won Pat, Ed.D

Date: 10-15-15
Time: 4:40pm
Received By: [Signature]

Enclosed herewith are the following documents:

1. FY2014 4th quarter list of expenditures over \$5,000
2. FY2014 4th quarter list of appropriations/expenditure report
3. FY2014 4th quarter progress report

Purpose/Action Needed:

- Needs your approval on the above
- Needs reply or comment
- To fulfill your requirement

Other: In compliance with Public Law 28-150 herein reports for all our programs which receive funding through a Government of Guam agency

Senseramente,

[Signature]
Theresa C. Arriola
Executive Director

ACKNOWLEDGEMENT

Receipt of the above is hereby acknowledged:

Print 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
(Follow form instructions)

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

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

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

8. Project/Grant Period From: (Month, Day, Year) 1-Oct-13	To: (Month, Day, Year) 31-Dec-14	9. Reporting Period End Date (Month, Day, Year) JULY 1, 2014 - SEPTEMBER 30, 2014
---	--	---

10. Transactions Cumulative

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

Federal Cash	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	\$0.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	
e. Federal share of expenditures	\$540,013.00
f. Federal share of unliquidated obligations	\$296,481.81
g. Total Federal share (sum of lines e and f)	\$0.00
h. Unobligated balance of Federal funds (line d minus g)	\$296,481.81
Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	\$25,252.00
k. Remaining recipient share to be provided (line i minus j)	\$8,191.64
Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

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

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

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

a. Typed or Printed Name and Title of Authorized Certifying Official Mildred Q. Lujan, Executive Director	c. Telephone (Area code, number and extension) (671) 475-7101
b. Signature of Authorized Certifying Official 	d. Email address e. Date Report Submitted (Month, Day, Year) 10-Oct-14
14. Agency use only:	

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

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

RECEIVED
10-10-14



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 GRANT ID NUMBER	DOA VENDOR NUMBER	DOA CONTRACT NUMBER	EMPLOYER ID	EMPLOYER DUNNS NUMBER
11AFHGU0010011	13AC156206	S1456001	C123400000	96-0002543	85502584
PROGRAM PERIOD: 2013-2014			PERIOD CLAIMING FOR: Sep-14		
REQUEST NUMBER: 2013-09			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	35,707.18				
GRANT AWARD	\$ 540,013.00				
LESS: PREVIOUSLY REQUESTED:	\$ 260,774.63				
SUB-TOTAL	\$ 279,238.37				
LESS: AMOUNT OF THIS REPORT	\$ 35,707.18				
GRANT BALANCE:	\$ 243,531.19				

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

PROGRAM DIRECTOR/ DATE: *Dup...* 10/09/2014

CERTIFYING OFFICER/ DATE: *[Signature]* 10/09/2014

EXECUTIVE DIRECTOR/ DATE: *Mildred Q. Aguiar* 10/09/2014

SGC/ DOL USE ONLY -

Reviewed against PERIODIC EXPENSE REPORT (PER) & BUDGET MODIFICATION

SGC/ AMERICORPS PROGRAM COMPLIANCE:	SGC/ DOL ACCOUNTING DEPT. COMPLIANCE
Darrel Wilkerson/ Signature/ Date: SGC Planner II <input type="checkbox"/> AC Program Reports <input checked="" type="checkbox"/> NPM <input type="checkbox"/> Other Program Documents Submit: Hard Copy/ eCopy (DOL email)	Carmelita O' Brien/ Signature/ Date: DOL Administrative Assistant <input type="checkbox"/> PER REIMBURSEMENT <input type="checkbox"/> BUDGET MODIFICATION Submit: Supporting Documents

<input type="checkbox"/> DEMOGRAPHICS <input type="checkbox"/> MSY'S/ MEMBERS <input type="checkbox"/> PERFORMANCE INDICATORS:	EGRANTS NPM SUBMISSION: <input type="checkbox"/> PERFORMANCE MESURES <input type="checkbox"/> SUMMARY
--	--

SGC/ DDOL - ASSURANCE & CERTIFICATION:

DOL CERTIFYING OFFICER/ DATE: _____
 Nellie N. Asanuma

SGC EXECUTIVE DIRECTOR/ DATE: _____
 Doris M. Aguon

REMARKS: RECEIVED <i>[Signature]</i> 10-10-14	DEPT. OF LABOR STAMP REC'D.
---	-----------------------------



SGC - Standard Operating Procedures - Process Instructions:

Step 1 - Program Director/Fiscal are to fill out Periodic Expense Report(Sections I, II, III) Program Director to submit with Reimbursement Cover and supporting documents

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

Ayuda Para I Komunidad -11AFHG0010011

Section I	BUDGET TOTAL	2nd OCT MODIFICATION	BUDGET TOTAL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	PROGRAM TOTAL	CNCS BUDGET YTD BAL
A Personnel																	
Program Coordinator	26,728.00	3,964.32	30,692.32	2,014.40	2,014.40	2,014.40	2,033.12	3,084.00	2,056.00	2,056.00	2,056.00	2,056.00				4,293.56	11,308.00
Program Supervisor	36,316.80	525.31	35,791.49	1,972.80	1,972.80	1,972.80	2,216.45	3,771.36	2,514.24	2,514.24	2,514.24	2,514.24				19,384.32	11,308.00
Admin Asst	25,064.00	2,918.80	27,982.80	1,664.00	1,664.00	1,664.00	1,782.89	2,892.00	1,928.00	1,928.00	1,928.00	1,928.00				21,963.17	13,828.32
Total - Personnel	87,362.34	6,357.81	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	0.00	0.00	0.00	4,293.56	11,308.00
B Fringe																	
FICA	9,227.17	-1,292.57	7,934.60	604.50	604.50	604.50	652.80	745.68	497.12	497.12	497.12	497.12				67,979.83	35,740.32
Health Insurance	8,480.00	768.52	7,248.52	0.00	0.00	0.00	0.00	1,036.80	0.00	1,202.40	259.04	0.00				5,200.45	2,734.18
Workers Comp	311.00	0.00	311.00	0.00	0.00	0.00	108.81	0.00	0.00	108.81	23.37	23.37				264.36	46.64
Total - Fringe	16,018.17	524.05	15,494.12	604.50	604.50	1,058.91	652.80	1,782.48	497.12	1,808.33	759.53	520.49	0.00	0.00	0.00	8,288.66	7,205.46
C Staff Travel																	
National Volunteer Conf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00
MYSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00
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																	
MYSN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00
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 - member travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
D Equipment																	
E Supplies																	
Program-Office Supplies / Materials	6,000.00	0.00	6,000.00	0.00	0.00	0.00	0.00	360.00	0.00	0.00	160.00	150.32				670.32	5,329.68
Gasoline	3,200.00	0.00	3,200.00	0.00	0.00	438.04	226.66	413.00	0.00	120.28	310.67	189.47				1,698.12	1,501.88
Service Gears	3,900.00	0.00	3,900.00	0.00	0.00	0.00	0.00	2,854.40	0.00	0.00	0.00	0.00				2,854.40	1,045.60
S/Total -Supplies	13,100.00	0.00	13,100.00	0.00	0.00	438.04	226.66	3,627.40	0.00	120.28	470.67	339.79	0.00	0.00	0.00	5,222.84	7,877.16
Contractual																	
Vehicle Lease	5,850.00	5,200.00	11,050.00	0.00	0.00	0.00	1,875.00	3,125.00	0.00	0.00	1,250.00	625.00				6,875.00	4,175.00
Telephone	1,000.00	2,264.70	3,264.70	0.00	0.00	0.00	50.04	136.48	50.06	200.24	174.42	203.24				814.48	2,450.22
Cell Phone	4,600.00	2,264.70	6,864.70	0.00	0.00	215.12	0.00	1,152.67	211.96	288.59	150.23	317.04				2,335.81	4,529.09
S/Total -Contractual	11,450.00	9,729.40	21,179.40	0.00	0.00	215.12	1,925.04	4,414.15	262.02	488.83	1,574.65	1,145.28	0.00	0.00	0.00	10,025.09	11,154.31
G Staff Training																	
Member Training:	495.49	0.00	495.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.00				28.00	467.49
C.E.R.T	0.00	0.00	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 Guam Commission / GVC	0.00	1,512.00	1,512.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00
Fraud, Waste and Abuse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,512.00				1,512.00	0.00
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
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
SGC/GDOL/AmeriCorps Alums Resume & Job Application	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00
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
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
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
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
S/Total - Training	495.49	1,512.00	2,007.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,540.00	467.49
H Evaluation																	
Other Program Operating Costs:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,540.00				1,540.00	467.49
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
NSDPR	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00
FBI Check	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	0.00
Drug Testing	1,920.00	-621.00	1,299.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	684.00	0.00				684.00	0.00
CPR / 1st Aid Training	2,240.00	0.00	2,240.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,299.00	0.00				1,299.00	0.00
Crisis Prevention Intervention	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	429.00				429.00	0.00
CNCS or Serve Guam Commission Mtg	1,920.00	-1,752.00	168.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				168.00	1,811.00
Building Rental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	168.00				168.00	0.00
Utilities (power/water/trash)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00
Newsletter/Publication Printing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00

Advertisement (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	0.00	0.00	0.00	0.00	0.00
S/Total - OPOC	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	1,983.00	597.00	0.00	0.00	0.00	0.00	0.00	0.00
Section II - Total	7,360.00	-2,969.00	4,391.00	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Section III																			
A Living Allowance			0.00																
Half Time	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							
S/Total	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Member support Cost																			
FICA	27,760.00	-1,002.16	26,757.84	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							
Worker's Compensation	88.00	0.00	88.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							
Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							
S/Total	27,848.00	-1,002.16	26,845.84	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	0.00	0.00	0.00	0.00	0.00	0.00
Section II - Total	390,728.00	-14,106.16	376,621.84	0.00	0.00	20,617.12	25,771.40	48,558.76	31,196.97	29,298.02	20,074.57	24,957.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Section III				#DIV/0!	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							
A Corporation Fixed Percentage	0.00	0.00	0.00																
S/Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							
B Federally Approved Indirect Cost	3,499.00	0.00	3,499.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							
S/Total	3,499.00	0.00	3,499.00	0.00	0.00	217.62	0.00	0.00	0.00	0.00	44.55	0.00	108.81	0.00	0.00	0.00	0.00	0.00	0.00
Section II - Total	3,499.00	0.00	3,499.00	0.00	0.00	217.62	0.00	0.00	0.00	0.00	44.55	0.00	108.81	0.00	0.00	0.00	0.00	0.00	0.00
Section III				#DIV/0!	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							
BUDGET TOTAL	540,013.00	0.00	540,013.00	8,506.56	8,506.56	30,448.87	37,109.23	68,130.15	38,454.35	38,258.25	31,360.66	35,707.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PER TOTAL	540,013.00	0.00	540,013.00	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				10.60%	10.60%	8.9%	8.9%	8.9%	8.9%	8.9%	8.9%	8.9%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
				296,481.82	296,481.82	243,531.18	243,531.18	243,531.18	243,531.18	243,531.18	243,531.18	243,531.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				45.10%	45.10%	45.10%	45.10%	45.10%	45.10%	45.10%	45.10%	45.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%



SANCTUARY INCORPORATED - AYUDA PROGRAM: PY2013-2014

Section /	BUDGET TOTAL	2nd OCT BUDGET MODIFICATION	BUDGET TOTAL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	PROGRAM TOTAL	CNCS BUDGET YTD BAL
A Personnel																	
Program Director	3,965.82			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	12,817.18			219.20	219.20	219.20	246.27	419.04	279.36	279.36	279.36	279.36	0.00	0.00	0.00	2,440.35	10,376.83
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
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
Total - Personnel	16,783.00		16,783.00	1,183.86	1,183.86	1,183.86	1,318.11	419.04	279.36	279.36	279.36	279.36	0.00	0.00	0.00	6,406.17	10,376.83
B Fringe																	
FICA				90.56	90.56	90.56	100.84	32.07	21.38	21.37	21.37	21.38					
Health Insurance				0.00	0.00	256.80	0.00	770.40	0.00	0.00	159.36	0.00	0.00	0.00	0.00	490.09	793.03
Worker's Compensation				0.00	0.00	0.00	0.00	0.00	0.00	0.00	108.81	0.00	0.00	0.00	0.00	1,186.56	3,193.44
Total - Fringe	5,729.00		5,729.00	90.56	90.56	347.36	100.84	802.47	21.38	21.37	289.54	21.38	0.00	0.00	0.00	1,186.56	3,193.44
S/Total (A/B)	22,512.00		22,512.00	1,274.42	1,274.42	1,531.22	1,418.96	1,221.51	300.74	300.73	568.90	300.74	0.00	0.00	0.00	1,785.46	3,943.54
C Staff Travel																	
National Volunteer Conf	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MYSN				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Local Mileage	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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
C Member Travel																	
MYSN	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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 - member travel	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S/Total - travel	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
D Equipment																	
E Supplies																	
Program Supplies / Materials	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	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
F Contractual																	
Xerox Copier	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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
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
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
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
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	0.00
G Staff Training																	
AC Policies & Procedures				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	0.00
S/Staff Training	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Member Training																	
Pre-Service Orientation	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
First Aid & CPR				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00
Team Building				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Assist				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00
Principel 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
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	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
Sexual Harassment Awareness				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	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
H Evaluation																	
S/Total - Evaluation	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
I Other Program Operating Costs:																	
			0.00													0.00	0.00

AC Member Sex offender				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AC Member Court Clearance				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FBI Check				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Drug Testing				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CNCS/SGC Meeting/Conference				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4x6 Banner Advertisement	0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Stand alone Banner	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Utilities(Power,water,trash)	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Newsletter/Publication Printing	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Media	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
S/Total - ORDC	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Section I - Total	22,512.00			22,512.00	1,274.42	1,274.42	1,531.22	1,418.96	1,221.51	300.74	300.73	568.90	300.74	0.00	0.00	0.00	0.00
	100.00%	#DIV/0!		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00	0.00	0.00	0.00
Section II	0.00			0.00												8,191.64	14,320.36
A Living Allowance	0.00			0.00												36.39%	63.61%
Half Time	0.00			0.00													
S/Total	0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B Member support Cost	0.00			0.00													
PCC	0.00			0.00													
Worker's Compensation	0.00			0.00													
Health	0.00			0.00													
S/Total	0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Section II - Total	0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
					#DIV/0!											0.00	0.00
Section III	0.00			0.00													
A Corporation Fixed Percentage	0.00			0.00													
S/Total	0.00			0.00													
B Federally Approved Indirect Cost	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
PCC	0.00			0.00													
S/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
Section III - 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
					#DIV/0!											0.00	2,740.00
Budgetary	25,252.00			25,252.00	1,274.42	1,274.42	1,531.22	1,418.96	1,221.51	300.74	300.73	568.90	300.74	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%	100.00%	100.00%	0.00	0.00	0.00	0.00
HR total	25,252.00			25,252.00	1,274.42	1,274.42	1,531.22	1,418.96	1,221.51	300.74	300.73	568.90	300.74	0.00	0.00	32.44%	67.56%
																8,191.64	14,320.36

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

W. VICTA E. J.
Director of the
Bureau of Social Service

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

Pages: 1128
Date: 10/15/14
280

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



SANCTUARY, INCORPORATED

"Helping Youth and Families Help Themselves" since 1971

Address: 406 Maimai Rd., Chalan Pago, Guam 96910

Tel: 475-7101 * Fax: 477-3117 * Crisis Hotline: 475-7100

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



Foster Care Payments

Bureau of Social Service, Division of Public Health Welfare

Department of Public Health and Social Service

Report Period: 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 NAME AND ADDRESS	VENDOR NUMBER / SS NUMBER	DATE PREPARED
Sanctuary 406 Mai Mai Road Chalan Pago, Guam 96910	S1456001	23-Jul-14

TYPE OF SERVICES	PERIOD	TOTAL AMOUNT
2010-03-0631/2 "M.J." D.O.P. - 06-25-14	06/25-30/14 (12-17)	\$148.44
2010-10-0045/2 "J.C."	07/01-31/14	\$742.31
2013-09-1850 "M.G.W." D.C.T. - 06-18-14 (Over Paid 24 Days June 2014)	07/01-31/14 (12-17)	\$742.31
2013-09-1880 "A.M.J." D.O.P. - 06-18-14	07/01-31/14 (12-17)	\$321.62
2013-09-1881 "V.R."	07/01-31/14 (12-17)	\$742.31
2014-02-0690 "C.S."	07/01-31/14 (12-17)	\$742.31
2014-03-0817 "C.C." D.O.P. - 04-23-14	07/01-31/14 (12-17)	\$742.31
2014-03-0975 "D.K.B." D.O.P. - 04-29-14	04/23-30/14 (12-17)	\$222.26
2014-03-0975 "D.K.B." D.O.P. - 04-29-14	05/01-31/14	\$742.31
2014-03-0975 "D.K.B." D.O.P. - 04-29-14	06/01-30/14	\$742.31
2014-03-0975 "D.K.B." D.O.P. - 04-29-14	07/01-31/14	\$742.31
2014-03-0975 "D.K.B." D.O.P. - 04-29-14	04/29-30/14 (12-17)	\$49.48
2014-03-0975 "D.K.B." D.O.P. - 04-29-14	05/01-31/14	\$742.31
2014-03-0975 "D.K.B." D.O.P. - 04-29-14	06/01-30/14	\$742.31
2014-03-0975 "D.K.B." D.O.P. - 04-29-14	07/01-31/14	\$742.31

GRAND TOTAL: \$8,313.45

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		DATE PREPARED
Sanctuary 406 Mal Mal Road Chalan Pago, Guam 96910	S1456001	22-Aug-14
TYPE OF SERVICES		TOTAL AMOUNT
2010-03-0631/2 "M.J." 8/01-31/14	(12-17)	\$742.31
2010-10-0045/2 "J.C." Clothing Allowance D.O.T. -05/31/14 Overpaid June Overpaid July	(12-17) 5/31/31/14 06/01-30/14 07/01-31/14	(\$276.91) (\$24.74) (\$742.31) (\$742.31)
2013-09-1880 "A.J." D.O.T. -7/10/14	07/10-31/14 (12-17)	(\$519.54)
2013-09-1881 "V.R." D.O.T. -7/10/14	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
2014-03-0975 "D.B." D.O.T. 08/06/14	8/01-06/14 (12-17)	\$148.44
GRAND TOTAL:		-\$449.98

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

GRAND TOTAL: -\$449.98

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	PERIOD	TOTAL AMOUNT
2009-01-0340/2 "D.L.C." D.O.P. - 09-19-14	09/19-30/14 (12-17)	\$296.88
2010-03-0631/2 "M.J."	8/01-31/14 (12-17)	\$742.31
2014-02-0690 "C.S."	09/01-30/14 (12-17)	\$742.31
201-03-0817 "C.C."	09/01-30/14 (12-17)	\$742.31
<i>All CWS in Bold Red Where Overpaid and Cms Had Clothing Allowance</i>		(\$145.98)
2010-10-00-172 "J.C." D.O.T. -05/31/14 Overpaid June Overpaid July Clothing Allowance		
2013-09-1886 "A.J." D.O.T. -7/10/14		
2013-09-1881 "V.R." D.O.T. -7/10/14		

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
 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	30-Sep-14
TYPE OF SERVICES	PERIOD	TOTAL AMOUNT	
Ref: D14-1726-495 August Foster Care Payment (-\$449.98 was deducted twice in error)		\$449.98	

GRAND TOTAL: \$ 449.98

CERTIFIED FUNDS AVAILABLE:

TOMMY C. TAITAGUE, ASO
 CERTIFYING OFFICER

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

MILDRED Q. LUJAN
 EXECUTIVE DIRECTOR

ACCOUNT NO.: 5100A141726MA001/290



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



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	-0-
Equipment	-0-
Inventory Property	-0-

Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan
Mildred Q. Lujan
Executive Director


COPY 3/23/15
NRB

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	Contract Amount	Object Classification	Expenditure
General	\$ 40,854		
		Salary	\$ 6,168
		Benefits	1,040
		Travel	0
		Contractual	1,457
		Supplies & Materials	3,000
		Equipment	0
		Utilities	3,635
		Miscellaneous	0
		Grand Total	<u>\$ 15,300</u>

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

SIGNATURE OF AUTHORIZED OFFICIAL:


 MILDRED Q. LUJAN
 EXECUTIVE DIRECTOR

DATE: 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

CCRF

FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo		Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 9/30/2014
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)		Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013 (outpatient) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-025	
COSTS INCURRED BY CATEGORY		AMOUNT	
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 - Sagan Na' Homlo and that this is a true and certified original.

Mildred Q. Lujan 09/23/2014
 MILDRED Q. LUJAN Date
 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

FILE



Sanctuary Logo 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: sanctuary@ite.net
 www.sanctuaryguam.org

CONF

FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo		Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 9/30/2014
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)		Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013 (outpatient) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-025	
COSTS INCURRED BY CATEGORY		AMOUNT	
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.

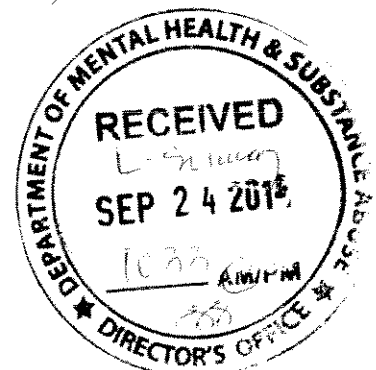
FILE

Mildred Q. Lujan

 MILDRED Q. LUJAN Date 9/23/2014
 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



**Rehabilitation Services for Adolescents
September 1, 2014 through September 30, 2014**

Sanctuary, Inc. Monthly Progress Report

Monthly Reporting Period:

Task/Activity

<p>II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and serve up to twenty (20) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."</p>	<p>During this Monthly reporting period:</p> <ul style="list-style-type: none"> • 11 group sessions • 13 participants in attendance [09/06/14 (2);09/13/14 (3); 09/27/14 (4); 09/29/14 (4)] • 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. • Number of Successful Completions: 0 • Number of Clients Transferred to another level of Care: 0 • Number of Clients on the Wait List: 8 pending orientation and ppd clearance <p>9 Active Clients NON-DUPLICATE</p>
<p>In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?</p>	<p>The Group lesson/activity was: Daily Schedule and Calendars; Your decision to use or not use; families in recovery; You are here because why; club drugs; Having a good time without being high; pros & cons; triggers; thought stopping techniques; alcohol; repairing relationships. Each client was provided the opportunity to discuss each topic and attend recovery month activities.</p>
<p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p>	<p>Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.</p>
<p>State any commendations to show the strengths of the Program:</p>	<p>The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other 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; and provide activities to practice with their families.</p>
<p>State any recommendations for the improvement of service delivery:</p>	<p>Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.</p>
<p>II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the</p>	<p>During this Monthly reporting period:</p> <ul style="list-style-type: none"> • 20 sessions were conducted • 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); 09/27/14 (2); 09/29/14 (2)]

Rehabilitation Services for Adolescents September 1, 2014 through September 30, 2014	
Monthly Reporting Period:	Sanctuary, Inc. Monthly Progress Report
Task/Activity	
reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."	<ul style="list-style-type: none"> • 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. • Number of Successful Completions: 0 • Number of Clients Transferred to another level of Care: 0 • Number of Clients on the Wait List: 1 pending orientation and ppd clearance • Active Clients: 7
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	<p>During this Monthly reporting period:</p> <ul style="list-style-type: none"> • 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?	<p>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 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. Clients and family members participated in recovery month activities.</p> <p>Participants continue to explore pros and cons for use or staying clean and sober to help them to make informed and well thought out decisions about their use. Small group discussions facilitate understanding of the importance of each topic in recovery. Role-play, rehearsal, repetition, and practice in session help clients to identify strengths and needs. In addition, group participation teaches empathy and helps to develop effective communication skills.</p> <p>The strength of the small group setting is that it allows for a larger amount of attention, help, and feedback offered to each individual client, thereby encouraging engagement and active participation in their treatment.</p> <p>Staff to continue networking efforts with community partners as well as be</p>
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	

Rehabilitation Services for Adolescents

September 1, 2014 through September 30, 2014

Sanctuary, Inc. Monthly Progress Report

Monthly Reporting Period:

Task/Activity

service delivery:

open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.

MATRIX Model Parent Education / Support Group

During this Monthly reporting period:

- 4 session were conducted
- 17 Family Members in attendance [9/06/14 (6); 9/13/14 (5); 9/20/14 (1); 9/27/14 (5)]
- 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
- 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 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 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.

Rehabilitation Services for Adolescents
September 1, 2014 through September 30, 2014

Sanctuary, Inc. Monthly Progress Report

Task/Activity

Monthly Reporting Period:

Sanctuary Representative:

Sanctuary Representative:

Submitted By: Eugene Anderson

Position Title: Case Manager

Reviewed By: OJ Taitano

Position Title: Program Director

Date: October 02, 2014

GBHWC Representative:

Received By:

Position Title:

Date of Submission:



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 (**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,

Mildred Q. Lujan
Executive Director



Sanctuary Logo
 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: sanctuary@ite.net
 www.sanctuaryguam.org

CONF

FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 9/30/2014
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 04-2014 (residential) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-024	
COSTS INCURRED BY CATEGORY		AMOUNT
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.

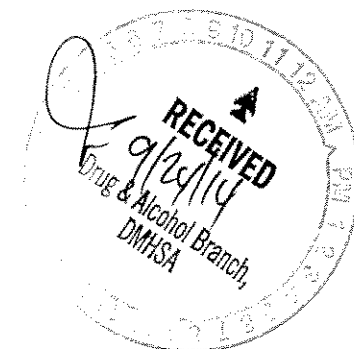
Mildred Q. Lujan
 MILDRED Q. LUJAN
 Sanctuary, Incorporated
 Executive Director

Date

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

FILE





Sanctuary Logo
 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: sanctuary@ite.net
 www.sanctuaryguam.org

CONF

FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo		Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 9/30/2014
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)		Vendor Acct. No. S1456001 Document No. Contract No. RFP 04-2014 (residential) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-024	
COSTS INCURRED BY CATEGORY		AMOUNT	
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 - Sagan Na' Homlo and that this is a true and certified original.

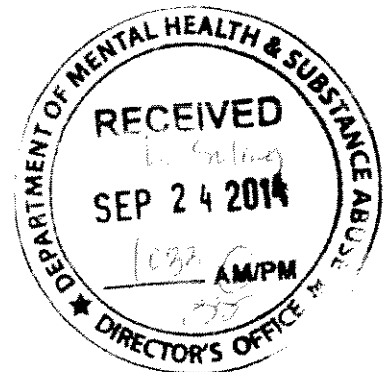
Mildred G. Lujan
 MILDRED G. LUJAN
 Sanctuary, Incorporated
 Executive Director

Date

FILE

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

September 1, 2014 through September 30, 2014

Sanctuary, Inc. Monthly Progress Report

Monthly Reporting Period:

Task/Activity

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 Monthly reporting period:

- 8 Clients were served.
- Transfer to another level of Care: 0 (Aftercare)
- Wait Listing: 3

Phase Breakdown:

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

II.5a Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients

During this Monthly reporting period:

- 1 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 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 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 September 1, 2014 through September 30, 2014	
Monthly Reporting Period:	Sanctuary, Inc. Monthly Progress Report
Task/Activity	
State any recommendations for the improvement of service delivery:	Evidence Based Matrix Model incorporating individual sessions, family sessions, early recovery group, relapse prevention group, and 12-step participation. All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.
II.6 Implement evidence-based models and practices in all levels of care and shall demonstrate the following: In narrative form, state how the activities from II.6.a to II.6.d were implemented and addressed.	Multi-level Interventions are still considered the best practice. It provides and allows insight, growth, emotional well-being, recognition of strengths, ability to communicate, group and family counseling and the opportunity to share openly, express them-selves and work on problems.
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 Affairs, 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 Patient Placement Appropriateness. Assessments are ongoing throughout client's treatment episode.
II.9 Provide its staff with opportunities for staff development by performing the following tasks: Briefly state the status of staff members seeking certification with IC & RC and what trainings they attended during the reporting period.	<ul style="list-style-type: none"> Sagan Na' Homlo currently has 2 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.
MATRIX Model Parent Education / Support Group	<p>During this Monthly reporting period:</p> <ul style="list-style-type: none"> 4 session were conducted 11 Family Members in attendance [9/06/14 (1); 9/13/14 (4); 9/20/14 (2); 9/27/14 (4)] 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

September 1, 2014 through September 30, 2014

Task/Activity

Sanctuary, Inc. Monthly 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: 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 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.

Sanctuary Representative:

GBHWC Representative:

Sanctuary Representative:

Received By:

Submitted By: Eugene Anderson
 Position Title: Case Manager
 Reviewed By: OJ Taitano
 Position Title: Program Director
 Date: October 02, 2014

Position Title:

Date of Submission:



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



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,

Mildred Q. Lujan
Executive Director



Sanctuary Logo 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: sanctuary@ite.net
www.sanctuaryguam.org

cc:if

FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 8/31/2014
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013 (outpatient) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-023	
COSTS INCURRED BY CATEGORY		AMOUNT
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 09/05/2014
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.

Don Sabang
D & A Supervisor



Sanctuary Logo
 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: sanctuary@ite.net
 www.sanctuaryguam.org

CCF

FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address:	790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE:	8/31/2014
TO:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No.	S1456001	Document No.	
		Contract No.	RFP 04-2014	Job Order No.	(residential)
		Purchase Order No.		Invoice No.	DMHSA-2014-022
COSTS INCURRED BY CATEGORY			AMOUNT		
	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 - Sagan Na' Homlo and that this is a true and certified original.

Mildred Q. Lujan
 MILDRED Q. LUJAN
 Date

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.

Don Sabang
 D & A Supervisor

**Rehabilitation Services for Adolescents
August 01, 2014 through August 31, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

<p>II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."</p>	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 8 group sessions • 25 participants in attendance • Groups are held on Saturday from 12-2 pm and education groups are held from 2:15 – 3:15 at the Sanctuary, Inc. Main Office. • Number of Successful Completions: 0 • Number of Clients Transferred to another level of Care: 0 • Number of Clients on the Wait List: 5 pending orientation and PPD clearance <p>9 Active Clients NON-DUPLICATE</p>
<p>In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?</p> <p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p> <p>State any commendations to show the strengths of the Program:</p> <p>State any recommendations for the improvement of service delivery:</p>	<p>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 opportunity to discuss each topic. Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.</p> <p>The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other to continue working on their goals and share their experience on what has helped them overcome obstacles. The groups allow the parents and their child to practice new skills and information learned; and provide activities to practice with their families.</p> <p>Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.</p>
<p>II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-</p>	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 12 sessions were conducted • 41 participants in attendance [08/16/14 (9); 08/22/14 (8); 08/23/14 (6); 08/29/14 (6); 8/30/14 (12)] • Group time identified for Fridays from 3:30 – 4:30pm & 4:30-5:30pm and Saturdays from

Rehabilitation Services for Adolescents August 01, 2014 through August 31, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
list.”	<p>12:00pm—3:15pm at the Sanctuary, Inc. Main Office.</p> <ul style="list-style-type: none"> • Number of Successful Completions: 0 • Number of Clients Transferred to another level of Care: 0 • Number of Clients on the Wait List: 0 • Active Clients: 7
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	<p>During this Bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 1 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?	<p>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.</p>
In narrative form, briefly state how clients benefited from the core functions or services from this level?	<p>Participants continue to explore pros and cons for use or staying clean and sober to help them to make informed and well thought out decisions about their use. Small group discussions facilitate understanding of the importance of each topic in recovery. Role-play, rehearsal, repetition, and practice in session help clients to identify strengths and needs. In addition, group participation teaches empathy and helps to develop effective communication skills.</p>
State any commendations to show the strengths of the Program:	<p>The strength of the small group setting is that it allows for a larger amount of attention, help, and feedback offered to each individual client, thereby encouraging engagement and active participation in their treatment.</p>
State any recommendations for the improvement of service delivery:	<p>Staff to continue networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.</p>

Rehabilitation Services for Adolescents August 01, 2014 through August 31, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
MATRIX Model Parent Education / Support Group	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 3 session were conducted • Family Members in attendance [(8/16 (4), 8/23 (3), 8/30 (6)] • 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 • Number of Clients on the Wait List: N/A
<p>In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?</p>	<p>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.</p>
<p>In narrative form, briefly state how Family benefited from the core functions or services from this level?</p>	<p>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.</p>
<p>State any commendations to show the strengths of the Program:</p>	<p>Due to the census of the Family Members wanting to have group on a weekend, accommodations were made moving the group to Saturdays. Each Family member who is not able to attend the groups on Saturdays are still considered and accommodations continue to be made on a case by case basis.</p>
<p>State any recommendations for the improvement of service delivery:</p>	<p>Staff to continue networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.</p>
<p>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-</p>	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 6 Clients were served. • Transfer to another level of Care: 1 (Aftercare) • Wait Listing: 3 <p>Phase Breakdown:</p>

Rehabilitation Services for Adolescents August 01, 2014 through August 31, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
list.”	<ul style="list-style-type: none"> • Orientation: 1 • Awareness: 3 • Enhancement: 1 • Enlightenment: 1 • Empowerment: 0 <p>During this Bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 4 Clients in Aftercare (Social Support) Level 0.7 • Transfer to another level of Care: 0
<p>II.5a Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients</p> <p>In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?</p>	<p>Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to classroom work, group sessions (i.e. substance abuse, anger management, decision making, relapse prevention, life skills, team building, relationship intelligence; emotional wellness; big book and 12-step education), individual counseling sessions, individual case management sessions, meditation and evening recreation. Sanctuary continues to host 12-Step Meetings: Adolescent AA and NA at our Main Facility and is available to all clients based on desire and appropriateness.</p> <p>The continuity of treatment in this level of care provides the clients consistent contact with residential staff and the opportunity for support when the need arises.</p> <p>Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In addition, Sagan Na' Homlo offers the individual and family the opportunity to restructure, refrain and to recover with the challenges of drug and alcohol addiction and eventually re-integrate back into the community as a productive member of society. Sanctuary, Incorporated has implemented Evidence Based Matrix Model incorporating individual sessions, family sessions, early recovery group, relapse prevention group, and 12 step participation.</p> <p>All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.</p>
<p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p> <p>State any commendations to show the strengths of the Program:</p>	<p>Multi-level Interventions are still considered the best practice. It provides</p>
<p>State any recommendations for the improvement of service delivery:</p> <p>II.6 Implement evidence-based models and practices</p>	<p>It provides</p>

Rehabilitation Services for Adolescents August 01, 2014 through August 31, 2014		Sanctuary, Inc. Bi-Weekly Progress Report
Bi-Weekly Reporting Period:	Task/Activity	
	<p>in all levels of care and shall demonstrate the following: In narrative form, state how the activities from II.6.a to II.6.d were implemented and addressed.</p> <p>II.7 Work with 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.</p> <p>II.8 Ensure all clients receive appropriate screening and assessment for placement into ASAM Levels 0.5, I, II, III.5, and 0.7: Briefly state how sections II.7.a to II.7.e are being addressed.</p> <p>II.9 Provide its staff with opportunities for staff development by performing the following tasks: Briefly state the status of staff members seeking certification with IC & RC and what trainings they attended during the reporting period.</p>	<p>and allows insight, growth, emotional well-being, recognition of strengths, ability to communicate, group and family counseling and the opportunity to share openly, express themselves and work on problems.</p> <p>Program staff continues to work with Department of Youth Affairs, 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.</p> <p>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).</p> <ul style="list-style-type: none"> • Sagan Na' Homlo currently has 2 certified ICRC Counselor working with the youth in the inpatient / outpatient programs. • 1 staff continues to work on her CEU's that apply towards the ICRC Certification. • 1 staff is currently working on becoming a Recovery Coach by attending training and meeting with Clinical Supervisor for supervision to prepare for ICRC Certification. • Case Manager is working toward IC&RC Certification.
	<p>Sanctuary Representative:</p> <p>Submitted By: Eugene Anderson Position Title: Case Manager Reviewed By: OJ Taitano Position Title: Program Director Date: September 11, 2014</p>	<p>GBHWC Representative:</p> <p>Received By: <i>Mahmoud F.F. Elsayed</i> Position Title: <i>psychiatric Tech I</i> Date of Submission: <i>9/11/2014</i></p>



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



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

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,


Mildred Q. Lujan
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

copy

FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address:	790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE:	8/31/2014
TO:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No.	S1456001	Document No.	
		Contract No.	RFP 07-2013	Job Order No.	(outpatient)
		Purchase Order No.		Invoice No.	DMHSA-2014-023
COSTS INCURRED BY CATEGORY			AMOUNT		
	1. Personnel		\$	5,719.69	
	2. Fringe Benefits		\$	675.00	
	3. Contractual		\$	112.50	
	4. Other		\$	98.44	
	5. Supplies		\$	281.25	
	6. Utilities		\$	613.12	

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 - Sagan Na' Homlo and that this is a true and certified original.

Mildred G. Lujan 09/03/2014
 MILBRED G. 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.

Don Sabang
 D & A Supervisor



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

cert

FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 8/31/2014
TO: Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 04-2014 (residential) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-022	
COSTS INCURRED BY CATEGORY		AMOUNT
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.

Mildred Q. Lujan 09/03/2014
 MILDRED Q. LUJAN Date
 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.

 Don Sabang
 D & A Supervisor



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

CONF

FROM:	SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 7/31/2014
TO:	Mr. Ray Vega Acting Director Guam Behavioral Health & Wellness Center (DMHSA)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 04-2014 (residential) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-021	
COSTS INCURRED BY CATEGORY		AMOUNT	
	1. Personnel	\$	2,460.05
	2. Fringe Benefits	\$	290.32
	3. Contractual	\$	48.39
	4. Other	\$	42.34
	5. Supplies	\$	120.97
	6. Utilities	\$	263.70

TOTAL PAYMENT REQUEST: \$ 3,225.77

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 09/03/2014
 MILDRED Q. LUJAN Date
 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.

Don Sabang
D & A Supervisor

Rehabilitation Services for Adolescents August 16, 2014 through August 31, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
<p>II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and serve up to twenty (20) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."</p>	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 8 group sessions • 25 participants in attendance • Groups are held on Saturday from 12-2 pm and education groups are held from 2:15 – 3:15 at the Sanctuary, Inc. Main Office. • Number of Successful Completions: 0 • Number of Clients Transferred to another level of Care: 0 • Number of Clients on the Wait List: 5 pending orientation and PPD clearance <p>9 Active Clients NON-DUPLICATE</p>
<p>In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?</p>	<p>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 opportunity to discuss each topic.</p>
<p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p>	<p>Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.</p>
<p>State any commendations to show the strengths of the Program:</p>	<p>The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other to continue working on their goals and share their experience on what has helped them overcome obstacles. The groups allow the parents and their child to practice new skills and information learned; and provide activities to practice with their families.</p>
<p>State any recommendations for the improvement of service delivery:</p>	<p>Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.</p>
<p>II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-</p>	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 12 sessions were conducted • 41 participants in attendance [08/16/14 (9); 08/22/14 (8); 08/23/14 (6); 08/29/14 (6); 8/30/14 (12)] • Group time identified for Fridays from 3:30 – 4:30pm & 4:30-5:30pm and Saturdays from

Rehabilitation Services for Adolescents

August 16, 2014 through August 31, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Task/Activity

list.”

- 12:00pm—3:15pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 0
- Active Clients: 7

During this Bi-weekly reporting period:

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

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

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

August 16, 2014 through August 31, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

MATRIX Model Parent Education / Support Group

During this bi-weekly reporting period:

- 3 sessions were conducted
- Family Members in attendance [8/16 (4), 8/23 (3), 8/30 (6)]
- 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
- 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: 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 August 16, 2014 through August 31, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
list.”	<ul style="list-style-type: none"> • Orientation: 1 • Awareness: 3 • Enhancement: 1 • Enlightenment: 1 • Empowerment: 0 <p>During this Bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 4 Clients in Aftercare (Social Support) Level 0.7 • Transfer to another level of Care: 0
II.5a Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients	<p>Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to classroom work, group sessions (i.e. substance abuse, anger management, decision making, relapse prevention, life skills, team building, relationship intelligence; emotional wellness; big book and 12-step education), individual counseling sessions, individual case management sessions, meditation and evening recreation. Sanctuary continues to host 12-Step Meetings: Adolescent AA and NA at our Main Facility and is available to all clients based on desire and appropriateness.</p> <p>The continuity of treatment in this level of care provides the clients consistent contact with residential staff and the opportunity for support when the need arises.</p> <p>Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In addition, Sagan Na' Homlo offers the individual and family the opportunity to restructure, refrain and to recover with the challenges of drug and alcohol addiction and eventually re-integrate back into the community as a productive member of society. Sanctuary, Incorporated has implemented Evidence Based Matrix Model incorporating individual sessions, family sessions, early recovery group, relapse prevention group, and 12 step participation.</p> <p>All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.</p> <p>Multi-level Interventions are still considered the best practice. It provides</p>
In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?	
In narrative form, briefly state how clients benefited from the core functions or services from this level?	
State any commendations to show the strengths of the Program:	
State any recommendations for the improvement of service delivery:	
II.6 Implement evidence-based models and practices	

Rehabilitation Services for Adolescents

August 16, 2014 through August 31, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

in all levels of care and shall demonstrate the following: In narrative form, state how the activities from II.6.a to II.6.d were implemented and addressed.

II.7 Work with 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.

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.

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.

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.

Program staff continues to work with Department of Youth Affairs, 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.

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).

- Sagan Na' Homlo currently has 2 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.
- 1 staff continues to work on her CEU's that apply towards the ICRC Certification.
- 1 staff is currently working on becoming a Recovery Coach by attending training and meeting with Clinical Supervisor for supervision to prepare for ICRC Certification.
- Case Manager is working toward IC&RC Certification.

Sanctuary Representative:

Submitted By: Eugene Anderson
 Position Title: Case Manager
 Reviewed By: OJ Taitano
 Position Title: Program Director
 Date: September 4, 2014

GBHWC Representative:

Received By: *[Signature]*
 Position Title: *WPS*
 Date of Submission: *9/5/14 - 12:50pm*



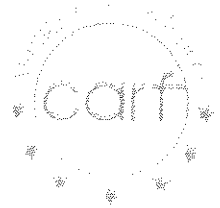
Sanctuary, Incorporated of Guam

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 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

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,


Mildred Q. Lujan

FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo		Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 8/15/2014
TO: Mr. Ray Vega Director Guam Behavioral Health & Wellness Center (DMHSA)		Vendor Acct. No. S1456001 Document No. Contract No. Job Order No. Purchase Order No. Invoice No. DMHSA-2014-021	
COSTS INCURRED BY CATEGORY		AMOUNT	
1. Personnel		\$ 20,336.66	
2. Fringe Benefits		\$ 2,400.00	
3. Contractual		\$ 400.00	
4. Other		\$ 350.00	
5. Supplies		\$ 1,000.00	
6. Utilities		\$ 2,180.00	

TOTAL PAYMENT REQUEST: \$ 26,666.66

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


08/19/2014
 MILDRED Q. LUJAN Date
 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
August 01, 2014 through August 15, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

<p>II.2 Increase treatment capacity in ASAM Level I Outpatient, known as the "Pathways" program and serve up to twenty (20) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."</p>	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 3 group sessions • 12 participants in attendance • Groups are held on Saturday from 12-2 pm and education groups are held from 2:15 – 3:15 at the Sanctuary, Inc. Main Office. • Number of Successful Completions: 2 • Number of Clients Transferred to another level of Care: 0 • Number of Clients on the Wait List: 1 pending orientation and PPD clearance <p>11 Active Clients NON-DUPLICATE</p>
<p>In narrative form, state how activities from II.2.a to II.2.c were implemented and addressed?</p>	<p>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 opportunity to discuss each topic.</p>
<p>In narrative form, briefly state how clients benefited from the core functions or services from this level?</p>	<p>Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; are guided in recognizing and planning events that are not associated with substance use; and rewarded for meeting their goals with incentives.</p>
<p>State any commendations to show the strengths of the Program:</p>	<p>The strength of the class based on staff observation, was that each client was able to share in a small group setting and get feedback from peers that support their efforts towards recovery. Clients are able to encourage each other to continue working on their goals and share their experience on what has helped them overcome obstacles. The groups allow the parents and their child to practice new skills and information learned; and provide activities to practice with their families.</p>
<p>State any recommendations for the improvement of service delivery:</p>	<p>Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.</p>
<p>II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-</p>	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 10 sessions were conducted • 20 participants in attendance [08/01/14 (4); 08/02/14 (9); 08/09/14 (3); 08/15/14 (4)] • Group time identified for Fridays from 3:30 – 4:30pm & 4:30-5:30pm and Saturdays from 12:00pm–3:15pm at the Sanctuary, Inc. Main Office.

Rehabilitation Services for Adolescents

August 01, 2014 through August 15, 2014

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

list.”

- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 2
- Active Clients: 4

During this Bi-weekly reporting period:

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

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

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; 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 peers for support and process.

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

Participants continue to explore pros and cons for use or staying clean and sober to help them to make informed and well thought out decisions about their use. Small group discussions facilitate understanding of the importance of each topic in recovery. Role-play, rehearsal, repetition, and practice in session help clients to identify strengths and needs. In addition, group participation teaches empathy and helps to develop effective communication skills.

State any commendations to show the strengths of the Program:

The strength of the small group setting is that it allows for a larger amount of attention, help, and feedback offered to each individual client, thereby encouraging engagement and active participation in their treatment.

State any recommendations for the improvement of service delivery:

Staff to continue networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.

MATRIX Model Parent Education / Support Group

During this bi-weekly reporting period:

Rehabilitation Services for Adolescents

August 01, 2014 through August 15, 2014

Task/Activity

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
- 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: Marijuana: The escape to nowhere film and So you're willing to share your experience. 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. 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.

State any recommendations for the improvement of service delivery:

During this bi-weekly reporting period:

- 7 Clients were served.
- Transfer to another level of Care: 2 (Aftercare)
- Wait Listing: 4

Phase Breakdown:

- Orientation: 1
- Awareness: 3
- Enhancement: 1

II.5 Maintain treatment capacity in ASAM Level III.5 to serve 6 to 8 adolescents (male or female) at any given time. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."

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

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

- Enlightenment: 0
- Empowerment: 0
- Graduated: 2

During this Bi-weekly reporting period:

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

Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to classroom work, group sessions (i.e. substance abuse, anger management, decision making, relapse prevention, life skills, team building, relationship intelligence; emotional wellness; big book and 12-step education), individual counseling sessions, individual case management sessions, meditation and evening recreation. Sanctuary continues to host 12-Step Meetings: Adolescent AA and NA at our Main Facility and is available to all clients based on desire and appropriateness.

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

Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In addition, Sagan Na' Homlo offers the individual and family the opportunity to restructure, refrain and to recover with the challenges of drug and alcohol addiction and eventually re-integrate back into the community as a productive member of society. Sanctuary, Incorporated has implemented Evidence Based Matrix Model incorporating individual sessions, family sessions, early recovery group, relapse prevention group, and 12 step participation.

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

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

II.5a Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients

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

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

State any commendations to show the strengths of the Program:

State any recommendations for the improvement of service delivery:

II.6 Implement evidence-based models and practices in all levels of care and shall demonstrate the following: In narrative form, state how the activities from

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

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

II.6.a to II.6.d were implemented and addressed.
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.
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.
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.


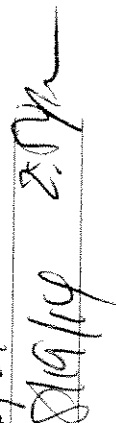
share openly, express them-selves and work on problems.
 Program staff continues to work with Department of Youth Affairs, Guam Department of Education (GDOE), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.
 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).

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

Sanctuary Representative:

Submitted By: Eugene Anderson
 Position Title: Case Manager
 Reviewed By: OJ Taitano
 Position Title: Program Director
 Date: August 19, 2014

GBHWC Representative:

Received By: 
 Position Title: Case Manager
 Date of Submission: 8/19/14 



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971

406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101

Crisis Hotline (671)475-7100 • Fax (671)477-3117 •

www.sanctuaryguam.org

CONFIDENTIAL

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 Q. Lujan
Executive Director

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

TOTAL PAYMENT REQUEST: \$ 26,666.66

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


08/01/2014
 MILDRED Q. LUJAN Date
 Sanctuary, Incorporated
 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

**Rehabilitation Services for Adolescents
July 16, 2014 through July 31, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Task/Activity

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

During this bi-weekly reporting period:

- 6 group sessions
- 22 participants in attendance [07/19/14 (12); 07/12/14 (10)]
- Groups are held on Saturday from 12-2 pm and education groups are held from 2:15 – 3:15 at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 3 pending orientation and PPD clearance

8 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; Road map for recovery; Thought stopping techniques; Dealing with feelings and depression; co-occurring disorders; Triggers; Taking care of yourself. Each client was provided the opportunity to discuss each topic.

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

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

State any commendations to show the strengths of the Program:

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

II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-

During this bi-weekly reporting period:

- 10 sessions were conducted
- 43 participants in attendance [07/18/14 (6); 07/19/14 (12); 07/25/14 (10); 07/26/14 (15)]
- Group time identified for Fridays from 3:30 – 4:30pm & 4:30-5:30pm and Saturdays from 12:00pm—3:15pm at the Sanctuary, Inc. Main Office.

**Rehabilitation Services for Adolescents
July 16, 2014 through July 31, 2014**

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task / Activity

list.

- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 1
- Number of Clients on the Wait List: 2
- Active Clients: 7

During this Bi-weekly reporting period:

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

The Group lesson/activity was: weekly check-in; review of group rules; Calendar; Scheduling It Is Important; Pros and Cons; Managing Anger; 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 opportunity to share real-life experiences related to each topic and offer feedback to peers for support and process.

Participants continue to explore pros and cons for use or staying clean and sober to help them to make informed and well thought out decisions about their use. Small group discussions facilitate understanding of the importance of each topic in recovery. Role-play, rehearsal, repetition, and practice in session help clients to identify strengths and needs. In addition, group participation teaches empathy and helps to develop effective communication skills.

The strength of the small group setting is that it allows for a larger amount of attention, help, and feedback offered to each individual client, thereby encouraging engagement and active participation in their treatment.

Staff to continue networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.

During this bi-weekly reporting period:

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

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?

State any commendations to show the strengths of the Program:

State any recommendations for the improvement of service delivery:

MATRIX Model Parent Education / Support Group

Rehabilitation Services for Adolescents

July 16, 2014 through July 31, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

- 2 session were conducted
- Family Members in attendance [(7/19 (9), 7/26 (7))]
- Group time identified for Saturdays from 12:00pm—1:30pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 2
- Number of Clients Transferred to another level of Care: N/A
- Number of Clients on the Wait List: N/A

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.

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.

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.

Staff to continue networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.

During this bi-weekly reporting period:

- 6 Clients were served.
- Transfer to another level of Care: 0 (Aftercare)
- Wait Listing: 1

Phase Breakdown:

- Orientation: 0
- Awareness: 3
- Enhancement: 1

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

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

State any commendations to show the strengths of the Program:

State any recommendations for the improvement of service delivery:

II.5 Maintain treatment capacity in ASAM Level III.5 to serve 6 to 8 adolescents (male or female) at any given time. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."

Rehabilitation Services for Adolescents
July 16, 2014 through July 31, 2014

Sanctuary, Inc. Bi-Weekly Progress Report

Task / Activity

- Enlightenment: 0
- Empowerment: 2

During this Bi-weekly reporting period:

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

Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to classroom work, group sessions (i.e. substance abuse, anger management, decision making, relapse prevention, life skills, team building, relationship intelligence; emotional wellness; big book and 12-step education), individual counseling sessions, individual case management sessions, meditation and evening recreation. Sanctuary continues to host 12-Step Meetings: Adolescent AA and NA at our Main Facility and is available to all clients based on desire and appropriateness.

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

Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In addition, Sagan Na' Homlo offers the individual and family the opportunity to restructure, refrain and to recover with the challenges of drug and alcohol addiction and eventually re-integrate back into the community as a productive member of society. Sanctuary, Incorporated has implemented Evidence Based Matrix Model incorporating individual sessions, family sessions, early recovery group, relapse prevention group, and 12 step participation.

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

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

Program staff continues to work with Department of Youth Affairs, Guam

II.5a Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients

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

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

State any commendations to show the strengths of the Program:

State any recommendations for the improvement of service delivery:

II.6 Implement evidence-based models and practices in all levels of care and shall demonstrate the following: In narrative form, state how the activities from II.6.a to II.6.d were implemented and addressed.

II.7 Work with DMHSA and its partners to

**Rehabilitation Services for Adolescents
July 16, 2014 through July 31, 2014**

Bi-Weekly Reporting Period:

Task/Activity

Sanctuary, Inc. Bi-Weekly Progress Report

establish a system of care for substance abuse treatment for Asian/Pacific Islanders: Give a brief summary of activities that occurred with DMHSA and its partners during the reporting period.

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

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.

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.

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).

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

Sanctuary Representative:

Submitted By: Eugene Anderson
 Position Title: Case Manager
 Reviewed By: Maming Reyes
 Position Title: Quality Assurance Officer
 Date: August 01, 2014

DMHSA Representative:

Received By: *Tanya Quifera*
 Position Title: *CATS #*
 Date of Submission: *8/1/14*



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971

406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101

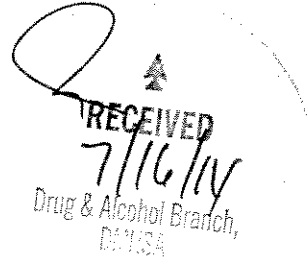
Crisis Hotline (671)475-7100 • Fax (671)477-3117 •

www.sanctuaryguam.org



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,


Mildred Q. Lujan

FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo		Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 7/15/2014
TO: Mr. Ray Vega Director Guam Behavioral Health & Wellness Center (DMHSA)		Vendor Acct. No. S1456001 Document No. Contract No. Job Order No. Purchase Order No. Invoice No. DMHSA-2014-019	
COSTS INCURRED BY CATEGORY		AMOUNT	
1. Personnel		\$ 20,336.66	
2. Fringe Benefits		\$ 2,400.00	
3. Contractual		\$ 400.00	
4. Other		\$ 350.00	
5. Supplies		\$ 1,000.00	
6. Utilities		\$ 2,180.00	

TOTAL PAYMENT REQUEST: \$ 26,666.66

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



 OJ Taitano
 Sanctuary, Incorporated
 Acting Executive Director

7/16/14

 Date

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.

 Don Sabang
 D & A Supervisor

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

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

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

During this bi-weekly reporting period:

- 0 group sessions
- 0 participants in attendance [07/05/14 (0); 07/12/14 (0)]
- Groups are held on Saturday from 12-2 pm and education groups are held from 2:15 – 3:15 at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 1

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

8 Active Clients NON-DUPLICATE
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.

State any recommendations for the improvement of service delivery:

Staff to continue our networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.

II.3 Establish an ASAM Level II Intensive Outpatient treatment program with a treatment capacity of ten (10) adolescents per treatment cycle and shall perform the following tasks: State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."

During this bi-weekly reporting period:

- 0 sessions were conducted
- 0 participants in attendance [07/04/14 (0); 07/05/14 (0); 07/11/14 (0); 07/12/14 (0)]
- Group time identified for Fridays from 3:30 – 4:30pm & 4:30-5:30pm and Saturdays from 12:00pm—3:15pm at the Sanctuary, Inc. Main Office.
- Number of Successful Completions: 0
- Number of Clients Transferred to another level of Care: 0
- Number of Clients on the Wait List: 2
- Active Clients: 9

Rehabilitation Services for Adolescents July 01, 2014 through July 15, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
II.3a Treatment capacity in ASAM Level 0.7 for all individuals who completed level II. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients	During this Bi-weekly reporting period: <ul style="list-style-type: none"> • 5 Clients in Aftercare (Social Support) Level 0.7 • Transfer to another level of Care: 0
In narrative form, briefly state how activities from II.3.a to II.3.e were implemented and addressed?	The Group lesson/activity was: weekly check-in; review of group rules; Calendar; Treatment Planning; You're Hear Because Why; Triggers and Cravings; Pursuit of Happiness; Relapse Analysis Chart; Alcohol Arguments; Amphetamines; Relapse Is Not a Failure; and Stages of 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.
MATRIX Model Parent Education / Support Group	During this bi-weekly reporting period: <ul style="list-style-type: none"> • 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

Rehabilitation Services for Adolescents July 01, 2014 through July 15, 2014	
Sanctuary, Inc. Bi-Weekly Progress Report	
Bi-Weekly Reporting Period:	
Task/Activity	
<p>Number of Clients on the Wait List: N/A</p>	
<p>In narrative form, briefly state how activities from Matrix Parent Education/Support Group were implemented and addressed?</p>	<p>The group lessons/activities included: Groups were cancelled due to storms in the area.</p>
<p>In narrative form, briefly state how Family benefited from the core functions or services from this level? State any commendations to show the strengths of the Program:</p>	<p>Groups were cancelled due to storms in the area. All parents and clients were notified of the cancellation of groups. 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. Staff to continue networking efforts with community partners as well as be open to input and feedback. Staff continues to research the latest information through articles, journals, and on-line updates.</p>
<p>State any recommendations for the improvement of service delivery:</p>	
<p>II.5 Maintain treatment capacity in ASAM Level III.5 to serve 6 to 8 adolescents (male or female) at any given time. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."</p>	<p>During this bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 6 Clients were served. • Transfer to another level of Care: 0 (Aftercare) • Wait Listing: 2 <p>Phase Breakdown:</p> <ul style="list-style-type: none"> • Orientation: 0 • Awareness: 1 • Enhancement: 1 • Enlightenment: 0 • Empowerment: 3 • Completion/Graduation: 0
<p>II.5a Treatment capacity in ASAM Level 0.7 for all individuals who completed level III.5. State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients</p>	<p>During this Bi-weekly reporting period:</p> <ul style="list-style-type: none"> • 4 Clients in Aftercare (Social Support) Level 0.7 • Transfer to another level of Care: 0
<p>In narrative form, briefly state how activities from II.5.b to II.5.f were implemented and addressed?</p>	<p>Sagan Na' Homlo is a 24/7 structured program where clients participate in a regulated daily routine schedule from morning physical exercises to classroom work, group sessions (i.e. substance abuse, anger management,</p>

Rehabilitation Services for Adolescents	
July 01, 2014 through July 15, 2014	
Bi-Weekly Reporting Period:	Sanctuary, Inc. Bi-Weekly Progress Report
Task/Activity	
In narrative form, briefly state how clients benefited from the core functions or services from this level?	decision making, relapse prevention, life skills, team building, relationship intelligence; emotional wellness; big book and 12-step education), individual counseling sessions, individual case management sessions, meditation and evening recreation. Sanctuary continues to host 12-Step Meetings: Adolescent AA and NA at our Main Facility and is available to all clients based on desire and appropriateness.
State any commendations to show the strengths of the Program:	The continuity of treatment in this level of care provides the clients consistent contact with residential staff and the opportunity for support when the need arises. Sagan Na' Homlo is the only Adolescent residential treatment on Guam. In addition, Sagan Na' Homlo offers the individual and family the opportunity to restructure, refrain and to recover with the challenges of drug and alcohol addiction and eventually re-integrate back into the community as a productive member of society. Sanctuary, Incorporated has implemented Evidence Based Matrix Model incorporating individual sessions, family sessions, early recovery group, relapse prevention group, and 12 step participation.
State any recommendations for the improvement of service delivery:	All efforts are channeled in enhancing our working relationship with our community partners and significant agencies.
II.6 Implement evidence-based models and practices in all levels of care and shall demonstrate the following: In narrative form, state how the activities from II.6.a to II.6.d were implemented and addressed.	Multi-level Interventions are still considered the best practice. It provides and allows insight, growth, emotional well-being, recognition of strengths, ability to communicate, group and family counseling and the opportunity to share openly, express themselves and work on problems. Program staff continues to work with Department of Youth Affairs, Guam Public School System (GPSS), Juvenile Drug Court (JDC), Community Substance Abuse Planning & Development (CSAPD) Committee, National Association of Social Workers (NASW) and Association of Individual, Marriage, and Family Therapist (AIMFT) monthly.
II.7 Work with DMHSA and its partners to establish a system of care for substance abuse treatment for Asian/Pacific Islanders: Give a brief summary of activities that occurred with DMHSA and its partners during the reporting period.	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).
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.	<ul style="list-style-type: none"> Sagan Na' Homlo currently has 3 certified ICRC Counselor working with the youth in the inpatient / outpatient programs.
II.9 Provide its staff with opportunities for staff development by performing the following tasks:	

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

Sanctuary, Inc. Bi-Weekly Progress Report

Bi-Weekly Reporting Period:

Task/Activity

Briefly state the status of staff members seeking certification with IC & RC and what trainings they attended during the reporting period.

- One counselor is a licensed IMFT 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 supervision to prepare for ICRC Certification.
- Case Manager is working toward IC&RC Certification.

Sanctuary Representative:

Submitted By: Eugene Anderson
 Position Title: Case Manager
 Reviewed By: OJ Taitano
 Position Title: Program Director
 Date: July 2, 2014

DMHSA Representative:

Received By: *J. Falcumbe*
 Position Title: *wpsst*
 Date of Submission: *7/16/14*

Attachment 4

Sanctuary, Incorporated of Guam

Runaway and Homeless Youth Basic Center

Reporting Agency

Department of Youth Affairs

Reports

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



Sanctuary, Incorporated of Guam

A Non-profit Organization Established in 1971

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



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	-0-
Equipment	-0-
Inventory Property	-0-

Please let us know if you have any questions.

Sincerely,

Mildred Q. Lujan
Executive Director

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

Fund	Contract Amount	Object Classification	Expenditure
General	\$ 321,556		
Direct Appropriation	160,800.00		
Total Funds	\$ 482,356		
		Salary	\$ 105,754
		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

"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

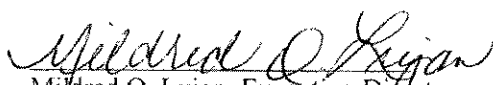
From: Mildred Q. Lujan
Executive Director
Sanctuary, Incorporated of Guam

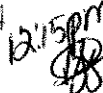
Re: Program Report

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

OCT 22 2014 12:15 PM


FY 2014 RUNAWAY HOMELESS YOUTH (RHY) BASIC CENTER

Department of Youth Affairs

QUARTERLY PERFORMANCE REPORT FORM

ORGANIZATION/AGENCY: Sanctuary Incorporated of Guam	
VENDOR NUMBER: S1456001	
PERSON COMPLETING REPORT: Joleen A. Baza	
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.

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

<p>Goal: The overall goal of the Basic Center is to provide a safe and stable Emergency Shelter for runaway and troubled youth and assist them in resolving crisis and conflicts by keeping focus on promoting family unity and improving quality of life for Guam's youth.</p> <p>Objective 1. To increase the awareness of available services and issues related to 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.</p> <p>Indicator/Outcomes/Periodicity: <i>Awareness of available services for run away and troubled youth for the community of Guam as a whole.</i></p>	
--	--

<p>Activity A: The Emergency Shelter program will provide individual supportive counseling at least twice a week for each youth residing in the shelter.</p> <p>Time Line: Daily; ongoing daily sessions</p> <p>Responsible Parties: Case Manager and/or Program Director, and Residential Assistants</p>	<p>Results:</p> <ul style="list-style-type: none"> • During, this reporting period, 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.
<p>Activity B: To provide therapeutic and recreational activities for youth to promote personal well being.</p> <p>Timeline: Daily</p> <p>Responsible Parties: Case Manager and/or Program Director, and Residential Assistants</p>	<p>Results:</p> <ul style="list-style-type: none"> • On a weekly basis, the program facilitates various support activities for therapeutic and recreational purpose such as life skills to include money management, cooking skills, home management, mentoring, and exercise to promote social skills and personal growth.
<p>Objective II. To increase crisis intervention services to runaway and homeless youth and their families by providing 24 hours services to 200 youth parent and/or community members.</p> <p>Indicators/Outcomes/Periodicity: <i>Accessibility of children and their families in crisis situations who use Emergency Shelter services.</i></p> <p>Activity A: 24-hour crisis hotline is open to the general public to provide immediate feedback, assessments and referrals to appropriate agencies.</p> <p>Time line: on-going,</p> <p>Responsible Parties: Crisis Intervention Worker, Case Manager, and Program Director</p>	<p>Results:</p> <ul style="list-style-type: none"> • 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.
<p>Activity B: Provide referral services for all youth and their family members assessed for services needed from other agencies.</p> <p>Timeline: ongoing</p>	<p>Results:</p> <ul style="list-style-type: none"> • 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

<p>Responsible Parties: Crisis Intervention Worker, Case Manager and Program Director.</p>	<p>Protective Services, I famagu'on-ta, and Westcare.</p>
<p>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.</p> <p>Indicators/Outcomes/Periodicity: <i>Accessibility of emergency 24hr placement for runaway and homeless youth needing assistance/guidance to begin the reunification process.</i></p> <p>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.</p> <p>Activity B: The project will provide basic necessities such as food, clothing, shelter, and transportation services to and from school and appointments while also providing supportive counseling and guidance to promote reunification and reconciliation.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Program Director and Case Manager.</p>	<p>Results: During this quarter a total of Twelve (12) youth received shelter services. There were 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.</p> <p>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.</p> <p>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.</p>

<p>Objective IV To strengthen family relationships of 120 youth and their families through individual family and group counseling to resolve conflicts that will lead to familial reconciliation and reunification.</p> <p>Indicators/Outcomes/Periodicity: <i>Conflict Mediation skills of children and their families</i></p> <p>Activity A: Provide 120 family skills training sessions for youth and their families experiencing crisis situations through Sanctuary's 24-hour crisis hotline or Emergency Shelter Program.</p> <p>Time line: ongoing</p> <p>Responsible Parties: Crisis Intervention Worker, Case Manager and Program Director.</p>	<p>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.</p>
<p>Activity B: The Project will conduct 45 Anger Management groups for children in crisis situations to learn assertive, non-violent ways of channeling their anger.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Program Directors, Case Manager, and AmeriCorps volunteers.</p>	<p>Results:</p> <ul style="list-style-type: none"> • 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.
<p>Objective V: To decrease recidivism and problems of runaway and homeless youth and their families to assist with their transition back home and meet their long-term needs.</p> <p>Indicators/Outcomes/Periodicity: <i>Availability of supportive services to children and their families in crisis situations.</i></p> <p>Activity A:</p>	<p>Results: Individual supportive counseling sessions were provided this reporting period to assist youth and their parent/legal guardians to make appropriate decisions relative to their family dynamics. The breakdown of the sessions are as follow:</p> <ul style="list-style-type: none"> - One hundred and thirty three (133) youth individual supportive counseling

<p>The project will provide individual supportive counseling for 120 youth and their parent/legal guardians assisting them in making appropriate decisions relative to their family dynamics.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Program Directors and Case-Manager</p>	<p>sessions.</p> <ul style="list-style-type: none"> - Fifteen (15) parent individual supportive counseling sessions - IPP completion rate for this quarter is at 90%
<p>Activity B: The project will provide case management services for 200 youth and their families that will enhance stabilize and strengthen their relationships.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Program Director and Case Manager</p>	<p>Results: Twelve (12) youth received case management services via the Co-Ed Shelter and Six(6) participated in Aftercare services.</p>

Problems Encountered:

A challenge encountered is identifying placement in a timely manner for youth who are wards of the state due to exhaustion of alternate familial placement and limited foster care placement. Once a youth exits from shelter services, one of the vital parts in maintaining reunification is to sign up for aftercare services to help reduce the recidivism rate. 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 Measures:

<p>Social Competence</p>	<p>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.</p>
<p>Family Relationships</p>	<p>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.</p>
<p>Families Satisfied with Program</p>	<p>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:</p> <ol style="list-style-type: none"> 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
<p>Client Satisfaction</p>	<p>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.</p>

Attachment 5

Sanctuary, Incorporated of Guam
Victims of Crime Act

Reporting Agency

Office of the Attorney General

Reports

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



SANCTUARY, INCORPORATED

"Helping Youth and Families Help Themselves" since 1971

Address: 406 Maimai Rd., Chalan Pago, Guam 96910

* Tel: 475-7101 * Fax: 477-3117 * Crisis Hotline: 475-7100

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



Transmittal Form

Date: October 3, 2014

To: Office of the Attorney General
Attn: Franklin P. Artero

Enclosed herewith is the following document:

1. 4st Quarter Report (July 1, 2014-September 30, 2014)

Purpose/Action Needed:

Needs your approval on the above

Needs reply or comment

To fulfill your requirement

Other: _____

Cordially,

Mildred Q. Lujan
Executive Director
Sanctuary, Incorporated of Guam

ACKNOWLEDGEMENT

Receipt of the above is hereby acknowledged:

Print Name: Lishawna Mindaola

Signature:

Date: 10/03/14

Time: 347





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

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

**VICTIMS OF CRIME ACT
VICTIM STATISTICS WORKSHEET**

FOR THE PERIOD OF:		July 1, 2014-September 30, 2014	
Organization:		SANCTUARY, INC	
AGE		TOTAL	
0-12			
13-17		5	
18-24			
25-59			
60+			
Unknown			
NATIONAL ORIGIN	TOTAL	NATIONAL ORIGIN	TOTAL
1. African American:		6. Filipino:	
2. Asian :		7. Hispanic:	
3. Caucasian/White:	1	8. Other Pacific Islander:	
4. Chamorro:	4	9. Other: Indian	
5. Chuukese:		10. Unknown:	
GENDER		TOTAL	
Male		3	
Female		2	
Unknown			
Institutions Victimized		TOTAL	
Business Owned Building/Office/Property			
Religious Organization Building/Office/Property			
Federal Government Building/Office/Property			
Government of Guam Building/Office/Property			
Public or Private School Building/Office/Property			
TYPES OF SERVICES PROVIDED		TOTAL	
Crisis Counseling		120	
Follow-up Contact		10	
Therapy			
Group Treatment/Support		1	
Shelter/Safe House		5	
Information & Referral (In- Person)		180 (Outreach)	
Criminal Justice Support/Advocacy			
Assistance in Filing Compensation Claims			
Emergency Financial Assistance			
Emergency Legal Advocacy			
Personal Advocacy			
Telephone Information & Referral		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

Office of the Speaker
Judith T. Won Pat, Ed.D

To: HONORABLE JUDITH T. WON PAT
Speaker
33rd Guam Legislature

Date: 10-15-15

Time: 4:40pm

Received By: [Signature]

Enclosed herewith are the following documents:

1. FY2015 4th quarter list of expenditures over \$5,000
2. FY2015 4th quarter list of appropriations/expenditure report
3. FY2015 4th quarter progress report

Purpose/Action Needed:

Needs your approval on the above

Needs reply or comment

To fulfill your requirement

Other: In compliance with Public Law 28-150 herein reports for all our programs which receive funding through a Government of Guam agency

Senseramente,

Theresa C. Arriola
Executive Director

ACKNOWLEDGEMENT

Receipt of the above is hereby acknowledged:

Print 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, 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 instructions)

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

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

4a. DUNS Number 855025284	4b. EIN 96-0002543	5. Recipient Account Number or identifying Number 11AFHGU0010002	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
----------------------------------	---------------------------	---	--	---

8. Project/Grant Period From: (Month, Day, Year) 1-Oct-14	To: (Month, Day, Year) 30-Sep-15	9. Reporting Period End Date (Month, Day, Year) July 01, 2015 - September 30, 2015
--	-------------------------------------	---

10. Transactions Cumulative

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

Federal Cash	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	\$0.00

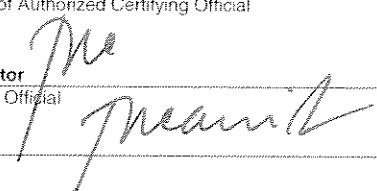
(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$450,012.00
e. Federal share of expenditures	\$222,288.42
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$222,288.42
h. Unobligated balance of Federal funds (line d minus g)	\$227,723.58
Recipient Share:	
i. Total recipient share required	\$15,319.00
j. Recipient share of expenditures	\$6,466.98
k. Remaining recipient share to be provided (line i minus j)	8,852.02
Program Income:	
l. Total Federal program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

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


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

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

a. Typed or Printed Name and Title of Authorized Certifying Official Theresa C Arriola, Executive Director	c. Telephone (Area code, number and extension) (671) 475-7101
d. Signature of Authorized Certifying Official 	d. Email address inquiries@sanctuaryquam.org
e. Date Report Submitted (Month, Day, Year) 10/9/15	e. Date Report Submitted (Month, Day, Year) 9-Oct-15
14. Agency use only:	

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

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


RECEIVED



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 14AFHGU0010002	AC GRANT ID NUMBER 14AC161850	DOA VENDOR NUMBER S1456001	DOA CONTRACT NUMBER C150600470	EMPLOYER ID 96-0002543	EMPLOYER DUNNS NUMBER 85502584
PROGRAM PERIOD: 2014-2015			PERIOD CLAIMING FOR: Sep-15		
REQUEST NUMBER: 2015-07 (PY 2014-2015)			FINAL CLAIM:	YES	NO X
ACCOUNT NUMBER: 5101H					
DEPT. OF ADMIN.	AMOUNT	AS400 PMT	CHK NUMBER	CNCS HHS DTE APPROVED	ATTACH CNCS EMAIL: 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/ or before the 10th of each MONTH for compliance and reimbursement.
- FISCAL REPORTS are due on/ or before the 10th of each MONTH for compliance.
- FFR's are due on/ or before the 10th of each QUARTER for compliance.

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

PROGRAM DIRECTOR/ DATE: M. O. S. L. 10/9/15
 CERTIFYING OFFICER/ DATE: [Signature] 10-09-2015
 EXECUTIVE DIRECTOR/ DATE: [Signature] 10/9/15

SGC/ DOL USE ONLY -
 Reviewed against PERIODIC EXPENSE REPORT (PER) & BUDGET MODIFICATION
 SGC Administrative Assistant

Julie Iriarte/ Signature/ Date: _____
 PER REIMBURSEMENT BUDGET MODIFICATION FFR's
 Submit: Supporting Documents

SGC/ AMERICORPS PROGRAM COMPLIANCE:

- EGRANTS NPM SUBMISSION:
- NATIONAL PERFORMANCE MEASURES (NPM)
 - CNCS NATIONAL SERVICE CRIMINAL HISTORY CHECKS
 - ACCOMPANIEMENT: DAILY TIME SHEET/ TIME IN/ OUT/ HOURS
 - EGRANTS MEMBER
 - ENROLLMENT
 - EXIT
 - EVALUATIONS
 - MID
 - FINAL
 - PROGRAM SITE VISIT
 - FISCAL SITE VISIT
 - PROGRAM CLOSE OUT
 - FISCAL CLOSE OUT
 - PROGRAM EVALUATIONS

SGC/ DDOL - ASSURANCE & CERTIFICATION:

DOL CERTIFYING OFFICER/ DATE: _____
 Nellie N. Asanuma

SGC EXECUTIVE DIRECTOR/ DATE: _____
 Doris M. Aguon



SGC - Standard Operating Procedures - Process Instructions:

Step 1 - Program Director/Fiscal are to fill out Periodic Expense Report(Sections I, II, III) Program Director to submit with Reimbursement Cover and supporting documents

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

Ayuda Para / Komunikar - 14AFHGU0010002

Section I	CNCS SHARE	1ST BUDGET MOD	BUDGET 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	PROGRAM TOTAL	CNCS BUDGET YTD BAL
A Personnel																		
Program Director	31,790.00		31,790.00	2,374.56	3,561.84	2,374.56	2,374.56	2,374.56	2,374.56	2,374.56							17,809.20	19,980.80
Program Coordinator	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	12,580.00
Admin Asst	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							11,568.00	7,082.00
Total - Personnel	80,251.00	0.00	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
B Fringe																		
FICA	6,140.00		6,140.00	486.42	729.64	383.19	456.94	456.94	456.94	707.25							3,677.32	2,462.68
Health insurance	5,160.00		5,160.00	0.00	300.48	450.72	751.20	375.60	375.60	375.60							2,629.20	2,530.80
Workers Comp	241.00		241.00	0.00	6.47	30.70	12.39	12.39	0.00	12.39							74.34	163.66
Total - Fringe	11,541.00	0.00	11,541.00	486.42	1,036.59	864.61	1,220.53	844.93	832.54	1,095.24	0.00	0.00	0.00	0.00	0.00	0.00	6,380.86	5,160.14
S/Total (A/B)	91,792.00	0.00	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	51,178.06	40,613.94
E Supplies:																		
Program-Office Supplies / Materials	2,400.00	1,276.00	3,676.00	64.42	22.87	85.90	781.00	0.00	0.00	0.00							954.19	2,791.81
Gasoline	2,100.00		2,100.00	92.29	125.40	130.12	84.60	131.24	88.45	83.50							795.60	1,304.40
Service Gears	3,240.00	-140.00	3,100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							0.00	3,100.00
Total - Supplies	7,740.00	1,136.00	8,876.00	156.71	148.27	216.02	865.60	131.24	88.45	83.50	0.00	0.00	0.00	0.00	0.00	0.00	1,689.79	7,186.21
F Contractual:																		
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							1,130.18	1,674.82
Internet Service	1,464.00		1,464.00	0.00	280.34	299.98	373.91	0.00	0.00	0.00							954.23	509.77
Vehicle Lease	7,500.00		7,500.00	1,250.00	625.00	625.00	0.00	625.00	625.00	625.00							4,375.00	3,125.00
Cell Phone / Telephone	4,200.00		4,200.00	284.40	181.63	0.00	372.20	0.00	322.80	0.00							1,161.03	3,038.97
S/Total - Contractual	13,944.00	2,025.00	15,969.00	1,810.54	1,261.96	924.98	976.74	625.00	947.80	1,073.42	0.00	0.00	0.00	0.00	0.00	0.00	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	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
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	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
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
I Other Program Operating Costs:																		
FBI Check	1,080.00	-666.00	414.00	0.00	0.00	0.00	0.00	0.00	0.00	414.00							414.00	0.00
Drug Testing	1,620.00	-520.00	1,100.00	0.00	0.00	0.00	0.00	0.00	0.00	1,100.00							1,100.00	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	0.00
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	1,920.00
Advertisement (banner)	275.00	-57.00	218.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							0.00	218.00
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
Section I - Grand Total	121,031.00	0.00	121,031.00	8,812.23	11,984.66	7,014.57	9,035.83	7,574.13	8,083.75	9,739.12	0.00	0.00	0.00	0.00	0.00	0.00	62,244.29	58,786.71
	100.00%	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							51.43%	48.57%
Section III																		
A Living Allowance																		
Half Time	302,400.00	0.00	302,400.00	0.00	30,240.60	21,633.66	23,029.38	23,262.00	24,715.50	24,715.50							147,596.64	154,803.36
S/Total	302,400.00	0.00	302,400.00	0.00	30,240.60	21,633.66	23,029.38	23,262.00	24,715.50	24,715.50	0.00	0.00	0.00	0.00	0.00	0.00	147,596.64	154,803.36
B Member support Cost																		



SANCTUARY INCORPORATED - AYUDA PARA I KOMUNIDAT

Section I	PROGRAM SHARE	BUDGET MODIFICATION	BUDGET 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	PROGRAM TOTAL	CNCS BUDGET YTD BAL
A) Personnel																		
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	2,466.20
Administrative Aide	5162.00		5162.00	0.00	0.00	1349.60	385.60	385.60	385.60	385.60							2892.00	2,270.00
Program Coordinator	0.0		0.0	0.0	0.0	0.0	-	0.0	0.0	0.0							0.0	0.0
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	0.00	0.00	0.00	0.00	0.00	6,034.80	4,736.20
B) Fringe																		
FICA	823.00		823.00	32.06	48.08	105.80	61.56	61.56	61.56	61.56							432.18	390.82
Health Insurance	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							0.00	0.00
Worker's Compensation	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							0.00	0.00
Total - Fringe	823.00	0.00	823.00	32.06	48.08	105.80	61.56	61.56	61.56	61.56	0.00	0.00	0.00	0.00	0.00	0.00	432.18	390.82
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	5,127.02
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	0.00	6,466.98	5,127.02
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%	100.00%
Section III																		
A) Corporation Fixed Percentage																		
S/ Total																	0.00	0.00
B) Federally Approved Indirect Cost	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	0.00	3,725.00
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	0.00	3,725.00
Section III - 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	0.00	3,725.00
	100.00%	100.00%	100.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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	6,466.98	8,852.02
	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	8,852.02

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

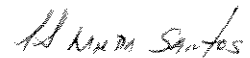
Mr. Gillan:

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*







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



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

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 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	Contract Amount	Object Classification	Expenditure
General	\$ 40,680.14		
		Salary	\$ 7,487.20
		Benefits	548.73
		Travel	0.00
		Contractual	3,000.00
		Supplies & Materials	7,000.00
		Equipment	0.00
		Utilities	148.26
		Miscellaneous	3,500.00
		Grand Total	\$ <u>\$ 21,684.19</u>

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

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



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

10/1/15

COPY

COPY



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



FROM: SANCTUARY, INCORPORATED 406 Mai Mai Road Chalan Pago, GU 96910	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 9/30/2015
TO: Grace Rosadino Guam Behavioral Health & Wellness Center (GBHWC) PEACE Office	Vendor Acct. No. S1456001 Document No. Contract No. Job Order No. 231014107230 Purchase Order No. P156A00931 Invoice No. 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
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.

Ed Taitano
 EDWARD H. TAITANO
 Interim Executive Director

9/30/15
 Date

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 Date
 Prevention & Training Acting Supervisor



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: 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 Percent	Cumulative Percent
Valid 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
Valid Minor	1	1	1	1
Valid Adult	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 Percent	Cumulative Percent
Valid 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

	SI		Total
	Yes	No	
Sex 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'âse',

Ed Taitano

Edward Taitano, *Acting Executive Director*

*Received
R. D. M. J.
9/2/15*



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



FROM: SANCTUARY, INCORPORATED 406 Mai Mai Road Chalan Pago, GU 96910		Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 8/31/2015
TO: Barbara Benavente Guam Behavioral Health & Wellness Center (GBHWC) PEACE Office		Vendor Acct. No. S1456001 Document No. Contract No. Job Order No. 231014107230 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.

Ed Taitano

 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

"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: 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 Percent	Cumulative Percent
Valid	Male	21	38.8	38.8	38.8
	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
Valid	Minor	0	0	0	0
	Adult	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.

SI

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

Suicidal Callers by Sex

	SI		Total
	Yes	No	
Sex Male	2	19	21
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 Logo Sanctuary, Incorporated of Guam
 A Non-profit Organization Established in 1971
 406 MaiMai Road Chalan Pago, Guam 96910 Administrative Office (671)475-7101
 Crisis Hotline (671)475-7100 Fax (671)477-3117 Email: inquiries@sanctuaryguam.org
 www.sanctuaryguam.org



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	Vendor Acct. No. S1456001 Document No. Contract No. Job Order No. 231014107230 Purchase Order No. P156A00931 Invoice No. CRISIS-2015-07	
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
 EDWARD TAITANO
 Interim Executive Director

7/31/15
 Date

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.

for: Barbara Benavente
 Barbara Benavente
 Prevention & Training Supervisor

Rec'd by: Reyes
8/10/15



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



GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER (GBHWC)

CRISIS HOTLINE MONTHLY REPORT

REPORTING MONTH OF: JULY 2015

SUBMITTED BY: CASE MANAGER/ TIFFANY PAULINO

DATE OF REPORT: August 10, 2015

I. Total number of calls for reporting period: 134

II. Nature of calls:

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

Sex

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 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.

Minor/Adult

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Minor	3	2.3	2.3	2.3
Valid Adult	131	92.9	97.7	97.7
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
Valid Yes	8	5.7	5.7	5.7
Valid No	126	94.3	94.3	94.3
Total	140	100.0	100.0	

Suicidal Callers by Sex

		SI		Total
		Yes	No	
Sex	Male	4	33	37
	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

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



COPY

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*

RECEIVED
Francis Quintana
9/1/15



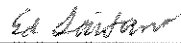
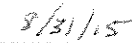
Sanctuary Logo Sanctuary, Incorporated of Guam
 A Non-profit Organization Established in 1971
 406 MaiMai Road Chalan Pago, Guam 96910 Administrative Office (671)475-7101
 Crisis Hotline (671)475-7100 Fax (671)477-3117 Email: inquiries@sanctuaryguam.org
 www.sanctuaryguam.org



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
TO: Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013 (Outpatient) Job Order No. Purchase Order No. Invoice No. DMHSA-2015-08	
COSTS INCURRED BY CATEGORY		AMOUNT
1. Personnel 2. Fringe Benefits 3. Contractual 4. Other 5. Supplies 6. Utilities		\$ 5,719.69 675.00 112.50 98.44 281.25 613.13

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 H. Taitano Date
 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.

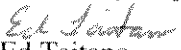
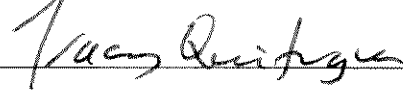
Rehabilitation Services for Adolescents	
Monthly Reporting Period:	August 1, 2015 through August 31, 2015
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report
<p>In narrative form, state how the activities from II.1a to II.1c were implemented and addressed.</p> <ul style="list-style-type: none"> • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff 	<p>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.</p>
<p>In narrative form, state how the activities from II.1d to II.1e were implemented and addressed.</p> <ul style="list-style-type: none"> • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models 	<p>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</p>
<p>II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.</p>	<p>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.</p>
<p>In narrative form, state how the activities from II.1g to II.1j were implemented and addressed.</p> <ul style="list-style-type: none"> • 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 	<p>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.</p> <p>Ongoing Screening / Assessments continues throughout an adolescent's treatment program to determine Patient Placement Appropriateness.</p>

Rehabilitation Services for Adolescents	
Monthly Reporting Period:	August 1, 2015 through August 31, 2015
Task/Activity	Sanctuary, Incorporated of Guam Bi-Weekly Progress Report

<p>In narrative form, state how the activities from II.1k to II.1o were implemented and addressed.</p> <ul style="list-style-type: none"> • 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 	<p>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.</p>
<p>II.2a Provide services for a minimum of 12 adolescents at any given time for Level 1 Outpatient Services.</p>	<p>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.</p>
<p>In narrative form, state how the activities from II.2b to II.2d were implemented and addressed.</p> <ul style="list-style-type: none"> • 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 	<p>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 <i>Having Fun in Recovery</i>.</p> <p>Clients are taught to analyze events and change their thoughts and behaviors that lead to substance use and change the results to a more positive behavior that meets their goals. Clients are taught skills to prevent substance use and relapse; and are guided in recognizing and planning events that are not associated with substance use; and are rewarded for meeting their goals with incentives.</p> <p>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</p>

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.
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 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.
II.3b Provide detailed provisions for making ASAM	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. <ul style="list-style-type: none"> • Minimum six (6) hours a week for treatment • Utilize Matrix Model for teens curriculum • Experience with necessary techniques for IOP 	<p>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.</p> <p>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.</p> <p>They also watched the following movies: <i>Inside Out</i>, <i>Escape Plan</i>, <i>Relapse Warning Signs</i>, <i>SMART Goals</i>, <i>Users in my Home</i>, <i>Lifestyle Changes</i>, <i>Substance Abuse Influences</i>, and <i>Having Fun in Recovery</i>, and various educational lecture videos to reinforce information taught during Psycho-educational Groups.</p> <p>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.</p>
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 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

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.
II.3i 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 Taitano Position Title: Interim Executive Director Date: September 3, 2015	DMHSA Representative: Received By:  Position Title: <u>CSB II</u> Date of Submission: <u>9/1/15</u>



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

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 Services) Report for the period of July 1, 2015 to July ~~30~~, 2015.

31st

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. Camacho Rd. Tamuning Guam 96913	DATE: 7/31/2015
TO: Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC)		Vendor Acct. No. S1456001 Document No. Contract No. RFP 08-2013 (outpatient) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-042	
COSTS INCURRED BY CATEGORY		AMOUNT	
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 - Sagan Na' Homlo and that this is a true and certified original.

Ed Taitano 7/31/15
 Edward Taitano Date
 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 7-21-15
 Don Sabang
 D & A Supervisor

Rehabilitation Services for Adolescents

July 1, 2015 through July 31, 2015

Monthly Reporting Period:	Rehabilitation Services for Adolescents July 1, 2015 through July 31, 2015
Task/Activity	Sanctuary, Inc. Monthly Progress Report
<p>In narrative form, state how the activities from II.1a to II.1e were implemented and addressed.</p> <ul style="list-style-type: none"> • Work with GBHWC and partners • Meet regularly to Establish standardized assessment and referral protocols • Share resources and provide training opportunities for staff 	<p>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).</p>
<p>In narrative form, state how the activities from II.1d to II.1e were implemented and addressed.</p> <ul style="list-style-type: none"> • Utilize evidenced-based models • Utilize Matrix, contingency management for these levels of care • Identify and justify any adaptations or modifications to proposed models 	<p>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</p>
<p>II.1f Describe in detail how the project will address issues of age, race, ethnicity, culture and other similar issues.</p>	<p>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.</p>
<p>In narrative form, state how the activities from II.1g to II.1j were implemented and addressed.</p> <ul style="list-style-type: none"> • 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 	<p>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.</p>

Rehabilitation Services for Adolescents

July 1, 2015 through July 31, 2015

Monthly Reporting Period:

Task/Activity

Sanctuary, Inc. Monthly Progress Report

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 I 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 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.**
- **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

- Information about the legal aspects that pertains to drug and alcohol related crimes

self and others (i.e., making amendments).

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

July 1, 2015 through July 31, 2015

Monthly Reporting Period:

Task/Activity

Sanctuary, Inc. Monthly Progress Report

motivational strategies that will assist clients with their transition towards the next level of care, as applicable.

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.

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 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, 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.

II.3b Provide 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; 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.

II.3i 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.

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
Ed Taitano

Position Title: Interim Executive Director

Date: August 2, 2015

DMHSA Representative:

Received By: *TERRY DANTE* *Tedante*

Position Title: *PT II*

Date of Submission: *7.28.2015*



SANCTUARY, INCORPORATED OF GUAM

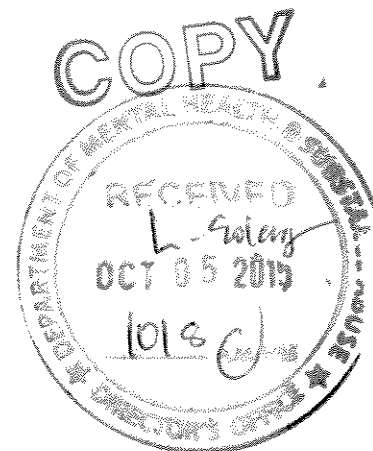
"Helping Youth and Families Help Themselves" since 1971

Address: 406 Maimai Rd., Chalan Pago, Guam 96910
Tel: 475-7101 * Fax: 477-3117 * Crisis Hotline: 475-7100



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'āse'

Theresa C. Arriola, *Executive Director*

COPY



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



FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homlo	Address: 790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913	DATE: 9/30/2015
TO: Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 04-2014 (Residential) Job Order No. Purchase Order No. Invoice No. DMHSA-2015-09/1	
COSTS INCURRED BY CATEGORY	AMOUNT	
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 - Sagan Na' Homlo and that this is a true and certified original.

Ed Taitano
 Edward H. Taitano
 Sanctuary, Incorporated
 Interim Executive Director

9/30/15
 Date

Recommended for payment: I certify Invoice No. DMHSA-2015-09/1 to be true and correct; and that services to 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

Monthly Reporting Period:

September 1, 2015 through September 30, 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)
- 1 Wait Listed
- 0 Completed:

180-day Treatment

- 5 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 Evaluation.

-Program staff continues to address barriers regarding PPD clearances by working with DYA, Guam Community College, DPHSS and private clinics.

-Program staff continues to work with Juvenile Drug Court and I Famagu'on-ta programs to improve the working relationship and improve on the referral process for treatment.

-Program staff continues 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.

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.	<p>Ongoing Screening / Assessments continued daily using ASAM to determine Patient Placement Appropriateness.</p> <p>Assessments were ongoing throughout client's treatment episode.</p> <p>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.</p>
MATRIX Model Family Education: Family Education / Support Group	<p>During this monthly reporting period:</p> <ul style="list-style-type: none"> • 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:

Theresa C. Arriola

Position Title: Executive Director

Date: October 2, 2015

GBHWC Representative:

Received By: _____

Position Title: _____

Date of Submission: _____



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



September 1, 2015

COPY

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',

Edward Taitano, *Acting Executive Director*

RECEIVED
Tammy Sabang
9/1/15



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: 8/31/2015
TO: Mr. Rey Vega Director Guam Behavioral Health & Wellness Center (GBHWC)	Vendor Acct. No. S1456001 Document No. Contract No. RFP 04-2014 (Residential) Job Order No. Purchase Order No. Invoice No. DMHSA-2015-08/1	
COSTS INCURRED BY CATEGORY		AMOUNT
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.

Ed Taitano

Edward H. Taitano
 Sanctuary, Incorporated
 Interim Executive Director

8/31/15

Date

Recommended for payment: I certify Invoice No. DMHSA-2015-08/1 to be true and correct; and that services to 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

<p>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.</p> <p>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.</p> <p>State the number of clients served, as well as those who successfully completed, within the reporting period. If applicable, state the number of clients transferred to another level of care and those on a "wait-list."</p>	<p>During this monthly reporting period:</p> <p>30-day Treatment</p> <ul style="list-style-type: none"> • 0 Client was served. • 0 Transfer to another level of Care: (Aftercare) • 0 Wait Listed • 0 Completed: <p>180-day Treatment</p> <ul style="list-style-type: none"> • 4 Clients were served. • 0 Transfer to another level of Care (Aftercare) • 3 Wait Listed • 0 Completed <p>- Clients on waitlist pending PPD Clearance, Physical Examination, and/or Psychological/Psychiatric Evaluation.</p> <p>-Program staff continue to address barriers regarding PPD clearances by working with DYA, Guam Community College, DPHSS and private clinics.</p> <p>-Program 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 treatment.</p> <p>-Program staff are working with AmeriCorps volunteers Coalitions and community volunteers to assist as interpreters.</p>
<p>In narrative form, briefly state how activities from II.2.a to II.2.n were implemented and addressed?</p>	<p>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.</p>
<p>In narrative form, briefly state how clients benefited from</p>	<p>The continuity of treatment in this level of care provides clients with consistent contact with</p>

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 eligibility for admission or referral.: Briefly state how	Ongoing Screening / Assessments continued daily using ASAM to determine Patient Placement Appropriateness. 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	<p>During this monthly reporting period:</p> <ul style="list-style-type: none"> • 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 Taitano
Ed Taitano

Position Title: Interim Executive Director

Date: August 31, 2015

DMHSA Representative:

Received By:

Tracy Quintana

Position Title:

COTB II

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

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



FROM: SANCTUARY, INCORPORATED Drug & Alcohol Residential Treatment Program - Sagan Na' Homio	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. S1456001 Document No. Contract No. RFP 04-2014 (residential) Job Order No. Purchase Order No. Invoice No. DMHSA-2014-043	
COSTS INCURRED BY CATEGORY		AMOUNT
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 - Sagan Na' Homio and that this is a true and certified original.

Edward Taitano 7/31/15
 Edward Taitano Date
 Sanctuary, Incorporated
 Interim Executive Director

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

Don P. Sabang 7/31/15
 Don Sabang
 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)
- 0 Wait Listed
- 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 other interventions to help clients meet such goals. All clients that enter

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


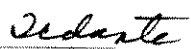
Residential Rehabilitation Services for Adolescents

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.	<p>Ongoing Screening / Assessments continued daily using ASAM to determine Patient Placement Appropriateness.</p> <p>Assessments were ongoing throughout client's treatment episode.</p> <p>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.</p>
MATRIX Model Family Education: Family Education / Support Group	<p>During this monthly reporting period:</p> <ul style="list-style-type: none"> • 3 sessions were conducted. 1 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

Residential 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:  Ed Taitano Position Title: Interim Executive Director Date: August 1, 2015	DMHSA Representative: Received By: <u>TERRY DANTE</u>  Position Title: <u>PT II</u> Date of Submission: <u>7.28.2015</u>
---	---

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

"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



Rec'd 10/14/15
CR

October 13, 2015

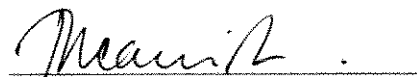
To: ADONIS MENDIOLA, *Director*
Department of Youth Affairs
P. O. Box 23672
GMF Barrigada, Guam 96921

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

QUARTERLY PERFORMANCE REPORT FORM

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

Project Goals and Objectives; Project Activities; Project Performance Measures; Project

Outcomes:

<p>Goal: The overall goal of the COED is to provide professional services for up to 200 who are runaways, homeless, or victims of abuse.</p> <p>Decrease recidivism and problems of runaways and homeless youth.</p> <p>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.</p> <p>Indicator/Outcomes/Periodicity: <i>Awareness of available services for run away and troubled youth for the community of Guam as a whole.</i></p>	<ul style="list-style-type: none"> - 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.
---	---

<p>Activity A: The Emergency Shelter program will provide individual supportive counseling at least twice a week for each youth residing in the shelter.</p> <p>Time Line: Daily; ongoing daily sessions</p> <p>Responsible Parties: Case Manager and Residential Assistants</p>	<p>Results:</p> <ul style="list-style-type: none"> • 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.
<p>Activity B: To provide therapeutic and recreational activities for youth to promote personal well being.</p> <p>Timeline: Daily</p> <p>Responsible Parties: Case Manager and/or and Residential Assistants</p>	<p>Results:</p> <ul style="list-style-type: none"> • On a weekly basis, the program facilitates various support activities for therapeutic and recreational purpose such as life skills to include money management, cooking skills, home management, mentoring, and exercise to promote social skills and personal growth.
<p>Objective II. To increase crisis intervention services to runaway and homeless youth and their families by providing 24 hours services to 200 youth parent and/or community members.</p> <p>Indicators/Outcomes/Periodicity: <i>Accessibility of children and their families in crisis situations who use Emergency Shelter services.</i></p> <p>Activity A: 24-hour crisis hotline is open to the general public to provide immediate feedback, assessments and referrals to appropriate agencies.</p> <p>Time line: on-going,</p> <p>Responsible Parties: Crisis Intervention Worker and Case Manager</p>	<p>Results:</p> <ul style="list-style-type: none"> • 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.
<p>Activity B: Provide referral services for all youth and their family members assessed for services needed from other agencies.</p> <p>Timeline: ongoing</p>	<p>Results:</p> <ul style="list-style-type: none"> • 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, I

<p>Responsible Parties: Crisis Intervention Worker, Case Manager and Program Director.</p>	<p>Famagu'on-ta, and I-CARE, and Healing Hearts.</p>
<p>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.</p> <p>Indicators/Outcomes/Periodicity: <i>Accessibility of emergency 24hr placement for runaway and homeless youth needing assistance/guidance to begin the reunification process.</i></p> <p>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.</p> <p>Activity B: The project will provide basic necessities such as food, clothing, shelter, and transportation services to and from school and appointments while also providing supportive counseling and guidance to promote reunification and reconciliation.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Case Manager.</p>	<p>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.</p> <p>During this reporting quarter four (4) clients transitioned to their biological parent., and two (2) clients reunited with a family relative.</p> <p>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.</p>
<p>Objective IV To strengthen family relationships of 120 youth and their families through individual family and group counseling to resolve conflicts that will lead to familial reconciliation and reunification.</p> <p>Indicators/Outcomes/Periodicity: <i>Conflict Mediation skills of children and their families</i></p> <p>Activity A: Provide 120 family skills training sessions for youth</p>	<p>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.</p>

<p>and their families experiencing crisis situations through Sanctuary's 24-hour crisis hotline or Emergency Shelter Program.</p> <p>Time line: ongoing</p> <p>Responsible Parties: Crisis Intervention Worker and Case Manager</p>	
<p>Activity B: The Project will conduct 45 Anger Management groups for children in crisis situations to learn assertive, non-violent ways of channeling their anger.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Case Manager, and AmeriCorps volunteers.</p>	<p>Results:</p> <ul style="list-style-type: none"> • 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 Middle 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.
<p>Objective V: To decrease recidivism and problems of runaway and homeless youth and their families to assist with their transition back home and meet their long-term needs.</p> <p>Indicators/Outcomes/Periodicity: <i>Availability of supportive services to children and their families in crisis situations.</i></p> <p>Activity A: The project will provide individual supportive counseling for 120 youth and their parent/legal guardians assisting them in making appropriate decisions relative to their family dynamics.</p> <p>Timeline: ongoing</p> <p>Responsible Parties: Crisis worker and Case-Manager</p>	<p>Results: Individual supportive counseling sessions were provided this reporting period to assist youth and their parent/legal guardians to make appropriate decisions relative to their family dynamics. The breakdown of the sessions are as follow:</p> <ul style="list-style-type: none"> - One hundred 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%
<p>Activity B: The project will provide case management services for 200 youth and their families that will enhance stabilize and strengthen their relationships.</p>	<p>Results: Thirteen (13) youth received case management services via the COED Shelter and two (2) participated in Aftercare services.</p>

Timeline: ongoing	
Responsible Parties: 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. 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:

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

	<p>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:</p> <ol style="list-style-type: none"> 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	<p>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.</p>



Sanctuary, Incorporated of Guam



A Non-profit Organization Established in 1971

406 MaiMai Road Chalan Pago, Guam 96910 • Administrative Office (671)475-7101

Crisis Hotline (671)475-7100 • Fax (671)477-3117 • 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

Director's Office

[Handwritten signature]
OCT 18 2015

Department of Youth Affairs 

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,

[Handwritten signature]
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	Contract Amount	Object Classification	Expenditure
General	\$ 254,764		
		Salary	70,543.79
		Benefits	10,269.31
		Travel (Mileage)	0.00
		Contractual	1,461.28
		Supplies & Materials	6,642.20
		Equipment	0.00
		Utilities	8,006.44
		Miscellaneous	1,530.13
		Vehicle Lease	0.00
		Grand Total	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
TYPE OF VICTIMIZATION		TOTAL
<i>1. Child Victims of Physical Abuse (0-17)</i>		1
<i>2. Child Victims of Sexual Abuse (0-17)</i>		7
<i>3. Victims of DUI/DWI</i>		
<i>4. Victims of Family Violence</i>		
<i>5. Adult Victims of Sexual Abuse</i>		
<i>6. Elder Abuse</i>		
<i>7. Adults Molested as Children</i>		
<i>8. Survivors of Homicide Victims</i>		
<i>9. Assault</i>		
<i>10. Robbery</i>		
<i>11. Other (TOTAL A-K)</i>		5
<i>A. Arson</i>		
<i>B. Burglary</i>		
<i>C. Child Neglect (Endangerment)</i>		5
<i>D. Fraud</i>		0
1. Forgery		
2. Fraud		
3. Identity Theft		
<i>E. Harassment</i>		0
1. Criminal Mischief		
2. Criminal Trespass		
3. Disorderly Conduct		
4. Harassment		
5. Terrorizing		
<i>F. Kidnapping</i>		
<i>G. Stalking (DV and NON-DV)</i>		
<i>H. Theft</i>		0
1. Theft by Deception		
2. Theft of a Motor Vehicle		
3. Theft of Intellectual Property		
4. Theft of Property		
5. Theft of Services		
<i>I. Vehicular Crimes (Non DUI/DWI)</i>		0
1. Leaving the scene of an accident		
2. Leaving the scene of an accident w/ Injuries		
3. Reckless Driving w/ Injuries		
<i>J. Other: Specify</i>	Homeless	0
<i>K. Other: Specify</i>		
GRAND TOTAL		13

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

**VICTIMS OF CRIME ACT
VICTIM STATISTICS WORKSHEET**

FOR THE PERIOD OF:		July 1, 2015- September 30, 2015	
Organization:		SANCTUARY, INC	
AGE		TOTAL	
0-12		4	
13-17		9	
18-24			
25-59			
60+			
Unknown			
NATIONAL ORIGIN	TOTAL	NATIONAL ORIGIN	TOTAL
1. African American:		6. Filipino:	
2. Asian :		7. Hispanic:	
3. Caucasian/White:	1	8. Other Pacific Islander:	4
4. Chamorro:	8	9. Other: Indian	
5. Chuukese:		10. Unknown:	
GENDER		TOTAL	
Male		4	
Female		9	
Unknown			
Institutions Victimized		TOTAL	
Business Owned Building/Office/Property			
Religious Organization Building/Office/Property			
Federal Government Building/Office/Property			
Government of Guam Building/Office/Property			
Public or Private School Building/Office/Property			
TYPES OF SERVICES PROVIDED		TOTAL	
Crisis Counseling		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 Compensation Claims			
Emergency Financial Assistance			
Emergency Legal Advocacy			
Personal Advocacy			
Telephone Information & Referral		180	
Other: (specify)			
Other: (specify)			



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

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	\$ <u>10,999</u>

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