



**GUAM BEHAVIORAL
HEALTH & WELLNESS
CENTER**

790 Gov. Carlos G. Camacho Rd.
Tamuning, Guam 96913
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DRUG & ALCOHOL PROGRAM DESCRIPTION
INTENSIVE OUTPATIENT TREATMENT PROGRAM

This program is in an outpatient setting (nonresidential) that provides services for a minimum of four (4) hours a week to individuals with substance related disorders. Services are provided by addiction-credentialed clinicians that help individuals cope with life tasks.

I. Mission/Philosophy

The Drug & Alcohol Branch (D & A) is a branch under the Clinical Services Division of the Guam Behavioral Health and Wellness Center. It's mandated by Guam Public Law 17-21 to provide comprehensive inpatient/residential and community-based outpatient substance abuse treatment programs and services for the people of Guam.

D & A's vision is "Quality of Life for everyone." Generally, individuals suffering addiction not only want to achieve and maintain sobriety but also want a stable home, reliable transportation, be gainfully employed, have access to healthcare, and other needed recovery support services.

D & A's mission is to continually strive to improve, enhance, and promote the physical and mental well-being of individuals suffering from the effects of alcohol and drug use while being culturally sensitive.

II. Vision

Our Goal is to provide a "Quality of Life for everyone."

III. Location

- J & G Commercial & Professional Center
Chalan Santo Papa St
Suite 102-105
Hagatna, GU 96932

IV. Days/Hours of Operation

- The Drug & Alcohol Branch known as "New Beginnings" is open from Mondays through Fridays from 8:00 a.m. to 5:00 p.m. for business operations. Closed on Saturdays, Sundays, and government holidays. For treatment the New Beginnings is open from 8am to 8pm from Mondays to Fridays.

V. Accessibility

- Office setting with private offices, shared offices, meeting rooms for treatment team meetings, family meetings, etc., and group rooms.
- Intake and American Society of Addiction Medicine (ASAM) assessment is available by appointment or as a walk-in basis
- Most other services are available by appointment

- Contact number: 475-5438/5440

VI. Services Provided

- Screening, Assessment, and Intake.
- Individualized treatment planning based on the consumer's strengths, needs, abilities, and preferences
- Limited individual and family therapy/counseling.
- Drug testing
- Education on wellness and recovery (*Education on the persons substance abuse issues and coping skills*)
- Referrals and linkage to support services including mental health outpatient services, healthcare (TB testing), housing, benefits, transportation, legal assistance and vocational needs.
- Also referrals to our contracted agencies that provide Level III.2-D Social Detoxification and Level III.5 Residential services for consumers needing these services.
- Advocacy
- Brief interventions (SBIRT-Screening Brief Intervention, Referral, and Treatment). The SBIRT office is located in our local Public Health clinic and is staffed by our Peer Specialists.
- Group therapy (*Education on the dynamics of addiction and the addiction process, medical aspects of addiction, drug-related legal aspects*)
- Services to individuals referred from the Superior Court of Guam.

Referrals to additional substance abuse outpatient services

- All Detoxification needs are referred to Guam Memorial Hospital (GMH), Naval Hospital, or another acute medical facility
- Referrals to our contracted agencies that provide Level III.2-D Social Detoxification and Level III.5 Residential services for consumers needing these services. To include; The Lighthouse Recovery Center, Sanctuary, Oasis Empowerment Center, or WestCare Pacific.

VII. Service Population

- Individuals 18 years of age or older
- Individuals with substance use disorder diagnosis (symptoms consistent with most current version of DSM-5 diagnosis)
- Individuals without health insurance (*Individuals with health insurance will be referred to their primary physician for treatment*)

VIII. Entry/Exit Criteria:

A. Entry Criteria:

1. Individuals 18 years of age or older
2. Individuals with substance use disorder diagnosis (symptoms consistent with most current version of DSM-5 diagnosis)
3. Properly assessed using the ASAM and placed in an appropriate level of care in our program or referred to a higher level of care with a contracted agency.

B. Discharge Criteria:

1. Discharge due to completion of services

- a) Consumer has successfully completed treatment services.
- b) Transition to another level of care not available with GBHWC
- c) Treatment/service goals have been met and the consumer is clinically ready for discharge.
- d) Consumer has achieved the maximum benefit from this service.
- e) Consumer has developed stable relapse prevention skills and coping skills and has the ability to think out their problems and look toward helpful suggestions when not clear how to move forward in a healthy manner.

2. Premature Termination

- Unable to locate
- Consumer is refusing service/Leaving against medical advice
- Those consumers who terminate prematurely need to know that the door is open should they decide to return to treatment or services in the future. Therefore, it is important that the counselor seeks to discuss the termination in a therapeutic manner, taking into consideration this philosophy and knowing that the consumer most likely will be coming back at some point. If the consumer is leaving, it is important to assist them in leaving with the ability to return at any time without blame or shame for leaving before completing the treatment.

IX. Payer Sources

- Government of Guam
- SAMHSA Substance Abuse Prevention & Treatment Block Grant
- Edward Byrns Justice Grant
- Bringing Recovery Supports to Scale 2016 Policy Academy (BRSS TACS)

X. Fees

- All services are free of charge; however, if an individual has insurance we may refer them to other sources.

XI. Referral Sources

- Self, guardian, family, friend, schools, the Court, Employee Assistance Program, government agencies, self-referral, Child Protective Services, Guam Memorial Hospital, private doctors and physicians, Department of Public Health & Social Services, other NGOs when referred back, Guam Behavioral Health & Wellness Center, churches, National Guard and Active, mayors, and other community agencies.

XII. Staffing/Program Capacity

A. Program Capacity: 120 Total

- **Education/Discovery Groups**
 - 3 Level 0.5 Groups (10-15 consumers each group)
- **Outpatient Groups**
 - **Matrix Program** (8-12 Consumers)
 - **DWC Education II** (12 consumers)
- **Intensive Outpatient Groups**
 - **Matrix Program** (8-12 consumers)
 - **DWC Therapy** (8-10 Consumers)
- **Level 0.7/Aftercare**
 - **Social Support Group** (10-20 consumers)
- **Family Education Program**
 - **Social Support Group** (10-20 participants)

B. Staffing Ratio:

- **Level 0.5 (1:15)**
- **Outpatient/Intensive (1:12)**
- **Level 0.7 (1:20)**
- **Family Education (1:20)**

C. Staffing:

Staff	FTE
Clinical Supervisor	1.0
Certified Substance Abuse Counselor (n=4)	2.0
Psychiatric Tech (n=3)	3.0
Social Worker	1.0
Secretary	1.0
Administrative Assistant	.5
Peer Specialist (n=6) part time workers	6
Volunteers	5

D. Staffing Qualifications:

- All counselors have their Bachelors degree in any social/behavioral science and/or be a Certified Substance Abuse Counselor or working towards certification.
- Peer Specialist are working towards certification through the IC&RC. (International Certification & Reciprocity Consortium)

XIII. Needs Assessment

- New Beginnings conducted a Needs Assessment for our specific population in 2007 and is currently working on a Needs & Strengths Assessment for people in recovery (substance abuse and mental health) in 2016. The projection completion date for the 2016 Needs & Strengths Assessment is due for November, 2016 and is being funded by a grant from SAMHSA BRSS TACS Policy Academy.

XIV. Caseload Characteristics/Need That the Program Is Addressing (including special populations)

- The primary need that New Beginnings addresses is individuals with substance abuse addiction. A policy is in place to prioritize treatment for the special population for pregnant women, pregnant women who are intravenous drug users and addicted women with children.

XV. Demand for this Service

- New Beginnings has an average of 65 individuals being referred to our services on a monthly basis. A majority of these people are referred from the court system.

XVI. Geographic/Cultural Needs and/or Barriers

- New Beginnings serves the entire island of Guam.
- Barriers include a need for interpreters and translators, specifically for the high number of individuals served who are from the Federated States of Micronesia and who may not speak English well or at all.

- Transportation is also a barrier to treatment as 50% of our consumers are unemployed and without reliable transportation. We offer monthly and weekly bus passes.

XVII. Service Philosophy Chosen/Description of Services:

- The philosophy of New Beginnings is that individuals who suffered from any substance abuse or addiction deserve to have a second chance to achieve sobriety and gain quality of life. This is initial stage of sobriety is their New Beginning. The philosophy emphasizes a holistic approach where the physical, mental, spiritual, emotional, and behavioral aspects need to be addressed simultaneously in order to increase favorable treatment outcome. To ensure New Beginnings keeps its mandate and treatment philosophy it uses evidence based models. This is highly recommended by the Substance Abuse Mental Health Services Administration (SAMHSA) of the US Department of Health & Human Services.

XVIII. Treatment Modalities/Disciplines

- **Treatment models include:**
 - **Matrix Model** is one of three models used by D & A. It is a comprehensive, evidence-based, individualized program with more than twenty years of research and development by the Matrix Institute on Addictions, an affiliate of the University of California at Los Angeles Integrated Substance Abuse Programs. It is a structured treatment experience designed to give substance abusers the knowledge, structure, and support to allow them to achieve abstinence from alcohol and drugs and initiate a long-term program of recovery. Its approach is non-confrontational, non-judgmental, and empowering while moving patients from the withdrawal stage onto maintenance or continued care. And finally gain quality of life. Matrix incorporates Cognitive Behavioral Therapy, Motivational Interviewing, Family Dynamics & Education, 12-step Support Program, and Contingency Management.
 - **Dual-Diagnosed Recovery Counseling (DDRC)** by Dr. Dennis C. Daley, one of the leading US researchers for dual-diagnosed treatment. This evidence-based model is used to treat patients with dual disorders. This means patients have one distinctive psychiatric disorder and one distinctive substance-related disorder. DDRC integrates a variety of educational, motivational, cognitive, and behavioral changes. It promotes the patients involvement in the stages of recovery and ongoing change. The following are some of the goals of the model:
 - Helps patients to accept both disorders
 - Helps patients become educated about the dual disorders, treatment, recovery, and relapse
 - Achieve and maintain abstinence from alcohol and other drugs
 - Stabilize from acute psychiatric symptoms or reduction of the severity of symptoms
 - Improve cognitive, behavioral, and interpersonal coping skills
 - Help patients make positive lifestyle changes

- Intervene in the process of relapse to either the substance use or psychiatric disorder.

The DDRC model is being implemented under the Mentally Ill Chemically Addicted (MICA) program. MICA is an ASAM Level 0.5 education program designed to assist individuals, between the ages of 18 and over, in the beginning stages of their recovery. Group sessions are two hours a day, once weekly. Higher levels of care having more treatment hours a week are currently being developed for dual-diagnosed patients with higher risk for relapse.

- The **Driving With Care (DWC)** is an evidenced-based model focused on individuals who were charged or convicted of Driving under the influence of alcohol. It is widely used in the State of Colorado and other states. It has four levels of care including Level I Education, Level II Education, Level II Education with Therapy, and Level II Education with Therapy and enhance treatment. The Criminal Justice System refers individuals to New Beginnings every week. After utilizing an electronic comprehensive assessment and are found appropriate individuals are placed in the most appropriate DWC level. Clients may transfer to a lower or higher level of care based on continued assessment.
- **Dialectical Behavioral Therapy for Substance Users (DBT-S)** refers to the thoughtful integration of mental health & substance use treatments to more effectively meet the needs of people with dual diagnosis disorders.

XIX. Referrals/Discharge/Follow-up

- Consumer may choose to leave the program at any time.
- We may refer individuals to other sub-agencies to include; The Lighthouse Recovery Center, Sanctuary, Oasis Empowerment Center, or WestCare Pacific.
- Discharge is completed once the individual served has completed their individual service plan.
- New Beginnings strives to follow-up between 90 to 120 days after discharge.

XX. Grievance/Rights Procedures

- Upon admission to the program all person served are informed of their rights, consent for release of information, and right to privacy as defined by state and federal laws.

XXI. Evaluation/Outcomes:

Access to Service

- 85% of consumer seen at first contact and admitted to the program shall receive treatment within 2 weeks.
- Average days between first contact and first day in treatment

Efficiency of Service

- 100% of consumers should have a treatment plan within the first 2 weeks of starting treatment
- Treatment plans updated every 30 days

Effectiveness of service

- Maintenance of abstinence
- Relapse within 30, 60 and 90 days

Consumer Satisfaction Rate

