

I Mina'trentai Singko Na Liheslaturan Guåhan
BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES	NOTES
155-35 (COR)	Régine Biscoe Lee Louise B. Muña Telena Cruz Nelson Amanda L. Shelton Joe S. San Agustin	AN ACT TO ESTABLISH A PILOT PROGRAM FOR YOUTH MENTAL HEALTH FIRST AID TRAINING FOR GUAM DEPARTMENT OF EDUCATION PERSONNEL AND TO <i>APPROPRIATE</i> THREE HUNDRED THOUSAND DOLLARS (\$300,000) FROM THE HEALTHY FUTURES FUND IN FISCAL YEAR 2020 TO THE GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER FOR IMPLEMENTATION OF THIS PROGRAM AND OTHER SUICIDE PREVENTION EFFORTS, WHICH SHALL BE KNOWN AS THE "YOUTH MENTAL HEALTH FIRST AID ACT OF 2019".	6/5/19 2:23 p.m.						

I MINA'TRENTAI SINGKO NA LIHESLATURAN GUÅHAN
2019 (FIRST) Regular Session

Bill No. 155-35 (COR)

Introduced by:

Régine Biscoe Lee ^{PRL}
Louise B. Muña ^{BL}
Telena Cruz Nelson ^{TCN}
Amanda L. Shelton ^{AS}
Joe S. San Agustin ^{JS}

AN ACT TO ESTABLISH A PILOT PROGRAM FOR YOUTH MENTAL HEALTH FIRST AID TRAINING FOR GUAM DEPARTMENT OF EDUCATION PERSONNEL AND TO *APPROPRIATE* THREE HUNDRED THOUSAND DOLLARS (\$300,000) FROM THE HEALTHY FUTURES FUND IN FISCAL YEAR 2020 TO THE GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER FOR IMPLEMENTATION OF THIS PROGRAM AND OTHER SUICIDE PREVENTION EFFORTS, WHICH SHALL BE KNOWN AS THE “YOUTH MENTAL HEALTH FIRST AID ACT OF 2019”.

2019 JUN -5 PM 2:23 12

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. Short Title.** This Act *shall* be known as the “Youth Mental
3 Health First Aid Act of 2019.”

4 **Section 2. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds
5 that in 2003, Guam was awarded a Strategic Prevention Framework-State Incentive
6 Grant for substance abuse prevention and control by the Substance Abuse and
7 Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse
8 and Prevention. Utilizing the principles of outcomes-based prevention, the grant
9 specified the creation of a State Epidemiological Outcomes Workgroup (SEOW),
10 which would oversee the strategic use of data to inform and guide substance abuse

1 prevention policy and program development on Guam. After a few years of data
2 gathering and analysis by the SEOW, the GBHWC Prevention & Training Branch,
3 and the Governor’s PEACE Council (Prevention Education and Community
4 Empowerment Council), Guam’s first State Epidemiological Profile (Epi Profile)
5 was published in 2007.

6 In 2008, the Guam Behavioral Health and Wellness Center (GBHWC)
7 received a youth suicide prevention grant as part of a SAMSHA program funded
8 by the Garrett Lee Smith Memorial Act. Strengthening and enhancing suicide data
9 collection, surveillance, and analysis were some of the program’s objectives. This
10 task was assigned to the SEOW. The data collected and analyzed as a part of this
11 grant program was incorporated into the subsequent updates to Guam’s Epi Profile.

12 By 2016, both these grant programs had ended but the work of the Guam
13 SEOW continued to be funded through another grant—Partnerships for Success.
14 As of 2016, the SEOW had served as the longest running data work group on
15 island. It is considered to be the island’s definitive authority on substance abuse
16 epidemiology. Through its continuing work and publications, it will continue to
17 provide the local evidence base for substance abuse prevention and mental health
18 promotion. Most recently, through its lead, Dr. Annette M. David, the SEOW
19 published the Guam Epi Profile 2016 Update.

20 The key findings of this Profile revealed that tobacco consumption by youth
21 is higher in Guam than the United States; notably, one in three high school students
22 and nearly one in four middle school students reported using e-cigarettes. The
23 median measure of marijuana use among students in Guam was higher than that of
24 the mainland U.S.; notably, 4.5% of high school students reported having tried
25 methamphetamines, 11% reported taking prescription drugs without a prescription,
26 and, in 2015, 37% of high school students reported that illicit drugs were offered,
27 sold, or given to them on campus. In the area of mental illness, the Profile revealed

1 that the median measure of “persistent sadness” among Guam high school students
2 was significantly higher than that of the U.S.

3 Finally, the Profile revealed that our youth had “an elevated likelihood of
4 suicidal ideation and attempts” than youth across the U.S. Concerningly, our age-
5 adjusted suicide rate was 36.6 per 100,000, markedly higher than the U.S. rate;
6 suicide deaths occurred predominantly among younger people—from 2008 to
7 2016, in particular, 50% of all suicide victims were people under 30 years old.

8 In 2008, the National Council for Behavioral Health (NCBH) brought
9 Mental Health First Aid to the United States; NCBH operates the program as
10 “Mental Health First Aid USA.” Mental Health First Aid is a public education
11 program designed to help individuals understand mental illness, support timely
12 intervention, and, ultimately, save lives. Specifically, it is an eight-hour course that
13 teaches people how to identify, understand, and respond to signs of mental illness
14 and substance abuse disorders; there are three types of courses geared to providing
15 aid to adults, youth, and public safety personnel. As a means of addressing the
16 Nation’s mental health crisis, the NCBH’s goal has been to make Mental Health
17 First Aid as common and readily available as CPR (cardiopulmonary resuscitation)
18 and traditional first aid.

19 By 2015, Congress recognized the significance of this effort and passed
20 “The Mental Health First Aid Act of 2015” with bipartisan support. This Act
21 authorized \$20 million in grants to fund Mental Health First Aid training programs
22 across the country. To date, more than 1.5 million people have received Mental
23 Health First Aid training through a network of over 12,000 certified instructors. Of
24 these 1.5 million people, 400 are Guam residents, of which, 110 are GDOE
25 principals, assistant principals, teachers, counselors, and school aides. Of the
26 12,000 instructors, six are GBHWC personnel, specially certified to provide Youth
27 Mental Health First Aid training.

1 Youth Mental Health First Aid training is designed to teach adults how to
2 help youth ages 12-18 years old who may be experiencing a mental health or
3 substance abuse challenge or crisis. Participants will review typical adolescent
4 development, discuss unique risk factors and warning signs of youth mental health
5 problems, and come to understand the significance of early intervention.

6 In Guam, our history and our cultural values teach us that prioritization of
7 family and community are paramount to individualism. We are a society that, over
8 centuries, has given genuine meaning to the saying, “it takes a village to raise a
9 child.” But we cannot fight facts; the facts of our recent history are sounding an
10 alarm, forcing us to recognize that our values are not translating; something is
11 broken within our families and, therefore, within our community. And those who
12 are suffering the most from this brokenness are our children, *i famagu'on-ta*.

13 It is the intent of *I Liheslatura* to act before the already deafening alarm
14 rings any louder, before the next Epi Profile update reveals the depth of an even
15 deeper wound. We can act by putting Youth Mental Health First Aid tool in the
16 hands of those who spend the most time with our children. We do this through
17 establishing and funding this pilot program for GDOE personnel. Fortunately, we
18 have instructors at the ready; surely, we will have recipients at the ready as well.

19 **Section 3. Youth Mental Health First Aid Training Pilot Program for**
20 **GDOE Personnel.** The Guam Behavior Health and Wellness Center *shall*
21 establish a pilot program for Youth Mental Health First Aid training for Guam
22 Department of Education (GDOE) personnel.

23 (a) *Training Recipients.* Training *shall* be provided to five hundred
24 (500) GDOE personnel on a first come, first served basis, provided that each
25 secondary public school first be allotted twenty (20) slots. Participation *shall*
26 be limited to GDOE personnel directly responsible for student instruction or
27 supervision at each public school. Each participant who completes the

1 training program and receives a Certificate of Completion *shall* receive Two
2 Hundred Fifty Dollars (\$250).

3 (b) *Training Providers.* Training *shall* be conducted by Guam
4 Behavioral Health and Wellness Center personnel who are certified by
5 Mental Health First Aid USA as instructors for Youth Mental Health First
6 Aid specifically. Instructors *shall* also be familiar with all local entities—
7 including government, private sector, and non-profit organizations—that
8 provide mental health care services and resources for youth in need. This
9 familiarity *shall* include knowledge of each entity’s area of specialization,
10 location, operating hours, contact information, client qualifications, and best
11 methods of contact or referral procedures.

12 (c) *Training Course Content.* The training course provided
13 pursuant to this Act *shall* be the Youth Mental Health First Aid training
14 course designed by Mental Health First Aid USA, which is operated by the
15 National Council for Behavioral Health. This course introduces participants
16 to common mental health challenges for youth and reviews typical
17 adolescent development. It teaches a five-step action plan for how to help
18 adolescents in crisis and non-crisis situations. Specific topic areas covered
19 include anxiety, depression, substance abuse disorders in which psychosis
20 may occur, disruptive behavior disorders (including AD/HD), and eating
21 disorders.

22 The content of the training course designed by Mental Health First
23 Aid USA *shall* be supplemented with a local component. This local
24 component *shall* include all the information described in Subsection (b)
25 about services and resources available for youth facing mental health
26 challenges.

1 Participants who complete the program should be able to recognize
2 symptoms of common mental illnesses and substance abuse disorders, de-
3 escalate crisis situations safely, and initiate timely referral to available
4 resources.

5 (d) *Certificates of Completion; Incentive Payments.* Instructors
6 *shall* be responsible for ensuring participants who complete all required
7 hours also demonstrate understanding of the course content. Upon successful
8 demonstration by a participant, instructors *shall* be responsible for issuing a
9 certificate of completion to the participant. Instructors who issue such
10 certificates on behalf of Mental Health First Aid USA must be authorized to
11 do so on behalf of the organization.

12 GBHWC *shall* be responsible for coordinating the issuance of
13 incentive payments to each participant who receives a certificate of
14 completion.

15 **Section 4. Appropriation to the Guam Behavioral Health and Wellness**
16 **Center.** In Fiscal Year 2020, three Hundred Thousand Dollars (**\$300,000**) *shall* be
17 appropriated from the Healthy Futures Fund to the Guam Behavioral Health and
18 Wellness Center for the costs of the pilot program for Youth Mental Health First
19 Aid and other suicide prevention efforts. The appropriation in this Section *shall not*
20 lapse and *shall* continue until fully expended.

21 **Section 5. Annual Reporting Requirement.** The Guam Behavioral Health
22 and Wellness Center *shall* maintain data on the total number of individuals in
23 Guam enrolled in Youth Mental Health First Aid training and the total number of
24 those individuals enrolled who receive certificates of completion. Of these totals,
25 the data *shall* specify the number of Guam Department of Education personnel
26 who enrolled in the training and the number who completed the training pursuant
27 to this Act. The GBHWC *shall* also maintain data on factors affecting youth

1 mental health, including at minimum, rates of tobacco use, alcohol consumption,
2 drug use, depression, and suicide rates among youth ages 12 to 18 years old. This
3 data *shall* be compiled into an annual report which *shall* be transmitted by January
4 31 of each year to the Speaker of *I Liheslaturan Guåhan*.

5 **Section 6. Effective Date.** The provisions of this Act *shall* be effective on
6 October 1, 2020.

7 **Section 7. Severability.** If any provision of this Act or its application to any
8 person or circumstance is held invalid, the invalidity *shall not* affect other
9 provisions or applications of this Act that can be given effect without the invalid
10 provision or application; to this end the provisions of this Act are severable.