

I MINA'TRENTAI SINGKO NA LIHESLATURAN GUÅHAN

2019 (FIRST) Regular Session

LEGISLATIVE SESSION VOTING RECORD

Bill No. 155-35 (COR) As amended by the Committee on General Government Operations, Appropriations, and Housing; and substituted and further amended on the Floor.	Speaker Antonio R. Unpingco Legislative Session Hall Guam Congress Building October 4, 2019					
NAME	Aye	Nay	Not Voting/ Abstained	Out During Roll Call	Absent	Excused
Senator William M. CASTRO	✓					
Senator Régine Biscoe LEE	✓					
Senator Kelly G. MARSH (TAITANO), PhD	✓					
Senator James C. MOYLAN	✓					
Senator Louise B. MUÑA	✓					
Speaker Tina Rose MUÑA BARNES	✓					
Vice Speaker Telen Cruz NELSON	✓					
Senator Sabina Flores PEREZ	✓					
Senator Clynton E. RIDGELL	✓					
Senator Joe S. SAN AGUSTIN	✓					
Senator Amanda L. SHELTON	✓					
Senator Telo T. TAITAGUE	✓					
Senator Jose "Pedo" TERLAJE	✓					
Senator Therese M. TERLAJE	✓					
Senator Mary Camacho TORRES	✓					

TOTAL: 15

Aye

Nay

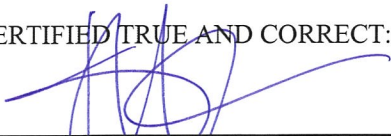
Not Voting/
Abstained

Out During
Roll Call

Absent

Excused

CERTIFIED TRUE AND CORRECT:



RENNAE V.C. MENO
Clerk of the Legislature

I = Pass

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Bill No. 155-35 (COR)

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*

Introduced by:

Régine Biscoe Lee
Louise B. Muña
Telena Cruz Nelson
Amanda L. Shelton
Joe S. San Agustin
Telo T. Taitague
Tina Rose Muña Barnes
Jose "Pedo" Terlaje

**AN ACT TO ESTABLISH A PILOT PROGRAM FOR
YOUTH MENTAL HEALTH FIRST AID TRAINING FOR
GUAM DEPARTMENT OF EDUCATION AND GUAM
ACADEMY CHARTER SCHOOLS PERSONNEL; AND
TO *AMEND* SECTION 5 OF PART III, CHAPTER III,
PUBLIC LAW 35-36, TO BE KNOWN AS THE "*YOUTH
MENTAL HEALTH FIRST AID ACT OF 2019.*"**

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 (SAMHSA) Center for Substance Abuse and
8 Prevention. Utilizing the principles of outcomes-based prevention, the grant

1 specified the creation of a State Epidemiological Outcomes Workgroup (SEOW)
2 which would oversee the strategic use of data to inform and guide substance abuse
3 prevention policy and program development on Guam. After a few years of data
4 gathering and analysis by SEOW, the Guam Behavioral Health and Wellness Center
5 (GBHWC) Prevention & Training Branch, and the Governor’s PEACE Council
6 (Prevention Education and Community Empowerment Council), Guam’s first State
7 Epidemiological Profile (Epi Profile) was published in 2007.

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

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

22 The key findings of the Epi Profile revealed that tobacco consumption by
23 youth is higher in Guam than in the United States; notably, one (1) in three (3) high
24 school students and nearly one (1) in four (4) middle school students reported using
25 e-cigarettes. The median measure of marijuana use among students in Guam was
26 higher than that of the mainland U.S.; notably, 4.5% of high school students reported
27 having tried methamphetamines, 11% reported taking prescription drugs without a

1 prescription, and in 2015, 37% of high school students reported that illicit drugs were
2 offered, sold, or given to them on campus. In the area of mental illness, the Epi
3 Profile revealed that the median measure of “persistent sadness” among Guam high
4 school students was significantly higher than that of the U.S.

5 Finally, the Epi Profile revealed that our youth had “an elevated likelihood of
6 suicidal ideation and attempts” than youth across the U.S. A notable area of concern
7 is our age-adjusted suicide rate, which was reported to be 36.6 per 100,000, markedly
8 higher than the U.S. rate. Suicide deaths occurred predominantly among younger
9 people; from 2008 to 2016, in particular, fifty percent (50%) of all suicide victims
10 were under thirty (30) years old.

11 In 2008, the National Council for Behavioral Health (NCBH) brought Mental
12 Health First Aid to the United States; and, NCBH operates the program as “Mental
13 Health First Aid USA.” Mental Health First Aid is a public education program
14 designed to help individuals understand mental illness, support timely intervention,
15 and, ultimately, save lives. Specifically, it is an eight (8)-hour course that teaches
16 people how to identify, understand, and respond to signs of mental illness and
17 substance abuse disorders; and there are three (3) types of courses geared to
18 providing aid to adults, youth, and public safety personnel. As a means of addressing
19 the nation’s mental health crisis, NCBH’s goal has been to make Mental Health First
20 Aid as common and readily available as cardiopulmonary resuscitation (CPR) and
21 traditional first aid.

22 In 2015, the U.S. Congress recognized the significance of this effort and
23 passed “The Mental Health First Aid Act of 2015” with bipartisan support. This Act
24 authorized Twenty Million Dollars (\$20,000,000) in grants to fund Mental Health
25 First Aid training programs across the country. To date, more than 1.5 million
26 people have received Mental Health First Aid training through a network of over
27 twelve thousand (12,000) certified instructors. Of these 1.5 million people, four

1 hundred (400) are Guam residents, of which one hundred ten (110) are Guam
2 Department of Education (GDOE) principals, assistant principals, teachers,
3 counselors, and school aides. Of the twelve thousand (12,000) certified instructors,
4 six (6) are GBHWC personnel, specially certified to provide Youth Mental Health
5 First Aid training.

6 Youth Mental Health First Aid training is designed to teach adults how to help
7 youth ages twelve (12) to eighteen (18) years old who may be experiencing a mental
8 health or substance abuse challenge or crisis. Participants will review typical
9 adolescent development, discuss unique risk factors and warning signs of youth
10 mental health problems, and come to understand the significance of early
11 intervention.

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

19 It is the intent of *I Liheslaturan Guåhan* to act before the already deafening
20 alarm rings any louder, and before the next Epi Profile update reveals the depth of
21 an even deeper wound. We can act by putting a Youth Mental Health First Aid tool
22 in the hands of those who spend the most time with our children, and do this through
23 establishing and funding this pilot program for GDOE and GACS personnel.
24 Fortunately, we have instructors at the ready; and surely, we will have recipients at
25 the ready as well.

26 **Section 3. Youth Mental Health First Aid Training Pilot Program for**
27 **Guam Department of Education (GDOE) and Guam Academy Charter Schools**

1 **(GACS) Personnel.** The Guam Behavioral Health and Wellness Center (GBHWC)
2 *shall* establish a pilot program for Youth Mental Health First Aid training for GDOE
3 and GACS personnel.

4 (a) Training Recipients. Training *shall* be provided to five hundred
5 (500) GDOE and GACS personnel on a first-come, first-served basis;
6 provided, that each public school with students enrolled in grades six (6)
7 through twelve (12) first be allotted a minimum of twenty (20) slots.
8 Participation *shall* be limited to GDOE and GACS personnel directly
9 responsible for student instruction or supervision at each school. Each
10 participant who completes the training program *shall* receive a Certificate of
11 Completion.

12 (b) Training Providers. Training *shall* be conducted by Certified
13 Mental Health First Aid instructors from Guam. Instructors *shall* also be
14 familiar with all local entities, including government, private sector, and non-
15 profit organizations that provide mental health care services and resources for
16 youth in need. This familiarity *shall* include knowledge of each entity's area
17 of specialization, location, operating hours, contact information, client
18 qualifications, and best methods of contact or referral procedures.

19 (c) Training Course Content. The training course provided pursuant
20 to this Act *shall* be the Youth Mental Health First Aid training course designed
21 by Mental Health First Aid USA, which is operated by the National Council
22 for Behavioral Health. This course introduces participants to common mental
23 health challenges for youth and reviews typical adolescent development. It
24 teaches a five (5)-step action plan for how to help adolescents in crisis and
25 non-crisis situations. Specific topic areas covered include anxiety, depression,
26 substance abuse disorders in which psychosis may occur, disruptive behavior
27 disorders (including AD/HD), and eating disorders.

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

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

9 (d) **Certificates of Completion.** Instructors *shall* be responsible for
10 ensuring participants who complete all required hours also demonstrate
11 understanding of the course content. Upon successful demonstration by a
12 participant, instructors *shall* be responsible for issuing a Certificate of
13 Completion to the participant. Instructors who issue such certificates on behalf
14 of Mental Health First Aid USA must be authorized to do so on behalf of the
15 organization.

16 **Section 4. Funding.** The Youth Mental Health First Aid Pilot Program
17 *shall* be funded from the appropriation in Section 5 of Part III, Chapter III, Public
18 Law 35-36. The appropriation in this Section *shall not* lapse and *shall* continue until
19 fully expended.

20 **Section 5. Annual Reporting Requirement.** The Guam Behavioral Health
21 and Wellness Center (GBHWC) *shall* maintain data on the total number of
22 individuals in Guam enrolled in the Youth Mental Health First Aid training program
23 and the total number of those individuals enrolled who received a Certificate of
24 Completion. Of these totals, the data *shall* specify the number of Guam Department
25 of Education (GDOE) and Guam Academy Charter Schools (GACS) personnel who
26 enrolled in the training program and the number who completed the training pursuant
27 to this Act. GBHWC *shall* also maintain data on factors affecting youth mental

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

5 **Section 6. Amendment of Youth Mental Health First Aid Pilot Program**

6 **Funding.** Section 5 of Part III, Chapter III, Public Law 35-36 is hereby *amended* to
7 read:

8 “**Section 5. Youth Mental Health First Aid Pilot Program.** The sum
9 of Three Hundred Thousand Dollars (**\$300,000**) is appropriated from the
10 General Fund to GBHWC to fund the Youth Mental Health First Aid Pilot
11 Program, other mental health and suicide prevention strategies, and costs
12 incurred for the State-Added questions on the Behavior Risk Factor
13 Surveillance System survey.”

14 **Section 7. Effective Date.** This Act *shall* be effective upon enactment.