Prevention and Early Intervention Advisory Community Empowerment

PEACE

Strategic Prevention Framework - State Incentive Grant (SPF-SIG)

Guam Comprehensive Strategic Plan

2006-2009

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EXECUTIVE SUMMARY

In 2004, the Office of the Governor of Guam was awarded a State Incentive Grant for substance abuse prevention and early intervention. This grant envisioned the use of SAMSHA's Center for Substance Abuse Prevention, Strategic Prevention Framework approach to:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking;
- Reduce substance abuse-related problems in the communities; and;
- Build prevention capacity and infrastructure at the State and community level.

The State Prevention Framework State Incentive Grant is named the Prevention and Early Intervention Advisory Community Empowerment (PEACE). PEACE is a community-based project established by the Office of the Governor with appointed PEACE Council members and guided by the Epidemiological work group.

Guam's Vision for PEACE:
An island community empowered and committed to making healthy choices: Drug Free, Alcohol Free, Tobacco Free – Towards a Healthy Future for Guam.

Our Mission:
PEACE proposes to implement evidence-based prevention and early intervention practices, policies and programs addressing alcohol, tobacco and other drug use for the island of Guam that result in:

- Raising awareness on the effects of alcohol, tobacco and other substance abuse on Guam;
- Preventing/reducing alcohol, tobacco and other drug use, including underage drinking;
- Promoting alcohol, tobacco and other drug-free lifestyles;
- Reducing the harmful outcomes associated with alcohol, tobacco and other drug use and;
- Building Guam's capacity and infrastructure for sustaining substance abuse prevention and early intervention programs that are effective.

This document presents Guam's Comprehensive Strategic Plan for developing a substance use and abuse prevention and early intervention infrastructure needed to meet the goals of the SPF-SIG.

This Plan also outlines and describes Guam's commitment to the implementation and evaluation of sustainable, evidenced-based prevention and early intervention practices, policies and programs for the island and focuses on cultural appropriateness, relevance and competence.

I. INTRODUCTION

The Strategic Prevention Framework/State Incentive Grant (SPF-SIG) serves to sustain collaboration among Guam's key stakeholders represented on the Governor's PEACE Council. Guam's Comprehensive Strategic Plan for substance abuse prevention and early intervention outlines and describes Guam's commitment to the implementation and evaluation of sustainable, evidenced-based prevention programs and practices for the island and its focus on cultural appropriateness, relevance and competence

PEACE addresses the allocation and leveraging of available resources that are specifically directed at incorporating the six essential strategic plan components stated in the Center for Substance Abuse Prevention (CSAP) guidance document.

The specific goals for Guam's SPF-SIG are:

1. Prevent/reduce alcohol, tobacco and other drug use, including underage drinking;
2. Promote alcohol, tobacco and other drug-free lifestyles;
3. Reduce the deleterious outcomes associated with alcohol, tobacco and other drug use; and,
4. Build and sustain Guam's capacity and infrastructure for substance abuse prevention.

The specific objectives for Guam's SPF-SIG are:

1. To increase the proportion of youth and adults who do not use alcohol, tobacco and other drugs;
2. To reduce inequities in accessing effective substance abuse prevention services;
3. To increase awareness about the harms of alcohol, tobacco and other drug use, and the costs to the individual, family, community and society from substance abuse;
4. To reduce the perceived acceptability of alcohol, tobacco and other drug use, especially among youth and other high-risk populations;
5. To promote and integrate comprehensive, culturally relevant, evidence-based policies, legislation and programs for substance abuse prevention in diverse settings where adverse outcomes of alcohol, tobacco and other drugs, including underage drinking, are manifest; and,
6. To increase the number of individuals and institutions knowledgeable and trained in evidence-based, effective substance abuse prevention and the SPF. process at state and community levels.

Guam's SPF-SIG proposal identified two population subsets for prevention services: (1) youth and adults within the general community who may be at elevated risk of tobacco, alcohol and illegal drug use, including underage drinking; and (2) court-involved youth and adults whose rates of alcohol, tobacco and other drug use are high, and who already are experiencing the deleterious social outcomes of substance abuse.

During the initial needs assessment phase conducted by Guam's State Epidemiological Workgroup (SEW), the project was expected to further delineate specific target groups who will benefit the most from prevention services. The available data used by SEW to develop PEACE

priorities reinforces the targeted population indicated in Guam's initial proposal. Although the surveillance systems currently have limitations, the process to further disaggregate territory-wide and village-level data is ongoing.

PEACE's resources are invested right into the community district staff whose community-based offices are established and accessible within the immediate communities they serve. These four district satellite offices are positioned in accordance with the official Guam Public School System districting layout:

- Lagu (North) includes the two villages of Dededo, and Yigo
- Luchan (West) includes the eight villages of Asan Maina, Harmon, Maite, Mongmong, Piti, Tamuning, Toto, and Tumon
- Kattan (East) includes the six villages of Agana Heights, Barrigada, Chalan Pago/Ordot, Hagatña, Mangilao, and Sinajana
- Haya (South): includes the seven villages of Agat, Inajaran, Merizo, Santa Rita, Taofofo, Umatac, and Yona

PEACE district staff will directly serve as a community-based resource in facilitating work with key community leaders as they plan and implement efforts following the SPF SIG process. The community will be supported by PEACE in the planning functions for assessment, capacity/infrastructure building, implementation and monitoring. PEACE staff will also assist in providing direct prevention service deemed relevant by the community in establishing and building prevention and early intervention systems.

The mechanism in which PEACE's resources are "invested" right into the community will be distributed based on a hybrid ***"High Need/Equity Model" approach.***

II. ASSESSMENT

SEW's fundamental role is to facilitate the PEACE process for data collection, analysis and program utilization systems through a coordinated mechanism. Guam's existing statistical and data analysis expertise will be pooled and data systematically managed for informed policy and program decisions.

SEW's membership is comprised of representatives from key agencies currently engaged in some level of data collection and analysis: Department of Mental Health and Substance Abuse (DMHSA), Department of Public Health and Social Services (DPHSS), Department of Youth Affairs (DYA), Guam Public School System (GPSS), Bureau of Statistics and Plans, Guam Memorial Hospital Authority (GMHA), Guam Police Department (GPD), Sanctuary Incorporated, University of Guam (UOG), U.S. Probation Office, and the Superior Court of Guam's Juvenile Drug Court. Their familiarity with Guam's socio-economic, political and cultural context, involvement in and access to critical data on substance-related problems and prevention strategies contributed to the collection and analysis of currently available data.

Assessing the Problem

The indicators used by Guam's SEW to assess the island's substance use and substance related consequences include:

ALCOHOL	Consumption	Consequences
Indicators	Current Use of alcohol by Middle School (MS) students Current use of alcohol by High School (HS) students Current use of alcohol by 18 years and older Current binge drinking by MS students Current binge drinking by HS students Current binge drinking by 18 years and older Current heavy use of alcohol by MS students Current heavy use of alcohol by HS students Current heavy use of alcohol by 18 years and older Early initiation of alcohol use Drinking and driving among 18 years and older Drinking and driving among HS students Riding in a car with drinking driver among MS students Riding in a car with drinking driver among HS students Total sales of ethanol per year per capita Consumption patterns among court-involved youth	Chronic liver disease death rate Suicide death rate Homicide death rate % Fatal motor vehicle crashes that are alcohol-related Alcohol-related Vehicle Death rate % Alcohol-involved drivers among all drivers in fatal crashes Violent crime rate Alcohol abuse or dependence % Live births with fetal alcohol syndrome Alcohol-related confinement Hospitalization for alcohol detoxification % Alcohol-related mandatory participation in treatment programs

TOBACCO	Consumption	Consequences
Indicators	Current smoking by MS students Current smoking by HS students Current smoking by 18 years and older Current smoking by health professionals Current smokeless tobacco use by MS students Current smokeless tobacco use by HS students Current daily cigarette use by MS students Current daily cigarette use by HS students Current daily cigarette use, 18 years and older Early initiation of tobacco use % vendors selling to minors Quit attempts in the past year	Deaths from lung cancer Deaths from Chronic Obstructive Pulmonary Disease (COPD) and emphysema Deaths from cardiovascular diseases

OTHER DRUGS	Consumption	Consequences
Indicators	Current use of marijuana by MS students Current use of marijuana by HS students Current use of drugs other than marijuana by MS students Current use of drugs other than marijuana by HS students Early initiation of marijuana use Current use of cocaine by MS students Current use of cocaine by HS students Current use of inhalants by MS students Current use of inhalants by HS students Current use of ice by MS students Current use of ice by HS students % MS students reporting any drug use in their lifetime % HS students reporting any drug use in their lifetime Other drug use patterns among court-involved youth % Pre-employment drug testing positive for any drug Drug seizures per year by type and amount of drug	Deaths from drug use Property crime rate Drug abuse or dependence Drug-related birth outcomes Drug-related arrests

Guam's SEW reviewed several criteria before deciding upon which indicators and data sets were to be used to develop a baseline assessment of Guam's substance use and related consequences. In order to obtain statistically sound data, it was agreed that data sets needed to have consistent rules of measurements and be periodically collected. Moreover, since this was the initial assessment, SEW decided to use readily available data sets, thereby limiting the burden of having to construct, test, and validate new surveillance systems. It was also an advantage to be able to disaggregate some of the data by geographic location, age, gender, and ethnicity.

Data sets used included socio-economic and demographic data and those that reflected critical substance related problems and/or consumption patterns:

- 2004 Guam Statistical Yearbook
- Behavioral Risk Factor Surveillance System (BRFSS) (2001 to 2003)
- Crime in Guam 2003 – Uniform Crime Report (UCR)
- Department of Mental Health and Substance Abuse (DMHSA) – Drug and Alcohol Branch Intake Data (FY2004)
- Drug seizures on Guam by type and amount (1999-2002)
- Guam Department of Public Health and Social Services (DPHSS) – Vital Statistics Data (1998 – 2003)
- Guam Department of Youth Affairs (DYA) Intake Assessment Data (2001 to 2005)
- Guam Police Department (GPD) – Minors Taken Into Custody Data (2002 to 2005)
- Guam's U.S. Probation Office Client Statistics (2000 to 2004))
- Superior Court of Guam – Juvenile Drug Court Intake Assessment Data (2002 to 2004)
- Youth Risk Behavior Survey (YRBS) (1999 to 2003)

Synopsis of Tobacco, Alcohol and Other Drugs (ATOD) Consumption Patterns and Related Problems

Tobacco use among the general population: The 2003 BRFSS indicates that Guam has the highest adult smoking rate per capita among all US States and territories - 1 in 3 adults (34%) smoke. In addition, among adults, education and income are inversely proportional to current smoking. According to the YRBS, 75.6% of Guam's High School students have tried smoking compared to 58% of youth nationally. 31.6% of High School students on Guam smoked in the past thirty days, in contrast to only 21.9% of all US youth. While smoking prevalence among young people nationally is trending down, on Guam, youth smoking rates continue to rise. Upon further assessment, male and female youth are smoking at approximately the same rate; however, upon examination ethnically, Chamorro youth have the highest rates while Filipinos have the lowest. Rates for other Asian – Pacific Islander groups are increasing rapidly.

Tobacco use among the court-involved population: From January 2004 to August 2005, 76.6% of youth assessed at the DYA were current smokers. 77% of these smokers started between the ages of 10 and 14. Additionally, 16% of the Superior Court of Guam's Juvenile Drug Court clients report tobacco as their first substance abused. An additional 3.1% report alcohol and tobacco as their first substances abused. Data on tobacco use among court involved adults is not currently available but will be addressed in SEW's future work.

Tobacco use consequences: According to the DPHSS, an estimated 395 of the 691 deaths on Guam in 2001 – approximately one death per day – can be attributed to tobacco use. Guam's vital statistics indicate that the top three causes of mortality – heart disease, cancer, and stroke – are all tobacco related. The crude death rate from cardiovascular diseases has increased from 145 deaths per 100,000 in 1998 to 153 deaths per 100,000 in 2003. The crude death rate from lung cancer has also increased from 16 deaths per 100,000 in 1998 to 19 deaths per 100,000 in 2003. As Guam's SEW continues its work, analysis on off-island medical referrals for treatment of tobacco-related diseases and data on more acute health-related consequences are anticipated.

Alcohol use among the general population: Guam's alcohol use statistics are similar or lower per capita than national averages. According to the 2003 BRFSS, 45.7% of adults on Guam are current drinkers – 61.5% of adult males and 29.5% of adult females. Heavy drinkers comprise 5.7% of adults while 18.7% are binge drinkers. Upon examination of adult alcohol use by gender, current and heavy drinking among females on Guam is significantly lower than Guam males, and is also lower than U.S. averages for females. Among youth, the 2003 YRBS reports that 71.3% of High School students have had at least one drink of alcohol, with 8.5% of all High School students having their first drink at 8 years old or younger. Of concern is the fact that over 17% of these students have gone binge drinking, 10% have driven a car after drinking alcohol, and 37.6% have ridden in a vehicle driven by someone who had consumed alcohol in the past month. Another concern raised by the data is the higher than expected alcohol consumption rates specifically among Chamorro and Chuukese youth. Filipino youth, on the other hand, appear to have a lower rate of alcohol consumption. Overall, Guam's statistics on youth alcohol consumption are similar or lower than national averages. Guam's youth may be at greater risk for developing alcohol-related problems given that the legal age to purchase and consume

alcohol beverages is 18 years. However, proponents for raising the legal drinking age to age 21 are obtaining widespread interest and community support on Guam.

Alcohol use among the court-involved population: Among youth assessed at the DYA in 2005, 64.3% experimented with alcohol. Alcohol use was associated with other criminal behavior in majority of the cases. The court-involved youth screened at the Juvenile Drug Court reported a slightly lower percentage of alcohol use with 30.3% indicating alcohol as their primary substance of current abuse. Data from the GPD also indicates the rise in alcohol related arrests among youth with 5.8% of minors taken into custody being alcohol-related offenses in 2002, rising to 49% in 2005. The ethnic disparity for alcohol consumption noted among youth in the general population appears to hold for court-involved youth. Data on alcohol consumption rates among court involved adults was unavailable and will be addressed by SEW in the future.

Alcohol use consequences: Although Guam's alcohol consumption rates are not significantly higher than national averages, data from the Uniform Crime Report indicate that the alcohol-related social costs are high (i.e. violent crime, traffic fatalities and other criminal behavior. In 2000, 45% of fatal crashes involved alcohol-impaired drivers. In 2003, five of the eight (62.5%) murder cases were alcohol related. In this same year, 27% of all arrests were alcohol related. Additionally, 50% of the 695 arrests for Driving Under the Influence in 2003 were among persons 20 to 34 years old. From the treatment aspect, 72.7% of case visits to the DMHSA in 2004 were for alcohol-related problems and/or dependence. In terms of health, Guam's vital statistics show an increase in the death rate from alcoholic liver disease from 2.63 deaths per 200,000 in 1999 to 3.06 deaths per 100,000 in 2003. Overall, however, homicide, suicide and chronic liver cirrhosis death rates have decreased since 1998. As with tobacco use consequences, future work of Guam's SEW includes analysis on the numbers and costs of off-island medical treatment for alcohol-related injuries and diseases.

Illicit drug use among the general population: Illegal substance use rates on Guam are significant. For instance, the prevalence of lifetime marijuana use among High School youth in 2003 is 46.9% as compared with the national average of 40.2%. Of those that have tried marijuana, 15% of High School youth have tried it before the age of 13. For inhalants, 6.3% of Guam's high school students are current users versus 3.9% nationally. Easy access may partly explain the higher use rates, as 44.1% of Guam's high school students report that these substances have been offered, given, sold on school property as compared to only 28.7% of youth nationally. Methamphetamine ("ice") and cocaine lifetime use are slightly lower than national averages. On Guam, 6.4% of High School youth and 3.9% of Middle School youth have tried "ice" compared to 7.6% of U.S. youth. In addition, 5.8% of High School youth and 4.8% of Middle School youth have tried cocaine compared to the U.S. average of 8.7% and 2.8% of High School students are current users; lower than the 4.1% national average. Upon further delineation by gender, more High School males are using drugs than High School females. This trend, however, is reversed in Middle School with a higher percentage of females than males having used inhalants and cocaine. In terms of ethnic delineation, Chamorro youth have the highest rates of drug use while Filipinos have the lowest. Overall, marijuana is the predominant type of illicit drug use reported by youth in the general population followed by inhalants. Data on adult illicit drug use within the general population is currently not available and will be addressed by SEW in the future.

Illicit drug use among the court-involved population: Among court-involved youth, illicit drugs most frequently used involve marijuana and inhalants. 55% of youth screened at Guam's Juvenile Drug Court report marijuana as their primary substance of abuse while 3% report inhalants as their primary substance of abuse. At the DYA, 64% of youth assessed in 2005 experimented with marijuana, 25% with inhalants, and 2% with "ice". GPD statistics validate marijuana as the substance of first choice among youth with 45% of minors taken into custody in 2005 for marijuana use and/or possession. Ice, other amphetamines, cocaine, heroin and other "hard" drugs formed an insignificant proportion of youth drug-related arrests. Data on illicit drug abuse among court involved adults will be pursued by SEW.

Illicit drug use consequences: Treatment data from DMHSA, GPD arrests, and federal sentences on Guam indicate that among court-involved adults using illicit drugs; methamphetamine is the drug most frequently reported, followed by marijuana. In terms of adults seeking treatment at the DMHSA, 24% of the case visits in 2004 were for amphetamine use while 2.6% were for cannabis/marijuana use. In 2003, 300 drug violations were reported to GPD – a 23.3% increase from the previous year. Out of those violations, 206 arrests were made – 68% of the cases involved methamphetamines, 27% involved marijuana, while 5% were for other substances. Methamphetamine accounts for a majority of drug-related federal sentences on Guam, constituting over 90% of all drug-related federal sentences on island from 1997 to 2001. This is markedly higher than U.S. averages, which range from 10% to 14%. Drug-related crime is also a considerable consequence of illicit drug use. In 2003, 1126 burglaries were reported to GPD, representing a 23.3% increase from the previous year. The crude death rate, however, from drug use on Guam has decreased from 1.29 deaths per 100,000 in 2000 to 1.22 deaths per 100,000 in 2003.

Assessing the Systems

State level prevention infrastructure in place, in terms of personnel, resources, and systems: PEACE is a community-based project established by the Office of the Governor and initiates effective community partnerships for developing and implementing Guam's Comprehensive Strategic Plan for substance abuse prevention and early intervention. The members of PEACE represent the Executive, Judicial, and Legislative branches of government as well as representatives from the Federal Government. Members include: DMHSA, Center for Substance Abuse Prevention (CSAP), DYA, GPD, GMHA, DPHSS, Office of the Governor, Superior Court of Guam – Juvenile Drug Court, Mayors' Council of Guam, UOG, Guam Community College (GCC), 28th Guam Legislature - Committee on Health and Human Services, GPSS, Guam Head Start, Regional Drug Enforcement Agency (DEA), and the US Probation Office, Bureau of Statistics and Plans, as well as community-based non-governmental organizations and service providers such as Sanctuary, Inc., Catholic Social Services (CSS), Inafa' Maolek, Youth for Youth Organization (YFYO), Mothers Against Drunk Driving (MADD), Guam Youth Congress, Guam Seventh Day Adventist Wellness Center, Pohnpeian Family Organization, and the Rotary Club of Tumon Bay.

As a result of this collaboration, there is increased potential for sustaining effective substance use/abuse prevention efforts throughout the island. PEACE Council works with strategic partnerships to collectively address Guam's drug abuse problems, particularly in the areas of

policy and program strategy development, service delivery coordination, and leveraging of limited resources.

Full time status personnel for the PEACE project include a Project Director, an Administrative Officer, a Research and Statistical Analyst, a Word Processing Secretary, a Public Information Officer/Media Campaign Coordinator, an Underage Drinking Program Coordinator, four Program Coordinator II's, a Program Coordinator I and a Community Program Aide I. PEACE also has established two consultant contracts for a SEW Lead (Health Partners, LLC.) and evaluation services with the University of Guam Cooperative Extension Services (UOG-CES).

Significant gaps in the current state-level infrastructure: As evidenced by the Guam data presented by SEW, there is a high prevalence of detrimental social, economic, and health consequences arising from tobacco, alcohol, and other substance use and abuse, including underage drinking on Guam. Substance abuse prevention will be addressed as a major public health priority for the island. The PEACE Plan will seek to address the following system gaps and needs:

A. Limited evidence-based culturally sensitive substance abuse prevention practices, policies and programs;
B. To strengthen Guam's capacity to select, evaluate and adapt practices, policies and programs relative to models that are effective, sustainable, and culturally-competent;
C. To identify sustainable mechanisms to ensure that successful interventions can continue beyond the life of the initial SPF SIG funding source;
D. To conduct ongoing community-level assessments and levels of readiness for the SPF process to include defining needs, resources and readiness for action;
E. To strengthen inter-agency coordination for standardizing Guam's methodology for data collection and accurate analysis of substance use indicators for use in effective island-wide policy development that support ongoing strategic program planning, implementation, and evaluation;
F. To include ethnic and cultural community-based organizations in the PEACE SPF Process; and
G. To build Guam's capacity and infrastructure, thus instituting reliable, objective monitoring and evaluation systems to ensure that program interventions are effective and successfully responsive to the community's needs.

The capacity to implement the SPF at the state level: Guam's administrative capacity and infrastructure resides largely at the PEACE Council and project staff levels, however, one of PEACE major goals is to begin developing this capacity at the district levels.

Additionally, SEW has been fundamental in improving Guam's process for data collection, analysis, and utilization through the commitment of various agencies working closely with the PEACE Council and other community partners. Cross systems planning, implementation and monitoring efforts have been enhanced.

The SPF-SIG PEACE Project team will guide community partners in choosing culturally competent programs that are relevant to Guam's needs and situation and/or build upon existing

practices, policies and programs. Training, technical assistance and administrative support to community partners will be provided by PEACE staff and Council as needed. PEACE evaluation processes will look at how the selected practices, policies and programs are adapted locally to attain cultural competence while retaining fidelity to core elements.

Capacity to collect, analyze, and report data to support data-driven decision making in each step of the SPF at the state and community level: The initial Guam Substance Abuse Epidemiological Profile documents Guam's "Outcome Measures," which provides the baseline indicators for assessing program impacts in Guam State-level evaluation. These indicators include some of the National Outcome Measures (NOMs) for which Guam data is currently collected; for other measures where data is not being collected at the present time, Guam's SEW will work to strengthen surveillance systems capacity.
Several measures were identified in the needs assessment discussions, which Guam decision-makers would like developed. These include measures to assess and track (1) medical treatment and health consequences for ATOD related conditions (2) alcohol and other drug-related suicides and (3) illicit drug use among court involved and general population adults.

SEW has also begun to standardize data collection and classification coding of ethnicity across all of the island's databases and surveillance systems. This will facilitate a deeper exploration of ethnic disparities in alcohol, tobacco and other drug use, thus helping the SEW and researchers identify culturally-specific risk and protective factors operating on the island's population. This ethnicity classification coding scheme may be collected and integrated into the National SPF Cross-site Evaluation.

Additionally, PEACE continues to develop data systems to collect program information throughout the Guam community and to develop the capacity for data-driven decision-making in general. More specifically, PEACE has provided computer hardware and software to host villages of the four PEACE satellite offices and will continue this effort with the remaining village mayors' offices to build capacity for their collection of community data. PEACE will facilitate training and technical assistance opportunities on their use of these resources.

Several database resources are currently being utilized to collect relevant community activities and demographics. Guam is a test site for the Minimum Data Sets (MDS)/Service and Activity Tracking Tool and is being considered as an option for recording relevant process data. A pilot version of the Community Readiness Survey (adapted from Goodman and Wandersman's tool at the University of South Carolina) was refined and data was collected from a sampling of identified key leaders in each district. This data collection process helped to assess community awareness, identify concerns, and related prevention activities conducted in the community. Furthermore, an evaluation component has been drafted focused on addressing Guam's SPF-SIG program monitoring and evaluation needs, while taking into consideration the National SPF-SIG Cross-site Evaluation.

Guam committed to participating in the National Cross-site Evaluation anticipating that this partnership may serve to benefit Guam's prevention program development efforts as a whole. Guam's evaluation component proposes to collect and report both program process and program outcome data for each of its funded community programs, and for the territory-wide aggregate

for Guam's PEACE program. This program monitoring and evaluation system is being designed to be seamlessly integrated with the National Cross-site Evaluation. The PEACE evaluation contractor, University of Guam Cooperative Extension Service, has been actively involved with the SAMHSA Cross-site Evaluation Team and other SPF grantee evaluators.

Community prevention infrastructure in place: The Prevention and Training (P&T) Branch serves as the "state" prevention entity under the Department of Mental Health and Substance Abuse for planning, implementing and evaluating all prevention services on Guam. This branch promotes overall health and wellness using the public health model for prevention and oversees all SPF-SIG, SAPT and MSA-funded prevention and early intervention programs and services. The Branch utilizes CSAP's strategies to address both supply and demand reduction for tobacco, alcohol and other drugs: information dissemination, effective education, promotion of healthy alternatives, problem identification and referral, support for a community-based process, and strengthening environmental and social policies.
The Branch also provides training, technical assistance and educational opportunities for program managers, community leaders and youth and adult volunteers on reducing the incidence and prevalence of alcohol, tobacco and other drug use and their related health problems.

Under the current leadership, the Department's vision has been developed and refined. Today, DMHSA envisions *an island where caring communities are visibly promoting mental health and healthier lifestyles through prevention and education strategies that reflect collaborative engagement and standards of excellence.* The current P&T Branch Five-Year Strategic Plan for Prevention addresses key issues such as building local capacity, developing leadership for health, expanding and strengthening partnerships, maximizing and sustaining prevention resources and creating supportive environments.

This Strategic Framework for Action contains guiding principles and program direction for the next 5 years. Consistent with the directives of the US Department of Health and Human Services (DHHS), it utilizes the principles of prevention as laid out by the Substance Abuse and Mental Health Services Administration (SAMHSA), and the core strategies delineated by the US DHHS under the "Healthier US Initiative."

The Framework can be characterized as:

- ***Consistent*** – aligned with national prevention principles and strategies;
- ***Integrative*** – taking into account ongoing Branch commitments, such as the implementation of the SPF-SIG, SAPT Block Grants and the MSA Youth Tobacco Education and Prevention (YTEP) Fund for Guam;
- ***Iterative*** – incorporating an ongoing system for assessment, capacity building, prioritization, implementation, and evaluation that will provide a continuous feedback to improve and revise interventions
- ***Collaborative*** – building on existing initiatives, leveraging resources and supporting the work of related agencies and organizations through partnerships

The P&T Branch has six staff members: four Program Coordinators, one Recreational Therapy Coordinator and one Word Processing Secretary.

Prevention stakeholders consist of public and private organizations such as faith-based groups, for-profit and non-profit organizations. These community resources have been inventoried in each of Guam's nineteen villages and their information can be found on the www.peaceguam.org Website.

The PEACE website compiles community demographics (i.e. village profiles and mapping of community resources) and downloadable prevention resources and educational tools. SEW findings and Guam data will continue to be updated regularly and made available on the website for the general public to comment on.

The effectiveness of the community prevention infrastructure in place: The developed partnerships between PEACE, village mayors, district satellite offices, and other key community leaders are representative of community-guided prevention efforts. Four PEACE satellite offices are strategically located in four villages, one in each district, with accessible personnel, information on key community leaders and resources on substance use/abuse prevention and treatment. Sustained partnerships and programs at the community level are enhanced. With a current inventory of existing prevention programs, PEACE district staff as well as village mayoral staff are able to assist the general public with appropriate referrals.

Significant gaps in the current community prevention systems in PEACE: Identified gaps and potential challenges for successful administration and sustainability of PEACE efforts may include: limited capacity of existing organizations involved in the collection of substance use/abuse-related data; varied levels of community readiness; limited or non-existent prevention programs; shift in priorities due to changes in administration; and limited program evaluation systems. PEACE Project will continue its efforts to address these gaps in order to strengthen and improve the island's prevention and early intervention system.

The capacity of communities in your States to implement the strategic prevention framework: Guam's capacity and community-level support for substance abuse prevention and early intervention involved mobilizing key stakeholders, first through the creation of the Governor's PEACE Council and the establishment of an MOU with members of the Mayors' Council of Guam. Secondly, with these two formal bodies, set the foundation for building an island-wide network that facilitates needs assessment, capacity-building, planning, implementation and evaluation processes.

The first annual PEACE Conference themed ***"Bringing Communities Together"*** was held on June 26, 2006. Residents and grassroots leaders from the nineteen villages engaged in dialogue on the Guam Substance Abuse Epidemiological Profile presented by PEACE. This conference also afforded participants with an opportunity to receive information on CSAP's SPF-SIG process and to further develop relevant PEACE Logic Models.

Survey results from the Community Key Leaders Survey indicate that the community districts are at varying levels of readiness. Communities indicating higher levels of readiness are among residents of Sinajana, Asan-Maina, Ordot-Chalan Pago, Mongmong-Toto-Maite, and Merizo. Others needing assistance in increasing their level of readiness and capacity will work closely

with the PEACE staff to advance their capabilities for engaging in the strategic prevention framework process.

Criteria, Rationale, and Description of SPF SIG Priorities

Guam's SEW findings were presented to the PEACE Council during the meeting of the whole held on December 28, 2005 and held discussions around how the analyzed data would evolve into SPF SIG priorities. Subsequently, during the February 1, 2006 PEACE Council meeting, members as well as PEACE project staff conducted a weighting and prioritization process of the top substances of concern on Guam based on the SEW findings. Substances were rated based on five criteria: magnitude of exposure, severity of consequences, potential for future spread, community readiness, and resource allocation. Each criterion for each substance was then ranked depending on the severity or lack thereof of the substance (1 = not severe to 5 = very severe).

Criteria include:

- Magnitude of exposure: the degree of exposure of the substance to the population or to specific population subgroups.
- Severity of consequences: the costs of social, economic, and health consequences of the substance.
- Potential for future spread: the degree for potential spread should there be no intervention taken and/or current and future trends.
- Community readiness: the degree of awareness and acceptance of the problem and the basic capacity to intervene.
- Resource allocation: the totality of resources available to address the problem and/or substance.

The results of the weighting process are (highest possible weight = 25):

1. Tobacco and Alcohol = both at 19.4
2. Methamphetamine "ice" = 17.7
3. Marijuana = 15.1
4. Inhalants = 13.7
5. Cocaine = 10.9

The tallied results were found to be consistent with the findings of the data collected by SEW in terms of substances of frequent use and abuse.

At the SPF SIG Multi-State Workshop on May 3-4, 2006, CSAP highly recommended that States keep their priorities limited to obtain greater impact and to simplify implementation. For example, some states have chosen to have only one priority such as underage drinking. In acceptance of this recommendation, and as a result of the weighting process as well as the analysis of substance use patterns and consequences, the agreed upon SPF SIG priority problems have been identified as:

1. Adverse behaviors associated with high rates of alcohol use among adult
2. Adverse behaviors associated with high rates of alcohol use among youth, ages 10 to 21
3. High rates of tobacco use among adult
4. High rates of tobacco use among youth

By focusing on the top two substances most commonly used on Guam by both adults and youth, PEACE intends to make an impact on Guam's overall tobacco and alcohol consumption patterns resulting in the reduction of:

- Violent crime rates, motor vehicle crashes, DUI arrests and other consequences associated with high consumption rates of alcohol;
- Addiction to nicotine (proxy for chronic health consequences) associated with high consumption of tobacco.

Methamphetamine use among adults, marijuana and inhalant use among youth are significant on Guam; however the SPF SIG will focus its resources on tobacco and alcohol use as the top two licit drugs consumed on the island. In regards to cocaine, its consumption rate on Guam is low compared to other illicit drugs; therefore cocaine was not selected as a priority for Guam at this time.

The process and assigned priorities described above have been approved and adopted by the PEACE Council.

III. CAPACITY BUILDING

Areas Needing Strengthening

To effectively implement the SPF-SIG on Guam, PEACE will continually work towards strengthening its capacity in the following areas:

A) Standardization of Guam's data collection, monitoring and evaluation systems
B) Continued collaboration and networking among stakeholders, federal and state government agencies, non-profit organizations, and other non-governmental community organizations in order to foster commitment and partnership in the selection, adaptation, and evaluation of practices, policies and programs.
C) Community level proficiency in using data driven program and policy decisions for increasing readiness and capacity to address tobacco and alcohol use and abuse
D) Information dissemination and communication of assessment findings regarding community readiness and tobacco and, alcohol use and abuse and their related consequences to the communities of Guam, inclusive of legislative and policy decision makers.
E) Empowerment of community key leaders to increase ownership, commitment and continued partnerships in order to achieve program fidelity and improved likelihood for sustainability.
F) Continued guidance, cooperation, and involvement among PEACE Council members and community stakeholders to effectuate change in Guam's communities.
G) Influence positive changes in community driven practices, policies, and programs relative to tobacco and alcohol use and abuse.

Prevention Activities

PEACE monitors the community's level of readiness by administering the Community Key Leader Survey with results that will help gauge the level of readiness for each village. PEACE will continue to use this tool on an annual basis as a means for determining if village level awareness has improved.

Activities that will be conducted at the state level include continuous trainings for PEACE staff and community key leaders, such as the Substance Abuse Prevention Specialist Training (SAPST) and Basic Tobacco Cessation Intervention Skills (BTCIS). Community district staff will assist with the facilitation of culturally appropriate and relevant practices, policies and programs. Continued efforts also include ongoing assessments of community readiness and capacity building and continued engagement with communities through various forms of technical assistance and resource allocation.

As part of PEACE's commitment to address underage drinking, collaborative partnerships with Leadership to Keep Children Alcohol Free and the Governor's Spouses Working to Keep Kids Alcohol Free have been established. Guided by Executive Order No. 2004-010, Guam's stakeholders representing the state and community levels will meet regularly to address Guam's underage drinking prevention initiatives and its embodiment into the PEACE Strategic Plan. PEACE will continue to facilitate and coordinate these meetings.

The current system in place for providing training and technical assistance by PEACE was initiated through the first Annual PEACE Conference in the presentation of the Strategic Prevention Framework process and soliciting community input and guidance around the development of the PEACE Logic Models. In anticipation of the sub-granting of PEACE funding to community-level organizations, a workshop on grant writing for potential PEACE sub-recipients was conducted to better prepare community responses to PEACE RFPs. PEACE will continue to provide support to communities around the implementation of the SPF process through a system established to: 1) Train key community leaders on the SPF-SIG five step process; 2) Provide training in response to community requests on community mobilization and plan development; and 3) Provide prevention tools and resources to assist communities establish data collection and monitoring systems.

In order to carry forward outcome-based prevention, SPF-SIG grantees will be assisted in first identifying the risk and protective factors/causal factor that contribute to substance use priorities, adapting the already developed PEACE logic models to fit their environment. These factors may vary considerably by type of substance, geographic areas, and particular priorities. Assisting sub-grantees with this kind of "logic model thinking" will help inform their understanding of not only effective but relevant strategies (practices, policies, and programs) for creating change.

Role of the SEW Workgroup

The goal of PEACE's SEW is to strategically collect, analyze and utilize alcohol, tobacco and other drug-related data to inform and guide relevant substance abuse prevention policy and

program development on Guam. The workgroup brings systematic, analytical thinking to understanding the causes and consequences of the use of alcohol, tobacco, and other drugs.

Through the identification of up-to-date substance use and abuse consumption and consequence patterns, SEW will make informed recommendations to the PEACE Council that demonstrate linking assessment findings to relevant planning priorities and resource allocations. This will guide the selection of effective strategies for implementation that address targeted problem areas and supporting PEACE program evaluators' monitoring of key milestones and data usage into a continuous quality improvement process.

The workgroup has grounded itself on a strong foundation by carefully selecting its members to obtain representatives from key agencies engaged in data collection and analysis. In so doing, SEW has paved the pathway for open dialogue and continued access and sharing of Guam's various surveillance systems and data sets. In addition, the creation of the workgroup has resulted in increased commitment among represented agencies to continue to strive towards program and policy planning based on standardized data.

SEW will fill gaps in the present data collection system by engaging in inter-agency collaboration to adapt standard categories, survey instruments and incorporating missing data questions into existing surveillance systems (i.e. BRFSS). The Epidemiological Workgroup continues to work towards filling data gaps, such as the lack of a systematic mechanism to delineate illicit drug use in the general adult population. The SEW has been in communication with CSAP and PIRE, and has obtained the National Survey on Drug Use and Health (NSDUH) questionnaire. The SEW is exploring various options to use relevant questions in this survey instrument to obtain data on adult illicit drug use. The SEW is also working with the Juvenile Drug Court and the Department of Youth Affairs in an effort to standardize data indicators and data collection instruments. The SEW also provided technical assistance to the Juvenile Drug Court resulting in the incorporation of standard questions on tobacco, alcohol and drug use taken from the YRBS into the Superior Court of Guam's screening instrument. This will help to create a standard platform for assessing tobacco, alcohol and other drug consumption among court-involved youth, and establishes a standard set of benchmarks to compare rates in this population with youth in the general population. The use of GIS mapping of key variables (such as proximity of alcohol and tobacco outlets to schools, sites of alcohol-related car crashes, and density of these outlets per village as compared to village consumption rates) is also expected as this would augment the SEW's capacity to move up to the next level of data gathering and analysis.

IV. PLANNING

State Planning Model

PEACE's resources are "invested" right into the community and based on a "High Need Equity Model" addresses the problems associated with tobacco and alcohol as the top two substances consumed on Guam, PEACE funding will be distributed equally across the four priorities (Tobacco use among youth, Tobacco use among adults, Alcohol use among youth, Alcohol use

among adults). For example, proposals submitted to address specifically the high need priority of youth tobacco use among public and private middle and high school students have the potential for receiving an award up to 25% of the available funding to communities.

Sub-grants will be awarded to community organizations who will plan and implement the SPF SIG process to address at least one identified substance use priority supported by SEW data and using the PEACE Logic Models. Sub-grantees will demonstrate some level of readiness and the potential for community mobilization, SPF planning, using data, and developing logic models with sustainable and culturally appropriate strategies. RFP applicants will be asked to describe in their proposals how they will address youth and/or adult, alcohol and/or tobacco use and their intended target areas based on the identified high need places and populations in Guam's Substance Abuse Epidemiological Profile. Scoring of RFP's will be based on the applicant's ability to effectively plan for and implement the SPF process to address the high need substance use priority in Guam's community.

Community-Based Prevention Activities

On June 26, 2006, the first annual PEACE Conference was held with over 250 participants. Themed, ***"Bringing Communities Together"***, this one-day event served as a critical start for introducing the SPF SIG process and engaging the community in discussions regarding the Guam Substance Abuse Epidemiological Profile officially released by PEACE SEW. Participants provided direct feedback and also gave input to the proposed PEACE Logic Models on its relevancy and applicability to Guam.

The components that make up the community-based activities will be comprised of an array of available PEACE resources to guide and support the community throughout the SPF SIG process. PEACE sub-grantees must demonstrate some level of readiness and potential for successful community mobilization and SPF SIG planning, the use of SEW data and the development of proposed Logic Models with sustainable community prevention strategies that are culturally appropriate and specific.

Allocation Approach

A "High Need Equity Model" will facilitate the distribution of available PEACE funds to communities for their planning and eventual implementation of prevention practices, policies and programs that address the identified substance use priorities for Guam. Throughout the allocation process to PEACE sub-recipients, it is envisioned that an equitable percentage of available funds to community will be awarded to address the priorities for alcohol and tobacco use among youth and adult populations.

On July 2006, the PEACE Council endorsed staff's recommendation for the allocation of at least 25% per substance use category sub-grant awards as follows:

High Need Substance Use	Set-Aside for RFP Funding for Community SPF SIG
Youth Tobacco Use	25%
Adult Tobacco Use	25%
Youth Alcohol Use	25%
Adult Alcohol Use	25%

Training and technical assistance funding will be set-aside as well to respond to specific SPF SIG process needs as identified by the SPF SIG sub-grantees. PEACE staff will have direct oversight and shared administrative responsibilities with all sub-grantees.

The RFP processes will be led by DMHSA as the identified oversight authority. All sub-grantees must adhere to federal and local government procurement rules and regulations. Guidance, training, and resource materials will be provided to the community to facilitate their successful application for PEACE funding. Sub-grantees will receive training and technical assistance to effectively plan for and to implement a sustainable SPF-SIG process.

With the PEACE Council's endorsement and CSAP approval, the following process will be implemented for sub-grant awards to Guam's community stakeholders:

Defined Scope of Services and Eligibility – It is envisioned that there will be two categories of sub-grantee awards for PEACE funding to ensure that community-based SPF SIG activities are data-driven and stated planning and program goals measurable.

First Category: Training and Technical Assistance (T/TA) sub-grants will be awarded to providers deemed qualified to mobilize the SPF SIG community towards a point of readiness. Specific T/TA services needed will be determined by the sub-grantees and may include grant writing, community assessment and readiness, community and organizational development, capacity building and sustainability, and report writing. Recipients of these services will include those awarded in the second category of PEACE sub-grantees who will plan and implement community prevention activities following the SPF process. A formal system, coordinated by PEACE staff, for requesting T/TA services will be established requiring submission of written requests. Sub-grantees are also required to document their assessment of needs and priorities for needed T/TA services. Eligible applicants for T/TA funding may include qualified government entities, private businesses and/or established.

NGO's on Guam, internationally and nationally who have demonstrated successes and experiences in relevant services to Pacific Island communities. It is anticipated that up to 10% of the available SPF SIG funds under this T/TA category will be awarded to approximately 2-3 eligible applicants.

Second Category: Sub-grants will be awarded to community organizations who will plan and implement the SPF SIG process to address at least one identified substance use priority supported by SEW data and using the PEACE Logic Models. Sub-grantees must adhere to the Strategic Prevention Framework process and demonstrate "buy-in" and direct involvement and participation of key ethnic stakeholders. Eligible applicants for PEACE funding may include public and private organizations such as faith-based groups, for-profit and non-profit

organizations legally registered with the Guam Department of Revenue and Taxation. It is anticipated that up to 25% (per substance use priority) of the available SPF SIG funds under this category will be awarded to approximately 2-3 eligible applicants per high need substance use priority.

It is envisioned that Guam's funding source for sustained practices, policies and programs that have been proven to be effective in the Guam community may potentially come from excise taxes generated from alcohol and tobacco sales, such as the statutes governing the use of existing Healthy Futures Fund and Safe Homes, Safe Street Funds. The key organizations represented on the PEACE Council serve to influence the strengthening of existing legislative policies and mechanisms that can clearly direct funding to sustain positive outcomes as a result of SPF SIG work.

Implications of Allocation Approach

By implementing a "High Need Equity Model" approach in the allocation of SPF-SIG funds, PEACE will address the priorities in the substance use patterns and consequences as a result of youth and adult tobacco use and youth and adult alcohol use on Guam. By focusing on the top two substances used on Guam by both adults and youth, PEACE intends to make an impact on Guam's overall tobacco and alcohol consumption patterns and resulting consequences.

PEACE's comprehensive strategic plan complements the current DMHSA Prevention and Training Branch Strategic Plan; a unified vision for effective prevention practices, policies and programs for the Territory of Guam. Resources used to support PEACE efforts are leveraged by DMHSA and other members on the PEACE Council. This includes salaries of personnel providing administrative and training/technical assistance services, as well as supplies and equipment used for PEACE activities.

V. IMPLEMENTATION

The following notional chart depicts the anticipated timeline for SPF SIG activities:

SPF-SIG Schedule (Notional) Project Steps:	2006												2007											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Submission of Strategic Plan to CSAP for approval											X													
Assessment																								
PEACE staff research evidence-based and culturally competent programs for substance abuse prevention including underage drinking		X	X	X	X	X	X	X	X	X	X													
Continued assessment of community readiness and capacity building		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	→
Assist communities in identifying priority needs to be address in their communities		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	→
Continued data collection and analysis of tobacco, alcohol and other drugs, including underage drinking among youth and adults in the general population and court involved.		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	→
Continued development of additional database(s) and surveillance system capacity; Assess MDS and MS Access database systems		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	→
Capacity Building																								
Technical assistance/training of community key leaders /focal persons to plan and implement SPF SIG process		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	→
Training and technical assistance to raise Guam's communities level of readiness and capacity (i.e. SAPST, APPEAL, data management)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	→
Scheduling of T/TA identified through the progression of the grant/programs		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	→
Installing hardware and software systems in each of the village mayors offices for continued data collection and monitoring		X	X	X	X	X	X	X	X	X	X	—	—	—	—	—	—	—	—	—	—	—	—	→
Assist selected host organization in coordinating Underage Drinking prevention activities		X	X	X		X			X															

SPF SIG Schedule (Notional) Project Steps:	2006												2007											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Continued meetings with identified state and community key stakeholders to address Guam's Underage Drinking Initiatives																								→
Continued development of culturally competent prevention media campaigns addressing awareness of the harms, costs, and perception of ATOD.																								→
Monthly Meetings of PEACE Council	X	X	X	X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Quarterly Meetings of Guam's SEW	X	X	X			X	X		X		X			X			X			X			X	
Planning & Implementation																								
Adjustment of strategic plan based on SEW findings																								→
Develop and release RFPs scope of services												X	X	X							X	X	X	
Selection through procurement process of SPF SIG grantees													X	X								X	X	
Continue to develop a sustainability plan for the PEACE programs																								→
Progress meetings with district staff	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Evaluation																								
Monitoring/Quarterly Evaluation Reports (State and Community)			X			X			X			X			X			X			X			
PEACE Annual Conference (Process/Outcome Developments) and Evaluation workshop						X															X			
Quarterly Progress/Financial Reports to CSAP	X			X			X			X			X			X			X			X		
Feedback/communication of evaluation results for adjustments/improvements of evidenced-based practices, policies, and programs			→																					→

PEACE staff will provide oversight and monitoring of sub-grantees to ensure their successes throughout the SPF SIG process. Training and technical assistance provided are evaluated in order to build upon T/TA successes.

PEACE will not fund duplicative anti-drug coalitions. It is the intent of PEACE to increase and build existing community capacity and readiness to a level of evidenced-based effectiveness.

VI. EVALUATION

Guam Evaluation Activities to be implemented

The evaluation component for PEACE will use both process and outcome measures to assess the SPF SIG community's success in achieving its stated goals and objectives.

Currently, Guam's State Epidemiological Workgroup (SEW) through the Substance Abuse Epidemiological Profile has documented the baseline indicators for assessing program impacts on prevalence and consequences of substance use and abuse. The initial community readiness assessments provide the basis for evaluating progress in capacity and infrastructure development.

The intermediate objective of evaluation is to identify and track **outcomes** arising from the implementation of the SPF-SIG process that are relevant to the PEACE Project's stated goals. An expected outcome is to develop community capacity for using data to guide the selection, and adaptation of practices, policies and evidence-based programs and principles into workable, sustainable, culturally competent models that effectively address Guam's substance abuse problem. Strategies to increase village capacity for prevention, among others, include:

- the use of a computer-based monitoring and evaluation system being developed to parallel the National Cross-Site system,
- training and technical assistance on the SPF SIG process, including community-level needs assessment, the development of logic models based on community data, and planning/implementing/evaluating interventions,
- identifying key village resources and fostering partnerships,
- developing the skills to identify and obtain supplementary funding and resources to ensure sustainability beyond the life of the SPF SIG.

Most of the information on outcomes will be obtained by the data collection instrument described in the next section "What will be tracked and how".

The immediate objective of evaluation is to document and monitor the PEACE process by assessing the work of the PEACE staff, the PEACE Council, and SPF SIG sub-grantees in achieving Guam's SPF SIG goals and objectives. The process evaluation will also measure the extent to which SPF-SIG funding and program activities stimulate positive changes and improve program capacities among sub-grantees in Guam's prevention service network (process indicators will be discussed in the following section). It will then examine whether these

infrastructure and system changes improve the effectiveness of prevention services delivery in the community.

Using the data instruments described in the section "What will be tracked and how", all PEACE sub-grantees will provide process evaluation data to assess: (1) the kind of T/TA assistance they provided (T/TA Sub-Grantees) or received (SPF SIG Sub-Grantees), (2) the populations they reached; (3) the fidelity of their approach to the SPF-SIG process; (4) how they select, plan, implement and evaluate practices, policies and programs, and (5) how they are affected by contextual factors which may influence their program's effectiveness and level of impact.

Upon approval of Guam's SPF SIG strategic plan, the evaluation team will first institute a reliable monitoring and evaluation system by incorporating data instruments that capture the indicators described in the section "What will be tracked and how" into a computer-based data entry system. The evaluation team will also provide T/TA to help sub-grantees design and implement a plan for evaluating the SPF SIG processes.

What Will Be Tracked and How

For participating sub-grantees, the evaluation will track their performance and progress using three proposed evaluation instruments developed by the evaluation team.

The first instrument, a "Community Partner Quarterly Activity Report," will track descriptive information on the sub-grantee's organization, resource inputs and its engagement in SPF process activities. Data collection will include the type of organizations, staff resources, nature of community clientele and stakeholders, as well as degree of engagement in required partnerships with other organizations. Each sub-grantee will be required to develop a Memoranda of Agreement (MOA) with community stakeholders.

The second instrument, a "Prevention Program Implementation Record: Form A," will document detailed information at three points in time – at or before the start of the intervention program, during implementation, and after participants complete an intervention cycle or the program ends. Data will be collected on the type of intervention program implemented, staff capacities (level of experience or training), modifications (implementation fidelity), numbers, demographics and descriptors of participants, and the types of evaluation research designs conducted and resultant findings obtained.

The third instrument, the Contextual Factors Evaluation: Form B, will collect at the end of each funded year or the end of the project. It will assess the project staff's views of contextual factors affecting their program (e.g., forces of island demographics, economics, cultural change, village life patterns, natural disasters and societal structures such as public laws, school policies, government budgetary priorities, etc). As stated above, the evaluation team will provide T/TA to help community partners design intervention program evaluations for their selected practices, policies and programs.

Process Evaluation

The process evaluation will focus on how well the SPF SIG is implemented at the State and community levels. All activities related to this grant shall be assessed based on fidelity to the original plan, the nature and types of deviations that occurred, factors and reasons for deviations, and the impact of deviations on program interventions and evaluation.

Some of the potential process indicators to be collected quarterly through the three evaluation instruments (Community Partner Quarterly Activity Report, Prevention Program Implementation Record: Form A & B) include:

	Process Indicator
Target population	What was the target population? What was the actual population reached? What would explain the discrepancy between projected and actual participation? What effect did this discrepancy have on the activity/intervention?
Activities and Interventions	What activities and interventions were planned? What activities and interventions were actually carried out? What planned activities and interventions were not implemented? What activities and interventions were implemented outside of the plan of work? What reasons explain these discrepancies? What impact did these discrepancies have on the ability to achieve the desired outcomes?
Participant Feedback	How did participants evaluate the activity/intervention? What feedback can be used to improve the program?
Lessons Learned	What were the obstacles and barriers to implementing the planned activities/interventions? What were the promoting and supporting factors that facilitated the implementation of planned activities/interventions? How can plan implementation be improved in the future?

The evaluation team will conduct a parallel process assessment at the State level. These indicators may be modified as appropriate based on the needs assessment and planning process.

Priorities To Be Tracked

The SPF SIG priorities to be tracked are:

1. Adverse behaviors associated with high rates of alcohol use among adult
2. Adverse behaviors associated with high rates of alcohol use among youth (ages 10 to 21)
3. High rates of tobacco use among adult
4. High rates of tobacco use among youth

By focusing on the top two substances most commonly used on Guam by both adults and youth, PEACE intends to make an impact on Guam's overall tobacco and alcohol consumption patterns resulting in the reduction of:

- Violent crime rates, motor vehicle crashes, DUI arrests and other consequences associated with high consumption rates of alcohol;

- Addiction to nicotine (proxy for chronic health consequences) associated with high consumption of tobacco.

What Changes are Expected

The primary objective of the evaluation component is to assess the impact of the SPF SIG process on substance use patterns and consequences for: 1) tobacco use among youth, 2) tobacco use among adults, 3) alcohol use among youth, and 4) alcohol use among adults.

Guam's SPF SIG strategic plan outlines the changes expected from community-based practices, policies and programs that will be carried out by sub-grantees. As identified in the four Logic Models, the expected changes from the implementation of the SPF SIG in the Guam community include the following:

1) Decrease tobacco use among youth through:
   i) Establishment of youth tobacco education and awareness programs
   ii) Increase number of trained cessation providers at both the "brief interventions" level and intensive counseling level increased
   iii) Establishment of youth tobacco cessation programs
   iv) Reduce perceived acceptability of tobacco use as demonstrated by increased tobacco-free policies at the community level
   v) Reductions of the intervening variables and factors related to the use of tobacco identified in the PEACE logic model for tobacco use.
   vi) Greater awareness of cessation programs among community members
   vii) Reductions in the use of tobacco within Guam's youth
   viii) Increase number of persons with knowledge and use of data driven program planning and development by sub-grantee prevention service providers.
   ix) Increase number of formally organized partnerships and coalitions within district regions cooperatively joining resources for substance abuse prevention.
   x) Apply strategic prevention framework as the prevention model used throughout Guam's community network of service agencies and NGOs.
   xi) Increase culturally appropriate multi-media productions supporting practices, policies, and programs and improve the effectiveness of media productions.

2) Decrease tobacco use among adults through:

   i) Increase number of adult tobacco education and awareness programs
   ii) Increase numbers of adult tobacco users enrolling in available cessation programs
   iii) Increase percentage of cessation program participants who remain tobacco-free at one month and six months after completing the program
   iv) Reduce perceived acceptability of tobacco use as demonstrated by increased tobacco-free policies at the community level
   v) Reduce the intervening variables and factors related to the use of tobacco identified in the PEACE logic model for tobacco use.
   vi) Increase awareness of cessation programs among community members
   vii) Reduce the use of tobacco among the adult population

viii) Increase the number of persons with knowledge and use of data driven program planning and development by sub-grantee prevention service providers.
ix) Increase the number of formally organized partnerships and coalitions within district regions cooperatively joining resources for substance abuse prevention.
x) Apply strategic prevention framework as the prevention model used throughout Guam's community network of service agencies and NGOs.
xi) Increase culturally appropriate multi-media productions supporting practices, policies, and programs and improve the effectiveness of media productions.

3) Decrease alcohol use among youth through:

i) Increase number of youth alcohol education and awareness programs
ii) Reduce perceived acceptability of alcohol use by youth;
iii) Reduce intervening variables and factors related to the use of alcohol identified in the PEACE logic model for alcohol use.
iv) Reduce alcohol use, and its associated indicators such as drinking while driving.
v) Increase knowledge about the adverse impact of alcohol on the developing brain.
vi) Increase alcohol-free policies at the community level (e.g. alcohol-free youth events, etc.)
vii) Improve and enhance data information during and beyond the life of the grant.
viii) Increase number of persons with knowledge and use of data driven program planning and development by sub-grantee prevention service providers.
ix) Increase the number of formally organized partnerships and coalitions within districts cooperatively joining resources for substance abuse prevention.
x) Apply strategic prevention framework as the prevention model used throughout Guam's community network of service agencies and NGOs.
xi) Increase culturally appropriate multi-media productions supporting practices, policies, and programs and improve the effectiveness of media productions

4) Decrease alcohol use among adults through:

i) Increase number of adult alcohol education and awareness programs
ii) Reduce perceived acceptability of alcohol use by adults;
iii) Reduce intervening variables and factors related to the use of alcohol identified in the PEACE logic model for adult alcohol use.
iv) Reduce alcohol use, and its associated indicators such as drinking while driving.
v) Increase alcohol-free policies at the community level (e.g. alcohol-free family events)
vi) Improve and enhance data information during and beyond the life of the grant.
vii) Increase number of persons with knowledge and use of data driven program planning and development by sub-grantee prevention service providers.
viii) Increase the number of formally organized partnerships and coalitions within districts cooperatively joining resources for substance abuse prevention.
ix) Apply strategic prevention framework as the prevention model used throughout Guam's community network of service agencies and NGOs.
x) Increase culturally appropriate multi-media productions supporting practices, policies, and programs and improve the effectiveness of media productions

Data on outcome and process measures will be collected at quarterly intervals and reviewed to determine if adequate progress is being made towards the SPF SIG objectives. If progress is not adequate or is being impeded, then the necessary steps shall be taken to re-assess the situation and revise the plan of action.

Every quarter, the PEACE staff will collate data for the review of the evaluation team. The evaluation team will analyze the data, come up with program recommendations, and ensure timely communication to the PEACE Council, the PEACE staff and the sub-grantees. Annually, a PEACE conference will be organized to report on island-wide SPF SIG progress. At this conference, the evaluation team, PEACE staff and sub-grantees will review lessons learned and jointly work to revise and strengthen the comprehensive plan and community action.

Required SAMHSA/CSAP National Outcome Measures (NOMs) Data To Be Collected

The Guam Substance Abuse Epidemiological Profile study serves as the first island-wide effort to integrate various data sources to delineate a comprehensive and accurate 'snapshot' of the local alcohol, tobacco and illicit drug situation. This study helped assess some of the National Outcome Measures (NOMs) identified at the Federal level and listed below (Source: SAMHSA):

For Youth:

- measure of abstinence from tobacco, alcohol, and other drugs,
- age at first use,
- perceived disapproval of tobacco alcohol and other drug use,
- perceived risk/harm of use,
- perception of workplace policy,
- ATOD related suspensions,
- ATOD related expulsions,
- school attendance,
- school enrollment,
- alcohol-related car crashes and injuries,
- alcohol and drug related arrests,
- family communications around drug use,
- number of persons served by age, gender, race, ethnicity, total number of evidence based programs and strategies.

For Adults:

- abstinence from tobacco, alcohol, drug,
- age at first use,
- perceived risk/harm of use,
- perception of workplace policy,
- alcohol-related car crashes and injuries,
- alcohol and drug related arrests,
- family communications around drug use,
- Number of persons served by age, gender, race, ethnicity, total number of evidence based programs and strategies.

For the most part these NOMs are collected by island-wide surveillance and agency database systems (e.g. YRBS, BRFSS, UCR). Adult drug use data are not currently collected but an agreement has been reached between SEW and the Department of Public Health and Social Services to include the necessary NOM questions on adult drug use into the BRFSS survey to be conducted in 2007.

VII. CROSS-CUTTING COMPONENTS AND CHALLENGES

The three major areas of focus that cut across all five steps of the strategic prevention framework in Guam's comprehensive strategic plan are cultural competency, underage drinking prevention, and sustainability.

Cultural Competence in the Strategic Prevention Framework

Cultural competency is an integral component of Guam's strategic prevention framework and will be incorporated in the steps as follows:

1. PEACE's SEW and evaluation team are aware of the importance of capturing ethnicity, age, culture and other socio-demographics in any needs assessment or community profiles conducted and process or outcome measures collected.
2. Sub-grantees will be provided with training and technical assistance that will help them build their capacity to address the multitude of cultural characteristics present in the community.
3. Assist sub-grantees plan for evidence-based strategies that are culturally relevant for the community. Also, PEACE staff will ensure ethnic representation of relevant sub-populations in the community by engaging and collaborating with local ethnic leaders.
4. Sub-grantees will be guided to implement evidence-based practices, policies and programs and adapt them to be culturally and linguistically relevant.
5. The evaluation team will monitor and measure the effectiveness of implemented practices, policies and programs. Tools for data collection developed will be adapted to address specific cultural components of the community.

Underage Drinking Prevention Initiative

Underage drinking prevention has been identified as a SPF-SIG priority.

Sustainability

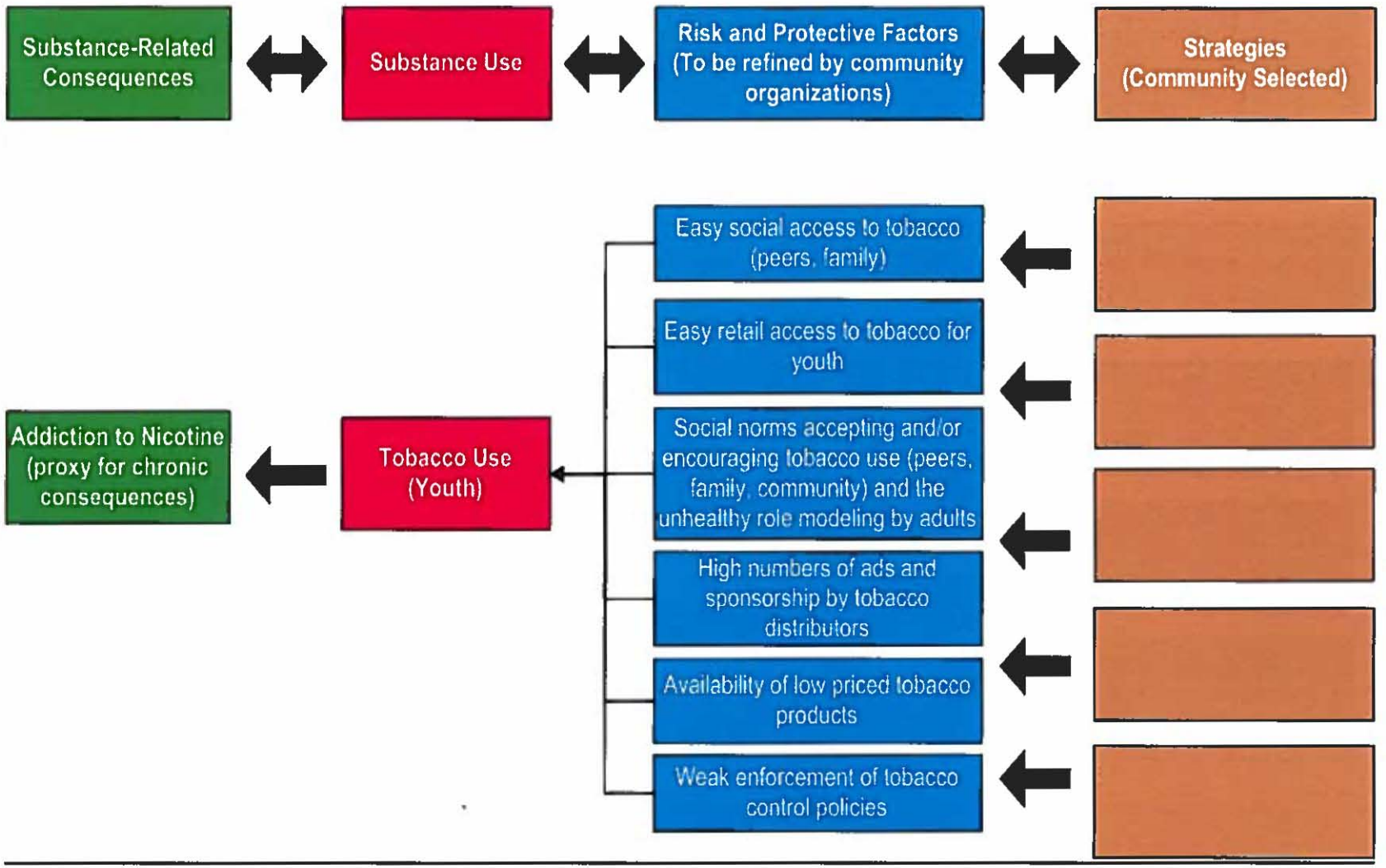
Potential revenue targeted for the sustainability of SPF SIG activities will focus on excise taxes generated from alcohol and tobacco sales, which is channeled into the "Healthy Futures Fund" and "Safe Homes, Safe Streets Fund". The statutes governing the use of these Funds vaguely revolve around the health context but strengthening existing policies can clearly direct funding mechanisms to support PEACE efforts.

Challenges

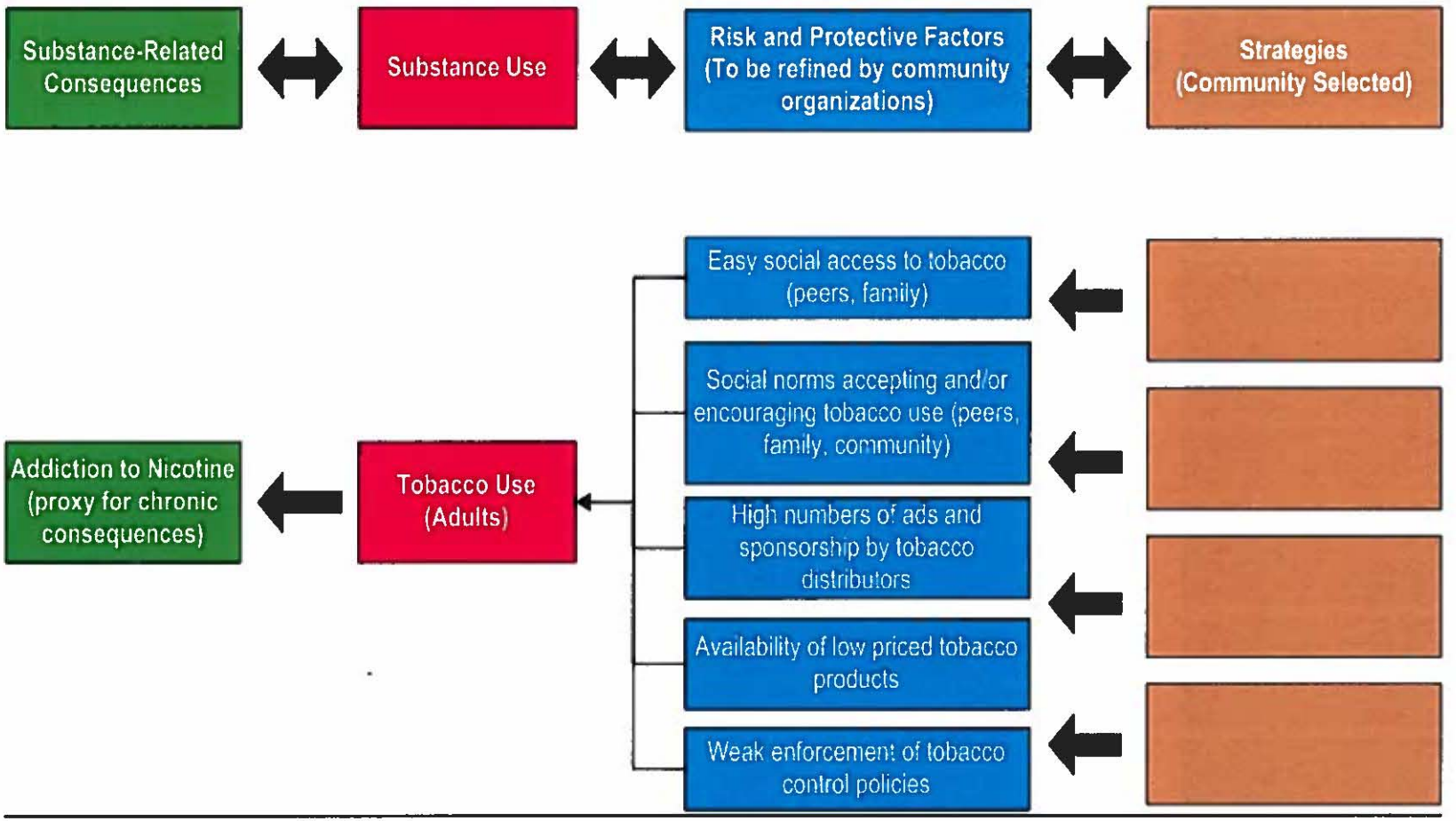
Guam's challenge in applying a "need-based" allocation for the selection of the SPF-SIG priorities was overcoming the desire to address all drugs known to be harmful to our communities (i.e. alcohol, tobacco, and methamphetamine, marijuana and inhalants). However, Guam is making the shift towards policy and program decisions based on data. The SEW findings justify the requirement for "need-based" allocation and the PEACE Council is committed to distributing funds according to the adopted SPF-SIG priorities; efforts will be focused on the top two drugs alcohol and tobacco.

Challenges expected during the implementation phase revolve around the adaptation of evidence-based practices, policies and programs to service Guam's communities. A majority of science-based programs listed on NREPP have not been tried and/or tested for Asian and Pacific Islanders in Guam's communities. Programs that have been servicing Guam's communities have not had the resources and/or evaluation capabilities to go through the NREPP process. As implementation of programs begins, the evaluation team will monitor and evaluate program adaptation to ensure fidelity while being culturally competent.

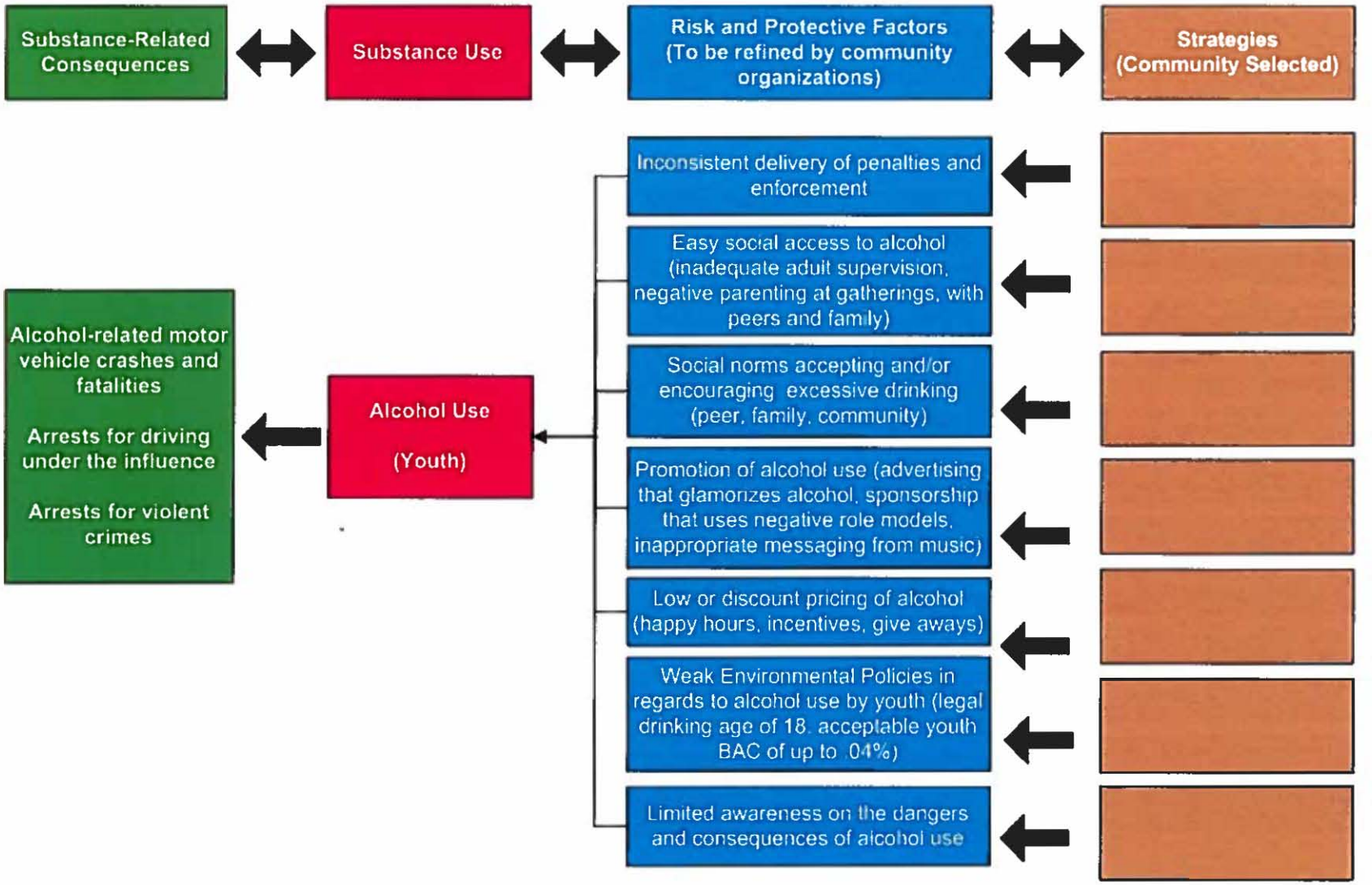
APPENDIX A: LOGIC MODEL FOR REDUCING YOUTH TOBACCO USE



APPENDIX B: LOGIC MODEL FOR REDUCING ADULT TOBACCO USE



APPENDIX C: LOGIC MODEL FOR PREVENTING YOUTH ALCOHOL USE



APPENDIX D: LOGIC MODEL FOR REDUCING ADULT ALCOHOL USE