

GUAM EARLY CHILDHOOD STATE PLAN - 2015



PROJECT
TINITUHON
"The Beginning"





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Guam Early Learning Council Background

All of Guam's young children will have healthy minds, bodies, and spirits as the foundation for lifelong success.

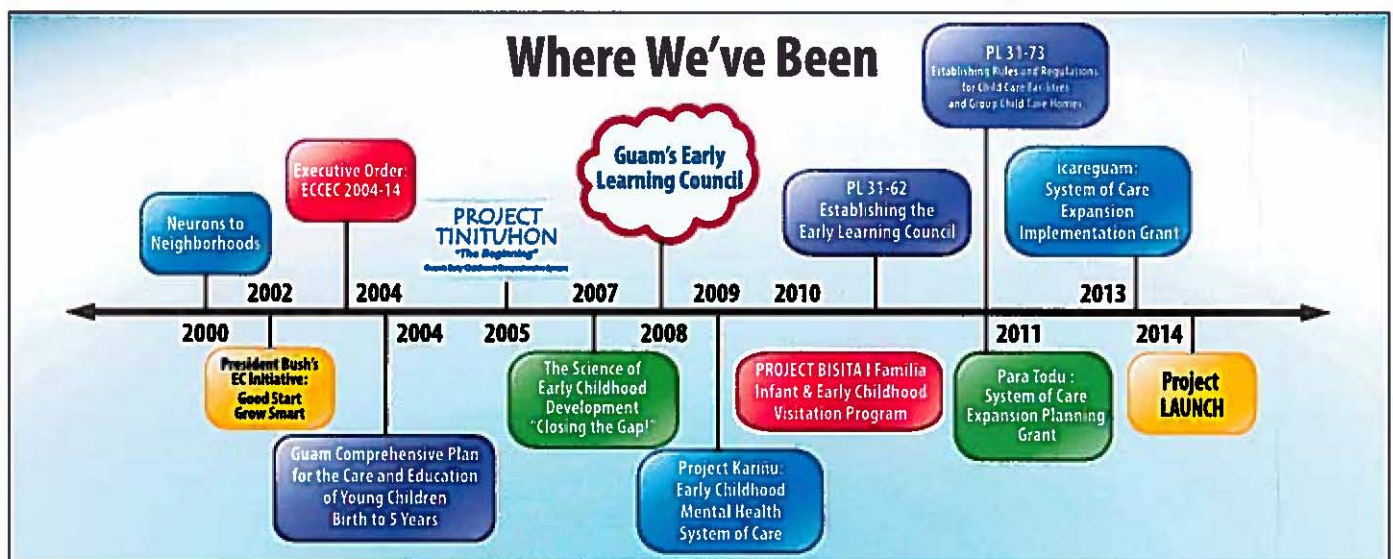
The initial policy agenda for early childhood, including at-risk children, emerged in 2004 from the Executive Order 2004-14 which "Established an Executive Committee on Early Childhood Care and Education" which was tasked to develop, implement, and oversee "Guam's Comprehensive Plan for the Early Care and Education of Young Children". This Comprehensive Plan included a framework for program coordination among early childhood programs and services, publication of the Guam Early Learning Guidelines, professional development for early childhood personnel, and an update of Guam's Rules and Regulations for Licensed Child Care facilities.

In 2005, Project Tinituhon, Guam's Early Childhood Comprehensive System (ECCS) was established to support families and the community in developing an Early Childhood State Plan that lays the blueprint for how Guam will carry out an island-wide cross-agency early childhood comprehensive plan to ensure that young children have available, accessible, and affordable comprehensive health and education that promotes healthy minds, bodies and spirits as foundation for lifelong success.

In 2008, former Governor Felix Camacho signed an Executive Order 2008-03, "Relative to Establishing the Guam Early Learning Council for Guam's Early Childhood Comprehensive System". In 2011, one of the first legislation signed into law by Governor Eddie Baza Calvo, was Public Law 31 -62, "Relative to Establishing the Guam Early Learning Council for Guam's Early Childhood Comprehensive System," which formalize the importance of coordination and collaboration among agencies and organization both public and private serving young children birth to age 8 and their families.

For the last three years, the Guam Early Learning Council (GELC), along with the early childhood partners have implemented a number of early childhood initiatives: Reach Out and Read Program, Pyramid Model Train of Trainers, and Strengthening Families: Building Protective Factors.

In 2013, together with First Lady Christine M.S. Calvo and the Rigalu Foundation, the Reach Out and Read Program was launched at the Southern Regional Community Health Center (SRCHC). The program is an evidence-based nonprofit organization of medical providers who promote early literacy and school readiness in pediatric exam rooms nationwide by integrating children's books and advice to parents about the importance of reading aloud into well-child visits. Since the program started, approximately 720 books have been prescribed during well-child visits in the southern health center.



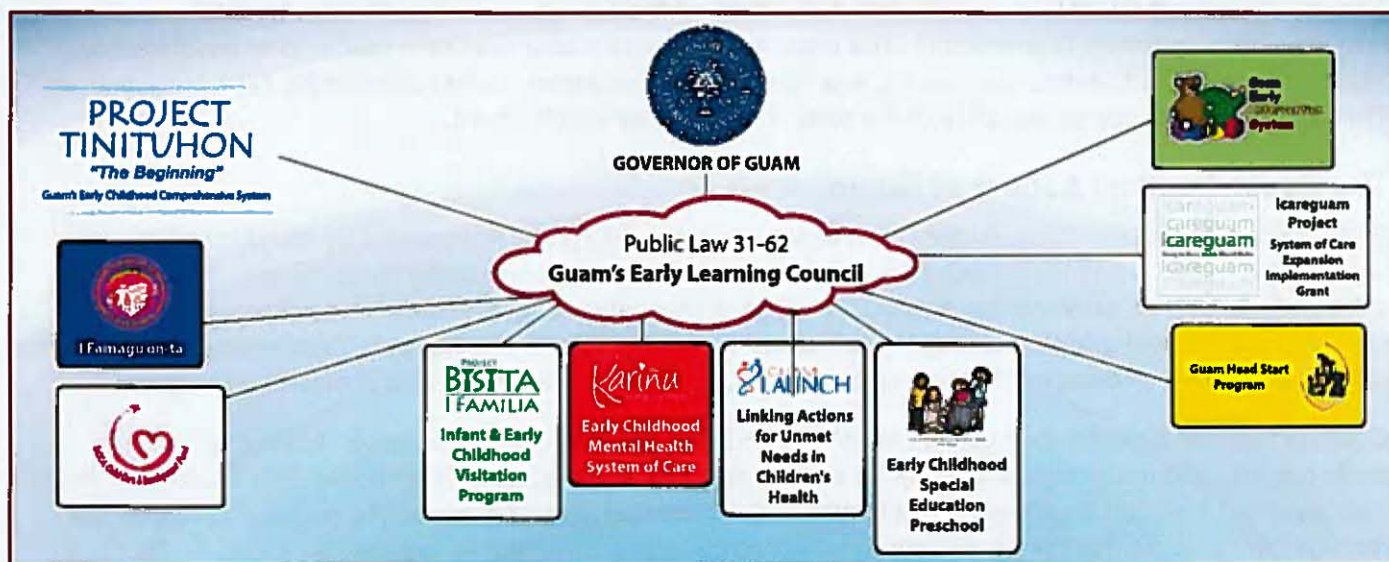
The GELC has invested in activities to foster professional development for Guam's early care and education workforce to build cross-agency training on Guam. Guam is now part of the national "Pyramid Model State," that supports work around social emotional development for young children, age birth to five with over 40 trainers. Early childhood professionals have provided 300 parent trainings around social emotional development. Additionally, Guam is part of the national Strengthening Families Network and with twenty local trainers through the National Alliance of Children's Trust and Prevention Funds.

Along with these initiatives, the council, along with the early childhood programs have begun piloting and monitoring the following implementation initiatives:

- Island-wide Developmental and Behavioral Screening System (iDBSS),
- Child Care Health Consultation Model,
- Guam's Quality Rating and Improvement System, and
- DOE Pre-Kindergarten Pilot Program.

In December 2014 and January 2015, the GELC in partnership with Project Tinituhon and Guam LAUNCH (Linking Actions for Unmet Needs in Children's Health) facilitated an Early Childhood Summit entitled: Setting the Course for Early Childhood 2015. There were about 32 participants in attendance who worked together to map out Guam's early childhood work for the next four years.

In April and June 2015, parents, policy makers, and service providers participated in a strategic planning entitled: The Canoe is the People: Charting Our Course to reflect on Guam's Early Childhood System and identify next steps for continued building of our service delivery system. Members of the GELC, Project Tinituhon Strategic Management Teams and Guam LAUNCH's Young Children's Council engaged in a series of interactive activities to review and validate: (1) the core values and principles of Guam's ECCS; (2) the Guam LAUNCH Environmental Scan; (3) the vision and mission of the ECCS and Guam LAUNCH; and (4) the goals and objectives for the Early Childhood State Plan and Guam LAUNCH Strategic Plan. Over 26 participants used data from the Environmental Scan, identified priorities and laid the foundation for the development of a strategic plan to guide systems level change and the expansion of early childhood prevention and promotion services over the next few years.



Guam's Context



The Physical Aspect of Guam.

The island of Guam is a U.S. territory located in the Western Pacific region. Guam is the largest island of the Marianas Island chain located between Hawaii and the Philippines and between Japan and New Guinea. Although a small island of approximately 225 square miles – Guam is considered the hub of the Western Pacific for its easy travel access to the Asian region.

The Economic Aspect of Guam.

A tourist-driven economy has made Guam dependent on the economic swings of other countries within relatively close proximity to the island. The majority of Guam's visitor market is made up of travelers from Japan, Korea, United States, Micronesia, and Taiwan, with the Japan market comprising 75% of all visitors. The tourism market comprises 29% of the total private-sector employment.

The Socio-Political Aspect of Guam.

As an unincorporated territory, Guam is governed through the Organic Act passed by the United States Congress in 1950. Under this legislation, residents of Guam are citizens of the United States similar to any state. The local laws of Guam are aligned with federal mandates enabling Guam to participate in "most" United States federal grants and aid programs. Unlike most states, the geographic remoteness makes it more difficult and costly to ensure that the standards established for all Americans are provided on Guam.

Guam is home to an estimated population of 159,358 people (U.S. Census Bureau). It is a multi-ethnic, multi-cultural, and multi-lingual community comprised of 37% indigenous Chamorros, 26% Filipinos, 7% Caucasians, 11% from the Freely Associated States of the Federated States of Micronesia (FSM) and the Republic of Palau (ROP), 9% multiethnic, and 5% representing other ethnic groups.

U.S. Immigration laws and policies have been a major factor in the cultural and ethnic diversity of the island's population. Of significant impact is the Compact of Free Association signed into law in November 1986 and renegotiated as Compact II in 2004. The Compact allows citizens of the FSM and the Republic of the Marshall Islands (RMI) free entry into the U.S. and its territories. In 1994, the Republic of Palau, located approximately 700 miles southwest of Guam, signed its Compact of Free Association with the U.S. providing its citizens with the same entry privileges into Guam. As the closest U. S. territory, Guam represents, in many cases, the nearest opportunity for health, education, and social support services for remote islanders from the Freely Associated States, especially from the FSM and ROP.

The Financial Aspect of Guam.

Based on the 2010 Guam Statistical Yearbook, 29% or 35,848 individuals are living below the poverty level. There has been an increase in the homeless population that includes families with young children. The 2013 Citizen Centric Report for Guam Housing and Urban Renewal Authority (GHURA) reported the median household income for Guam in 2012 was \$49,100. GHURA reported 2,545 families received public housing assistance. The public housing assistance provides housing units to qualifying low-income families. Under a separate program, the Section 8 – Housing Choice Voucher Program of GHURA, vouchers for housing are provided to qualifying low-income families. During the same reporting period, GHURA reported a total of 2,515 low-income families are supported through this program, with an estimated 6,000 families on a waiting list.

Unlike state programs, Guam's Medicaid federal reimbursement is capped at \$6.9 million with a federal matching rate of 50% and the State Children Health Insurance Program (SCHIP) is capped at \$1.48 million. Because of the difficulties of covering the cost for basic mandatory set of services, many services and supports that may be needed by children and their families are not covered. Guam residents are not eligible to receive Supplemental Security Income (SSI), a potential resource for purchasing needed services available to eligible individuals in the states. Another potential source of financing is Guam's locally funded Medically Indigent Program (MIP), which provides medical assistance to low-income families who do not qualify for Medicaid. Considered a payer of last resort, MIP currently provides a severely limited health care benefit package that does not include mental health services.

The Medically Indigent Program/Medicaid Assistance Program (MIP/MAP) will cover the newborn's medical expenses when reported to MIP/MAP staff. Expectant and parenting teens are eligible to apply for Medicaid on their own at age 18 years. While private health insurance plans cover the expectant teen's medical costs related to prenatal care, newborns are not covered. This issue leads to a financial burden for the parent of the expectant teens to meet the financial obligations of the newborn's medical care. There is a need to create policies to support parents of expectant teens to cover the costs of newborn hospital costs.

Educational/Institutional Aspect of Guam.

The Department of Education (DOE) is a single unified school district consisting of grades Kindergarten through 12. According to the School Year 2014-2015 DOE Citizen's Centric Report, there were over 31,144 students enrolled from kindergarten through twelfth grade in twenty-six elementary schools, eight middle schools, five high schools, and one alternate placement site. The student, professional, and staff populations in the public schools represent the diversity of cultures and languages that exist throughout the island.

Given Guam's status as a U.S. Territory, DOE receives federal funding for several programs including support from the Administration for Children and Families for the implementation of a Head Start Program. Additionally, DOE receives federal funds for the implementation of the early intervention, special education, and related services for eligible children birth through age 21 through the Individuals with Disabilities Education Improvement Act (IDEA 2004) Parts B & C. Combined with a local appropriation, the funding provides for direct and support services for eligible preschoolers, children, and youth with disabilities on Guam.



Goal: All children will be healthy and live in a safe environment.

The goal of the health focus area is to ensure that children develop and live in safe environments. Research has shown that “early experiences determine whether a child’s brain architecture will provide a strong or weak foundation for all future learning, behavior, and health” (Center on the Developing Child at Harvard University, 2007). To ensure that all children are afforded the necessary services and supports in order to develop in a healthy and safe manner, infant mortality, low birth weight, and prematurity need to be addressed.

Project Tinituhon began its pilot Islandwide Developmental and Behavioral Screening System (iDBSS) in 2014 with child care centers and medical clinics. Sixteen (16) of the island’s 44 licensed child care centers and five medical clinics are participating in the pilot program. The goal of the iDBSS is to improve physical, social, and emotional development during infancy and early childhood; to eliminate disparities; and to increase access to needed early childhood services by engaging in system development through the integration of activities. The iDBSS uses the *Ages and Stages Questionnaires Third Edition (ASQ 3)* and *Ages and Stages Questionnaires Social Emotional (ASQ-SE)*. Table 1 shows data collected from participating centers and medical clinics. ASQ is a developmental screening tool used by early educators and health care professionals. It relies on parents as experts and creates the snapshot needed to catch delays and celebrate milestones.

Table 1. ASQ 3 Screenings

	# of children screened to date	# of children with no risk	# of children with little or high risk	# of referred and to what programs
Child Care Centers (Based on 3 of 16 centers)	92	58	34	6, GEIS
Pediatric and Family Clinics (Based on 3 of 5 clinics)	30	21	9	No referrals made

Data Source: Guam CEDDERS

Project Tinituhon also collaborates with other early childhood programs to sustain “Reach Out and Read” at the Southern Regional Community Health Center (SRCHC). “Reach Out and Read” is a national school readiness initiative, which strives to prepare America’s youngest children to succeed in school by partnering with doctors and nurses to prescribe books and encourage families to read together. This initiative is supported by the Rigálu Foundation, GELC, Project Tinituhon, Guam Early Hearing Detection and Intervention Project (GEHDI), Guam Early Intervention System (GEIS), Project Kariñu, and Project Bisita I Familia. Since its launch in 2013, over 2500 books have been given to SRCHC with approximately 720 books prescribed to children during well child visits.

The number of births on Guam has consistently stayed at the same rate for the last 5 years. According to the Department of Public Health & Social Services (DPHSS) Office of Vital Statistics, 3396 babies were born in 2014. Twenty-eight (28) of those babies passed away at 12 months or younger. In 2010, the infant mortality rate was 14.9 per 1000 live births. In 2014, the rate decreased to 8.2 per 1000 live births. The national average of infant mortality is 5.9 per 1000 live births. Public Law 32-30, An Act to Establish the Guam Council on Child Death Review and Prevention (CCDRP), was enacted in 2013 to examine the causes and strategize ways to prevent child deaths on Guam.

Low birth weight is a major predictor of infant mortality. Low birth weight infants are more likely than normal weight babies to have health problems during the neonatal period. Low birth weight babies may also suffer more respiratory difficulties and require additional oxygen or mechanical ventilation until their lungs are fully developed. Other problems common in low birth weight infants include neurological problems, weakened immune systems, difficulty regulating body temperature, eating, and gaining weight. In addition, low birth weight infants are at higher risk for experiencing Sudden Infant Death Syndrome. Over the last five years, an average of 6% of all babies born on Guam weigh less than 2500 grams or 5.5 pounds (DPHSS Office of Vital Statistics). Babies identified with low birth weight need to be closely monitored and receive timely behavioral and developmental screening.

Another predictor of infant mortality is premature births prior to 37 weeks gestation. Across 184 countries, the rate of preterm birth ranges from 5% to 18% of babies (World Health Organization, 2014). In 2013, the number of premature births prior to 37 weeks gestation was 5.9% of total births. Over the last five years, an average of 9% of babies were born premature.





Table 2 shows that about one-third of all babies born on Guam are enrolled in the Medicaid program. Of those enrollees, an average of 3% received at least one Early Periodic Screening, Diagnosis and Treatment (EPSDT) screen over the last 3 years.

Table 2. The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year that received at least one periodic screen

	2012	2013	2014
Total Medicaid enrollees whose age is <1 year during the reporting year who received at least 1 periodic screen	158	200	728
Total Medicaid enrollees whose ages is <1 year during the reporting year	3458	3408	3327
Percent Medicaid enrollees whose ages is <1 year during the reporting year who received at least 1 periodic screen.	4.6	8	21.2

Data Source: DPHSS Bureau of Health Care Financing Administration Annual EPSDT Participation Report. Reporting period is based on calendar year.

Childhood immunizations are also important to health and well-being. The recommended immunization schedule is designed to protect infants and children early in life, when they are most vulnerable and before they are exposed to potentially life-threatening diseases. In 2013, Guam participated in the National Immunization Survey (NIS), which gives a better indicator of immunization coverage rates. The NIS is conducted every other year starting in April and the results are released by Centers for Disease Control (CDC) the following year. In 2013, data collected on children born January through May 2012 showed an estimated 50.3% of children ages 19-35 months received the combined (4:3:1:3:3:1:4) vaccine series, which includes: 4 doses of DTaP, 3 doses of polio virus vaccine, 1 dose of measles-containing vaccine, full series of Hib vaccine, 3 doses of Hep B, 1 dose of varicella vaccine, and 4 doses of PCV. The 2015 NIS is currently being conducted on Guam.



MENTAL HEALTH & SOCIAL EMOTIONAL DEVELOPMENT

Goal: All children will have positive relationships that are nurturing and responsive.

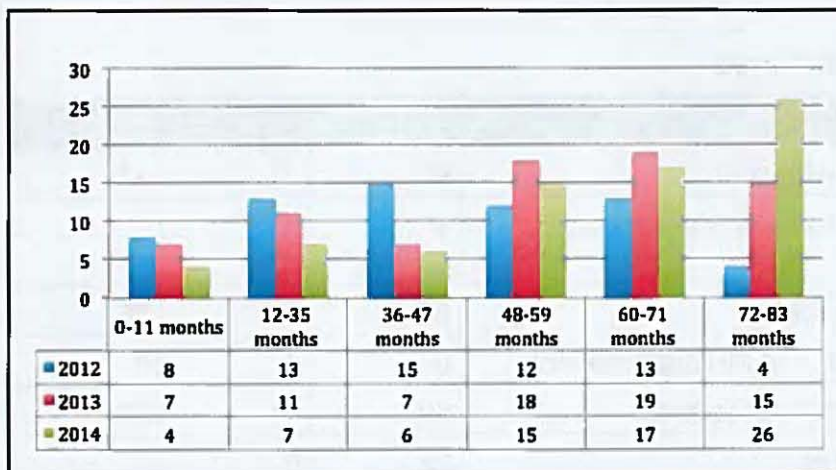


A child's social emotional development is greatly influenced by the quality of the relationships that he or she develops with parents, caregivers, relatives, teachers, and other children. Positive and nurturing early experiences and relationships have significant impact on their development. Over the past years, there has been an increasing awareness of the importance of children's social emotional wellness and early childhood mental health. Local capacity to screen, assess, and diagnose young children from birth – 5 years of age has increased significantly and the ASQ and ASQ-SE are now being widely used across early childhood programs.

As of June 2015, Project Kariñu, Guam's System of Care for young children, birth – 5 years, serves 75 children. Figure 1 below provides the number of assessments and evaluations completed by the program. Project Kariñu will end September 30, 2015, unless it is granted a no cost extension from the Substance Abuse and Mental Health Administration (SAMHSA). Currently, efforts are underway to find local monies to sustain the program, but its future is not guaranteed.



Figure 1. Project Kariñu Completed Assessments and Evaluations.



Data Source: DPHSS Project Kariñu



MENTAL HEALTH & SOCIAL EMOTIONAL DEVELOPMENT



For School Year 2013-2014, the DOE, Division of Special Education had 75 new referrals for autism and 29 new referrals for emotional disorders for ages 3-8 years of age. Table 3 shows the number of children referred for assessment of emotional disorders and autism evaluation for possible services through the DOE, Division of Special Education.

Table 3. Department of Education: Number of Referrals for Emotional Disorders and Autism

Age	School Year 2013 – 2014 New Referrals	School Year 2013 – 2014 Active
Age 3 - 8 Autism Referrals	75	25
Age 3 - 21 Autism Referrals	125	130
Age 3 - 8 ED Referrals	29	10
Age 3 - 21 ED Referrals	321	357

Data Source: DOE Division of Special Education

The Guam Head Start Program screens all enrolled children within the first 45 days of school. For school year 2014-15, the program provided assessments and related consultations for 36 children and no referral was made for mental health services. For the last two school years, the Head Start Program partnered with Project Kariñu in providing child mental health assessments and related consultations for young children and their families. Table 4 shows the screening and referrals for mental health concerns.

Table 4. Guam Head Start Screens and Referrals

	SY12-13	SY13-14	SY14-15
Mental Health (MH) Consultant meetings with staff	97	41	36
Of these meetings with staff, # MH consultations with parents/guardians	6	0	0
MH Consultant meetings with parents/guardians	64	41	36
Of these meetings with parents/guardians, # of MH consultations	0	0	0
Number of children MH Consultant provided assessment	59	41	36
Number of children referred for MH services	28	0	0

Data Source: DOE Head Start Program

Maltreatment of young children continues to be a well-documented risk factor. Table 5 shows the number of child maltreatment referrals received by the (DPHSS) Bureau of Social Services Administration (BOSSA) Child Protective Services (CPS) for children birth through 17 years.

Table 5. Child Maltreatment Referrals by Age

	2012		2013		2014	
Birth to 1	230	7.7%	220	8.4%	190	8.7%
Birth to 3	495	16.6%	433	16.5%	366	16.7%
Birth to 5	783	26.2%	719	27.3%	571	26%

Data Source: DPHSS BOSSA

The 2014 statistics from DPHSS BOSSA indicate that there are 236 children, birth through three years who are currently in out of home placements, or foster care. Of the 236 children, 33 children make-up the 0-3 year population. For 2012, BOSSA reported 285 children in foster care with 49 of the children ages 0-3 years old. In 2013, there were 229 children in foster care with 56 of the children ages 0-3 years old. These children are in foster homes or placed at the Alee Shelter for Children.

In 2013, Project Tinituhon, Social Emotional and Mental Health Strategic Management Team (SMT) co-sponsored training facilitated by Dr. Robert Corso, from the Center for Social Emotional Foundations for Early Learning (CSEFEL) to provide intensive training and technical assistance to foster professional development to Guam early care and education workforce that enhances knowledge and skills, support the implementation and sustainability of evidence-based practices, increase the size of the workforce skilled in supporting the social emotional development of young children birth to five years old.

The trainings held in December 2013, and January and March 2014 created a cadre of trainers, which consisted of training and technical assistance and service providers on Guam. The cadre of trainers is made up of professionals from the DOE, DPHSS, Guam Behavioral Health and Wellness Center (GBHWC), and



MENTAL HEALTH & SOCIAL EMOTIONAL DEVELOPMENT



the University of Guam. The cadre of trainers for Guam include trainers from early childhood programs. The training cadre received training on the Pyramid Model as well as practices that may be used to provide training and technical assistance to early childhood professionals in three areas: Infants Toddlers, Preschool, and Coaching/Family Coaching. There are 32 trainers for Infant Toddlers, 38 trainers for Preschool, and 33 trainers for Coaching.

The Project Tinituhon Social Emotional/Mental Health SMT received technical assistance from Dr. Corso in designing policies and procedures necessary to foster the implementation and sustainability of the Pyramid Model and practices. The SMT continues to work together to enhance the capacity to adopt the Pyramid Model, increase number of high quality trainers and coaches, have access to local implementation sites/communities, evaluate efforts of the three outcomes above, and plan to sustain the effort and outcomes.

In August 2014, training entitled: Supporting the Social Emotional Development of Infants and Toddlers through Family Coaching was facilitated for service providers that conduct home visiting services for young children. The training focused on the “Pyramid Model” and demonstrated the use of a social emotional lens to guide family coaching home visiting practices.

In October and November 2014, Dr. Corso provided onsite training on early childhood mental health consultation and intensive Top of the Pyramid Model training for early childhood professionals.

The Guam Head Start Program and Project Kariñu have facilitated the “Positive Solutions for Families” modules with their respective families. Head Start has facilitated two rounds of the six-module curriculum with 57 parents attending. Project Kariñu has used the modules during their Peer Family Support group sessions.

Training opportunities on mental health and social emotional development for parents and families of young children were available during the Week of the Young Child 2013 and 2014 bringing nearly 200 parents or families during the weeklong trainings. Parent trainings were held in three regions, Dededo, Sinajana, and Agat of the island, and led by the cadre of trainers that promoted social emotional development.

In 2012 and 2013, there were only two trainings for parents and families around social emotional development of young children. In 2014, Guam had 26 trainings around social emotional for families and the community.

EARLY CHILDHOOD CARE & EDUCATION

Goal: All children will have access to quality early care and education and be ready for school.



The first five years of children's lives are critical to their future success in school and in life. Early experiences influence children's brain development, which is the foundation for language and literacy, problem solving, social and emotional skills, and behavioral skills. These early experiences help prepare children for learning in school. Parents, families, caregivers, preschool teachers, future schools and teachers, service providers, health care providers, policymakers, and the community all play a part in helping children get ready for school. Children's readiness for school can be ensured with the availability of well-trained child care providers and increased access to quality child care as well as with the creation of policies that ensure smooth transitions to kindergarten and school (Guam School Readiness Plan, 2013).

According to the Guam DPHSS Office of Vital Statistics, 3396 babies were born on Guam in 2014. These babies were born at Guam Memorial Hospital Authority, Sãgua Mañagu, and Naval Hospital. The 2010 Census reported a total of 14, 289 children under age 5 live on Guam. Table 6 shows that 23% of the total number of children under age 5 who live on Guam are enrolled in early childhood programs.

Table 6. Children enrolled in Early Childhood Programs.

EARLY CHILDHOOD PROGRAMS (as of August 2015)	# Settings	# Served
Licensed Child Care Centers	40	1789
DOE - Guam Early Intervention System (GEIS)	1	170
Private Preschool	7	1232
DOE - Early Childhood Special Education (ECSE) Preschool	4	116
DOE - Head Start	27	534
Total	79	3841

**Not including 1 private pre-school and 2 family day care home providers.
Data Source: Guam CEDDERS Telephone Survey 2015*

These early care and education programs lay a firmer foundation that was started with a child's first teachers, their parents. The early care and education programs strengthen and continue to support a child's learning while in a child care setting. These programs ensure that children who enter kindergarten are equipped with language and literacy skills, thinking skills, self-control and self-confidence, and are ready to learn.

Approximately 77% of children under age 5 are not in early care and education programs. The reasons for not being enrolled may be varied and can include not being able to afford quality care or having a parent or family member caring for the children in the home. However, not being enrolled in an early care and

EARLY CHILDHOOD CARE & EDUCATION



education program is not detrimental to a child's development. The 2013 Guam School Readiness Plan addresses all children and provides a more in-depth look at how parents and other caregivers can prepare their children for learning in the classroom setting.

Since School Year 2013-2014, the Brigance K-1 Screener has been used in kindergarten classrooms in the private and public schools. The Brigance Screener assists educators in determining a child's readiness for school in all five domains of child development. The five domains of child development include: language and literacy development; cognition and general knowledge, including early mathematics and early scientific development; approaches to learning; physical well-being and motor development, including adaptive skills; and social and emotional development.

One of the greatest predictors of high school graduation is third grade reading proficiency. During School Years 2011 through 2014, Guam used the Stanford Achievement Test Series (SAT-10) as its state proficiency test. An average of 48% of third graders score below basic, 35% at basic, 15% at proficient, and 2% at advanced. More detailed information on the SAT-10 scores for DOE can be found in the DOE Annual State of Public Education Report. Beginning with SY 2014-2015, DOE schools will be using District Wide Assessments.

The DPHSS, Division of Public Welfare, Child Care and Development Fund (CCDF) piloted Guam's Quality Rating and Improvement System (QRIS) in January 2015 with eleven (11) child care centers participating. Guam's QRIS is a program that evaluates and improves the quality of care in early childhood settings. Early childhood programs and child care centers volunteer to be part of the QRIS. Guam's QRIS uses a four-star rating system and has four categories:

1. Staff Qualification & Professional Development,
2. Curriculum & Environment,
3. Family Engagement, and
4. Administration.

Each category of the QRIS has measures that determine quality child care. Each category has four levels with level one at one star and level four at four stars. Each level has indicators that need to be met for a center or program to get the stars for that level. The stars in each category are added up and averaged to find the overall star rating for the center or program.

The 11 child care centers have been rated as follows: three (3) at two stars, seven (7) at three stars, and one (1) at four stars. Ten (10) additional early childhood settings will be selected to pilot Guam's QRIS beginning in October 2015.

Since 2013, Project Tinituhon piloted the Child Care Health Consultant model. Child Care Health Consultants are health professionals who have knowledge in child health, ensure safe and healthy environments for children, collaborate and consult with child care providers to provide assistance as needed regarding health and safety issues, identify, implement, and evaluate strategies to achieve quality child care; and serve in a liaison capacity to other health professionals and community organizations.

Guam Early Learning Guidelines for Young Children Ages Three to Five (GELGs 3 to 5) was first developed in 2005 and has been used by families, caregivers, teachers, and administrators to determine what children should be able to know and do when they enter Kindergarten. In 2014, the GELGs 3 to 5 was updated to include the latest research in early childhood as well as the Head Start Child Development and Early Learning Framework and the alignment of the GELGs 3 to 5 with Teaching Strategies Gold, Common Core State Standards, and the DOE Kindergarten Content Standards. In 2007, the GELGs Birth to Thirty-six Months was developed and implemented. Revisions on the GELGs Birth to 36 Months began in July 2015 with target completion date of September 2015.



PARENT EDUCATION & FAMILY SUPPORT



Goal: All families have access to an array of parent and community supports, training, and activities.

The parent education and family support focus area strengthens the knowledge and skills of parents and families in the areas of child development, positive guidance and discipline, and child abuse and maltreatment prevention.

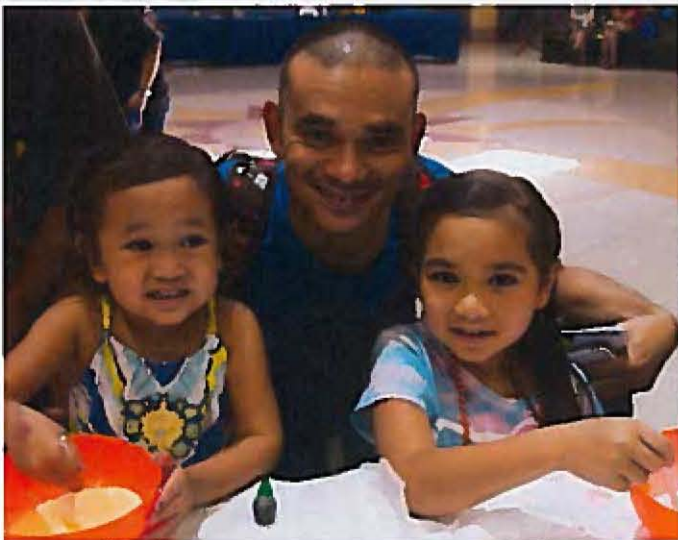
Project Tinituhon through the support from the GELC continues to collaborate with its early childhood partners to provide parent education supports and services. Strengthening Families™ Guam continues to be an initiative supported across early childhood programs. The early childhood programs have implemented the Strengthening Families™ Protective Factors Framework by facilitating Parent Cafés. Since 2012, 22 Parent Cafés have been facilitated by Project Kariñu, Project Bisita I Familia, Head Start, Guam's Positive Parents Together, Guam Early Intervention System (GEIS), and Project Tinituhon with over 350 participants.

In June 2014, Project Tinituhon facilitated the National Alliance of Children's Trust & Prevention Funds "Bringing the Protective Factors to Life In Your Work" online curriculum. The online curriculum was a prerequisite to the Bringing the "Protective Factors to Life In Your Work" Training of Trainers that was held in February 2015. Twenty (20) providers from Project Tinituhon, Project Bisita I Familia, Project Kariñu, GEIS, Head Start, BOSSA, and Guam Identifies Families Terrific Strengths were trained and are recognized by the National Alliance of Children's Trust and Prevention Funds as Alliance Certified Trainers. These trainers can facilitate the "Bringing the Protective Factors Framework to Life in Your Work: Looking At Families Through A Different Lens" curriculum with their respective staff, early childhood partners, community groups, and other public/private agencies. This group is known as the Strengthening Families Guam Alliance Certified Trainers. During the coming months, the trainers will be bringing this curriculum to different agencies.



Project Kariñu continues to support their families throughout the year by providing peer family support groups. The Head Start program also conducts several parent events throughout the year including the Head Start Fitness Fair, Parent Conference, and Transition Conference. GEIS and the Interagency Coordinating Council, in collaboration with the various public and private organizations, sponsored the 2015 Early Childhood Conference that promoted the Strengthening Families Protective Factors. Project Bisita I Familia conducts creative outreach events for their families that support retention and parent-child interaction. Project Tinituhon facilitates the annual Parent Interactive Conference – The Power of Play with over 100 children and families attending each year.

The number of Parent Education and Family Support trainings and parent participation have also seen a steady increase since 2010. Over 429 parents participated in various trainings in 2014, compared to 50 in 2010. Community outreach events also related to early childhood, disabilities, and health awareness have also seen a steady trend from nine events in 2010 to ten events in 2014. This data is only representative of what Guam Center for Excellence in Developmental Disabilities Education, Research & Service (CEDDERS) has facilitated and/or attended; however, CEDDERS continually works with its early childhood partners to increase parent education and family support awareness and trainings. The GELC Public Awareness Committee, which includes the Social Marketing Coordinators from Project Tinituhon, Project Kariñu, Project Bisita I Familia, Guam LAUNCH, GEIS, I'Famagu'on-ta, and ICare Guam, meet on a quarterly basis to ensure that the community is aware of the different early childhood programs and services offered.



SYSTEM SUSTAINABILITY



Goal: Young children, birth to 8 years have access to timely and appropriate services to achieve optimal health and well-being.

The GELC continues to enhance, improve, support, and strengthen coordination and collaboration among agencies and organizations serving young children, birth to eight, and their families. The GELC serves as the governance and monitoring body to ensure full implementation of the Guam Early Childhood State Plan.

Together with Project Tinituhon and Guam LAUNCH, the GELC sponsored a 2-day Early Childhood Strategic Planning that provided opportunity for participants to engage and review data around early childhood wellness on Guam. During the strategic planning, members identified the priorities for Guam's state of early childhood and determined the goal and sessions activities for system sustainability.

Members agreed that achieving optimal health and well-being would be the goal for system sustainability and recommended that following activities that need further review and consideration during the next five years:

- Identification of existing funding streams that can integrate/incorporate array of existing early childhood services,
- Comprehensive early childhood service delivery model, and
- Care coordination plan for families.



THE WORK PLAN

GOAL 1

HEALTH

All children will be healthy and live in a safe environment.

GOAL 2

MENTAL HEALTH & SOCIAL EMOTIONAL DEVELOPMENT

All children will have positive relationships that are nurturing and responsive.

GOAL 3

EARLY CHILDHOOD CARE & EDUCATION

All children will have access to quality early care and education and be ready for school.

GOAL 4

PARENT EDUCATION & FAMILY SUPPORT

All families have access to an array of parent and community supports, training, and activities.

GOAL 5

SYSTEM SUSTAINABILITY

Young children, birth to 8 years, have access to timely and appropriate services to achieve optimal health and well-being.



HEALTH

Objective 1.1: Reinforce developmental screening as a standard of care and medical and dental homes, according to AAP guidelines, for all medical and dental practitioners.

ACTIVITIES

- 1.1.1: Refine policies and procedures for implementing universal developmental and behavioral screenings.
- 1.1.2: Conduct training for medical personnel on the use of the Ages and Stages 3 (ASQ-3) Questionnaires tool kit.
- 1.1.3: Provide the ASQ-3 Questionnaire tool kits to all medical clinics that service children 0-8 years old that have received training on its use and provide developmental screening services.
- 1.1.4: Provide training on Universal Referral and Intake System to medical providers, childcare centers, and other early childhood programs.

Objective 1.2: Expand an island-wide public awareness campaign on the importance of medical and dental homes and developmental screening.

ACTIVITIES

- 1.2.1: Develop and disseminate public awareness products stressing the importance of health-related practices, including but not limited to:
 - a. Prenatal care and healthy practices,
 - b. Services available to pregnant women,
 - c. Well-baby check-ups,
 - d. Oral health and dental care,
 - e. Health related issues surrounding teen parenting and teen pregnancy,
 - f. Family planning and pregnancy prevention,
 - g. Immunizations,
 - h. Healthy lifestyle practices,
 - i. Universal newborn hearing screening and follow-up, and
 - j. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.
- 1.2.2: Improve the current Early Learning Council website to be user-friendly with links to information on health-related websites and a section specifically geared toward teenagers and parents.
- 1.2.3: Collaborate with other organizations to participate in immunization outreach events in various locations targeting at-risk populations.
- 1.2.4: Educate the Guam Medical Society, Guam Medical Association, and Guam Dental Society on available services for children 0-8 years of age.

Objective 1.3: Expand an island-wide public awareness campaign on the importance of quality prenatal care and reproductive health.

ACTIVITIES

1.3.1: Expand and incorporate into the health and sex education curriculum for middle and high school students on the impact and importance of quality prenatal care.

1.3.2: Collaborate with various ethnic groups to incorporate discussion on health education practices, including quality prenatal care.

Objective 1.4: Collaborate with the Guam Early Learning Council, medical and dental practitioners, and families to develop strategies that would promote healthy medical and dental practices.

ACTIVITIES

1.4.1: Increase access to:

- a. Prenatal care and services to pregnant women,
- b. General health care for women and young children,
- c. Immunization services, and
- d. Parenting classes highlighting best practices.

1.4.2: All parents will have access to information, in culturally sensitive and relevant formats, relating to healthy lifestyle practices including nutrition, diet, positive parenting, and promoting a nurturing, stimulating, and safe environment for their young children.

1.4.3: Create a Core team that includes dental providers to plan, develop, and implement strategies to provide access to dental services for children with special needs.

Objective 1.5: Assess the utilization, effectiveness, and rational of using licensed registered nurses in the Department of Education in light of shortages of nurses at the Guam Memorial Hospital Authority.

ACTIVITIES

1.1: Initiate dialogue with the Guam Education Board, Student Support Services, the Guam Federation of Teachers, and the School Nurses about the Registered Nurse roles at DOE.

1.2: Research the national trend on student to nurse ratios and their roles and responsibilities.

1.3: Reassess roles of the School Health Counselors.

INDICATORS

1. Decrease the infant mortality rate from the current rate of 8.2 per 1000 live births to the national average of 5 per 1000 live births.
2. Decrease the percentage of premature births from the current 6%, with premature births defined as births prior to 37 weeks gestation.
3. Increase the percentage of children with a medical home, defined as having a primary care physician, from 74% to 79%. Targets for this indicator will be set in FFY 2015.
4. Increase the percentage of children with a dental home from 56% by 5% every year.
5. Increase the percentage of children under the age of one year who are eligible for EPSDT and who will undergo various screening protocols for hearing, vision, and overall development meeting the EPSDT standards by 5% every year.
6. Increase the percentage by 5% every year of all children under the age of three years who will complete immunization requirements based on the Centers for Disease Control schedule.
7. Increase the percentage of all prenatal mothers will have at least 6 prenatal visits before their infant is born from 47% to 52%, or by 5% every year.
8. Establish baseline data collected from medical clinics, Public Health Centers, and daycare centers, on the number of developmental screenings conducted, number of referrals made due to these screenings, and number of children subsequently receiving services due to the referrals made.

MENTAL HEALTH & SOCIAL EMOTIONAL DEVELOPMENT

Objective 2.1: Maintain a coordinated and integrated Early Childhood Mental Health (ECMH) promotion, prevention, and treatment system for parents/families of young children.

ACTIVITIES

- 2.1.1: Continue the implementation of the Pyramid Model as a framework from screening at promotion and prevention to the clinical interventions.
- 2.1.2: Continue to support the array of service to support children and family in social emotional and mental health development.
- 2.1.3: Further strengthen the integration between medical care by developing their relationship between primary care and other ECMH Programs.

Objective 2.2: Continue to increase the number of programs and providers who incorporate social emotional developmental screening as a standard of care.

ACTIVITIES

2.2.1: Develop policies and procedures to guide providers in documentation of screenings of children and outcomes.

2.2.2 Embed in existing policies and procedures.

Objective 2.3: Continue to build workforce capacity around social emotional development.

ACTIVITIES

2.3.1: Increase familiarity of screeners and provide necessary training (Screeners: ASQ-3, ASQ SE, SEAM)

2.3.2: Increase familiarity with diagnostic formats and provide necessary training (Screeners: DC:0-3R, DSM5)

2.3.3: Health Guides/Cultural Brokers

Objective 2.4: Develop and implement a review team for children and families who need multi-agency services and require alternate approaches to service delivery to achieve positive outcomes.

ACTIVITIES

2.4.1: Establish a workgroup.

2.4.2: Determining the multi-agency group.

2.4.3: Develop criteria for determining the type of referrals for the review team.

2.4.4: Develop the policies and procedures to guide the multi-agency team.

Objective 2.5: Define and implement a cultural and contextual framework that guides providers in serving families and cultural communities in the ECMH arena

ACTIVITIES

2.5.1: To develop Service plans that embrace a cultural context wherein strengths and unique characteristics are embedded

2.5.2: Define assimilation challenges and other such concerns affecting the child and family's well being

2.5.3: Empower parents and caregivers

2.5.4: Training of cultural brokers

INDICATORS

1. Increase the types and numbers of training relative to the mental health and social emotional development of young children for service providers. Targets will be set in FY 2016.
2. Increase the number of children who have access to assessment and/or evaluation for social emotional and behavioral challenges. Targets will be set in FY 2016.
3. Decrease the number of substantiated cases of child abuse and neglect among children birth to age 8. Targets will be set in FY 2016.
4. Decrease the number of children birth to age six in out-of-home placements (foster care). Targets will be set in FY 2016.
5. Decrease the number of children under age six who are expelled from childcare or preschools due to behavioral problems. Targets will be set in FY 2017.
6. Increase awareness of the effects of maternal depression on young children. Target will be set in FY 2016.

EARLY CHILDHOOD CARE & EDUCATION

Objective 3.1: Expand Guam's public awareness campaign on the importance of quality child care and its influence on social and cultural competencies.

ACTIVITIES

- 3.1.1: Develop and disseminate public awareness materials on the importance of early childhood care and education.
- 3.1.2: Develop and disseminate public awareness materials about the five domains of child development (cognitive, physical, social emotional, language, communication, and literacy; and English Language Learners [ELL]).
- 3.1.3: Provide access to a "playgroup on wheels" for families in community settings to build knowledge and skills in child development and positive parenting practices.

Objective 3.2: Evaluate Guam's Plan for Professional Development for early childhood professionals for further improvements.

ACTIVITIES

- 3.2.1: Collaborate with Early Childhood Professional Development Subcommittee on recommendations to improve and revise the GPPD and the process for endorsing credentials.
- 3.2.2: Develop and implement another tier of professional development to include all service providers (teachers, therapists, social workers, home visitors, family partners, etc.) ensuring understanding of early childhood development.

Objective 3.3: Increase the quality of care provided by center and home-based child care settings through the development of a "quality rating system."

ACTIVITIES

- 3.3.1: Evaluate the pilot QRIS program to determine the effectiveness of the program and how to make improvements.
- 3.3.2: Implement a quality rating and improvement system (QRIS) that includes all child care centers, Head Start, the Gifted and Talented Education Preschool Program, Early Childhood Special Education Preschool and Guam Early Intervention System and the early childhood initiatives such as the pyramid model and Strengthening Families.
- 3.3.3: Provide technical assistance and training to early childhood settings that implement QRIS.

Objective 3.4: Increase the implementation of health and safety standards in quality child care settings through child care health consultation.

ACTIVITIES

- 3.4.1: Provide training to child care providers on health and safety standards in child care settings.
- 3.4.2: Evaluate the role and responsibilities of the Child Care Health Consultant (CCHC) and revise as necessary to ensure the CCHC is qualified to serve the early childhood population.
- 3.4.3: Provide information on school readiness on the area of health and safety to child care providers.

Objective 3.5: Establish school readiness goals for Kindergarten that are relevant to Guam.

ACTIVITIES

- 3.5.1: Reconvene the school readiness workgroup to establish specific school readiness indicators for children entering Kindergarten.
- 3.5.2: Establish criteria for development of transition plans from one program to another such as from home visiting to Head Start, Head Start to Kindergarten, etc.

INDICATORS

1. Increase the identification of children with developmental delays or chronic health problems prior to kindergarten entrance.
2. Increase the number of child care centers that utilize health or mental health consultation.
3. Children attending early care and education centers with high quality ratings.

PARENT EDUCATION & FAMILY SUPPORT

Objective 4.1: Update and distribute the Annual Neni Directory (Directory of Services for young children birth to age eight).

ACTIVITIES

- 4.1.1: Update the Neni Directory and disseminate to child care centers, early childhood programs, mayor's offices, senator's offices, public & private clinics, etc.
- 4.1.2: Facilitate a survey with parents and early childhood providers on the effectiveness of the Neni Directory.

Objective 4.2: Identify funding source(s) to create and maintain the publication of the quarterly I'Mandikiki Newsletter.

ACTIVITIES

- 4.2.1: Update the I'Mandikiki Newsletter and disseminate to child care centers, early childhood programs, mayor's offices, senator's offices, public & private clinics, etc.

Objective 4.3: Maintain, expand and update the Guam Early Learning Council Website (GELC) to align with its mission and purpose.

ACTIVITIES

- 4.3.1: To conduct a self-assessment on the current website and gather stakeholder input on recommended changes.
- 4.3.2: To develop a plan for maintaining, expanding, and updating of the GELC website to include but not limited to the following.
- Collaborate with agencies and organizations to develop a central calendar for parent and family activities.
 - Collaborate with agencies to expand the website to include early childhood links and resources.
 - To create a Guam Early Learning council smart phone application that links and provides parents with different resources.
- 4.3.3: To implement and monitor the plan.

Objective 4.4: Conduct annual interagency "Family Fair" for families with children birth to age eight.

ACTIVITIES

- 4.4.1: Collaborate/participate with agencies and organizations to host, organize, or attend family fairs.

Objective 4.5: Provide parent trainings for parents to be more actively involved in their child's learning, physical development, and social emotional development.

ACTIVITIES

4.5.1: Collaborate with child care centers and community venues to host Guam Early Learning Guidelines training and other parent training modules.

4.5.2: Collaborate with village mayors to provide relevant trainings for parents in their community settings.

4.5.3: Provide trainings/workshops geared towards helping parents increase their knowledge and skills about child development, manage their time, stress, or other relevant topics.

4.5.5: Collaborate with agencies and organization to host Pyramid Model trainings.

Objective 4.6: Provide parent and peer support activities so families can network with each other to share and learn from their experiences.

STRATEGIES

4.6.1: Collaborate with agencies and organizations to host family support activities, such as Parent Cafés with Strengthening Families Guam, to promote positive parent-child relationships, knowledge of child development, and the protective factors.

Objective 4.7: Allocate funding and/or resources to provide child care services for families to be able to attend trainings and support activities.

STRATEGIES

4.7.1: Develop, implement, and pilot alternative types of child care (i.e. play groups, cooperatives, etc.).

4.7.2: Identify and develop MOUs with various child care centers in villages accessible to training locations to provide child care services.

4.7.3: Establish a workgroup to discuss policies for on-site child care.

Objective 4.8: Develop family leadership and advocacy skills through training and mentorship that embrace social and cultural competencies.

STRATEGIES

4.8.1: Provide various trainings to develop leadership, mentorship, and advocacy skills.

Objective 4.9: Provide services using the System of Care Core Values (Child Centered, Family Driven, Community Based, and Cultural & Linguistic Competent).

STRATEGIES

- 4.9.1: Ensure that training and materials are culturally and linguistically appropriate.
- 4.9.2: Ensure service delivery is responsive to families' needs and upholds the SOC values.

INDICATORS

- 1. Increase in the number of families who access and/or participate in different parent programs that are geared toward a reduction in child maltreatment.
- 2. Increase in the number of families participating in early childhood community events.

SYSTEM SUSTAINABILITY

Objective 5.1: Identify existing funding streams that can integrate/incorporate array of existing early childhood services.

ACTIVITIES

- 5.1.1: Review systems mapping to determine services of early childhood programs.
- 5.1.2: Conduct financial mapping of all early childhood programs.

Objective 5.2: Create a comprehensive early childhood service delivery model.

ACTIVITIES

- 5.2.1: Develop an early childhood services alignment plan.
- 5.2.2: Pilot the alignment plan in phases.
- 5.2.3: Monitor the alignment of early childhood services.

Objective 5.3: Develop a care coordination plan for families receiving services.

ACTIVITIES

- 5.3.1: Identify a service provider who will work with each family to ensure services are coordinated.
- 5.3.2: Develop Standard Operating Procedures for an interagency service plan for families (one family = one plan that includes all services that the family requires).
- 5.3.3: Provide professional development and training opportunities for service providers to ensure a quality workforce.

Early Childhood State Plan Workgroup Members

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PROJECT
TINITUVHON
"The Beginning"



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