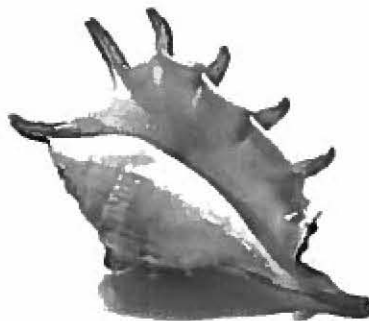




Prevention Education And Community Empowerment
PEACE

Guam State Prevention Enhancement (SPE)
Comprehensive Strategic Plan

2014-2019

The Conch shell symbolizes our awakening from the deep slumber of unawareness and urges us to accomplish our and others' welfare.

ACKNOWLEDGEMENTS
OF THE GATHERING OF PACIFIC ISLANDERS FOR PEACE (GOPEACE)
PARTICIPANTS, CONTRIBUTORS AND OTHER COMMUNITY STAKEHOLDERS
IN THE DEVELOPMENT OF GUAM'S 5-YEAR STRATEGIC PREVENTION AND
EARLY INTERVENTION PLAN FOR PEACE

Over a span of more than twelve months, monthly stakeholder meetings were held which culminated with the August 2013 Gathering of Pacific Islanders for PEACE (referred to as GOPEACE); a 2-day event with over 200 youth and adult participants.

On behalf of the Governor's PEACE Council and the Guam State Epidemiological Outcomes Workgroup, the Prevention and Training Branch of the Guam Behavioral Health and Wellness Center (formerly known as the Department of Mental Health and Substance Abuse) thanks the individuals, public and private organizations and coalitions on Guam who gave their personal and professional time, courageously shared their personal stories and experiences, and helped to develop Guam's 5-Year Plan for PEACE (Prevention Education and Community Empowerment). Additional thanks are expressed to Kauffman and Associates, Inc. and the Native Aspirations Project. Each made special contributions with providing valuable insight for the focus areas in the PEACE mini-action plans and strengthened Guam's vision for PEACE in 2019 with defined 5-year Plan strategies and actions that embrace the rich cultures, values and strengths of Pacific Islanders who call Guam, home.



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EXECUTIVE SUMMARY

In 2003, Guam initiated a planning process for the development of the island's first comprehensive strategic plan for substance abuse prevention and early intervention that sets the path for creating a healthier Guam. The PEACE Strategic Prevention Framework-State Incentive Grant (SPF/SIG), Guam Comprehensive Strategic Plan (2006-2009) was written, implemented and evaluated. The initial PEACE goals set were to: prevent the onset and reduce the progression of substance abuse (alcohol and tobacco), 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.

Guam's State Prevention Enhancement (SPE) Plan development for PEACE (2014-2019) follows with additional U.S. national goals and other data-driven priorities determined locally, that are relevant to the island of Guam:

1. Prevent or reduce consequences of underage drinking and adult problem drinking;
2. Prevent suicides and attempted suicides among populations at risk, including military families and LGBTQ youth;
3. Reduce prescription drug misuse and abuse;
4. Prevent substance abuse and mental illness (promote positive mental health);
5. Develop and enhance policy and funding to support needed services for behavioral health system improvements on Guam; and
6. Enhance behavioral health workforce development initiatives.

From the onset of strategic prevention planning, Guam's stated vision for PEACE is *an island community empowered and committed to making informed decisions and choices towards a healthier (mental, physical, spiritual) future for themselves and others on Guam*. Its stated mission is *to establish and implement culturally appropriate and sustainable prevention and early intervention policies, programs and practices that are responsive to the needs of the people of Guam and that are proven to effect positive behavioral health changes*.

The Prevention and Training Branch staff of the Guam Behavioral health and Wellness Center has stayed true to its stated mission. PEACE is a community-based plan development process that engages and empowers public and private sector stakeholders, consumers and peer specialists of behavioral health services, youth and adult community volunteers, the Governor-appointed PEACE Council members and Guam's State Epidemiological Outcomes Workgroup (SEOW) members to **be part of the change**. These PEACE partners make informed, data-driven decisions following an effective five-step strategic prevention framework process (Assessment, Capacity Building, Planning, Implementation, and Evaluation) for setting priorities that are respectful of cultural values and practices, and result in sustainable policies, programs and practices that are relevant to the people of Guam.

I. OVERVIEW OF PLANNING

Introduction to PEACE

Established by Guam Public Law 17-21, the Department of Mental Health and Substance Abuse (renamed Guam Behavioral Health and Wellness Center by Guam Public Law 32-024) is Guam's single state agency and is responsible for mental health promotion and service provision,

and substance abuse prevention and control. The Center's Prevention and Training Branch, under the Division of Clinical Services, directly oversees the prevention arm and works in collaboration with other partner agencies and community-based organizations to assess, develop and implement prevention policies, programs and practices. Prevention initiatives on Guam receive strong support and guidance from the Governor's PEACE Council.



Governor's Executive Order No. 2011-03 (Appendix A) retained the Governor's PEACE (Prevention Education And Community Empowerment) Council with appointed member representatives from the executive, legislative and judicial branches of government, the private sector and community-based *prevention advocates charged with the development of policies, programs and practices to address Guam's substance abuse and suicide problems, and to include planning, implementing and evaluating comprehensive evidence-based prevention strategies that result in positive environment changes.*

The Planning Process

Throughout the state prevention enhancement development process for Guam's 2014-2019 PEACE Five-Year Strategic Plan, the Governor's Council served as the primary "state prevention enhancement" Consortium. Council members provided guidance and advisement to ensure that substance abuse prevention, mental health promotion and suicide prevention work is data-driven, culturally relevant, effective and sustainable. Guam's PEACE Council/SPE Consortium along with members of the State Epidemiological Outcomes Workgroup (SEOW) and the established Non-Communicable Disease Consortium led by the Department of Public Health & Social Services were first contributors in this Plan development process. They recommended complementary and measurable goals, objectives and activities that they believed to reflect relevant and responsive approaches for and with the community, that truly empower the island's people; thereby building upon the strengths and resources of the people of Guam.

The 2013 Gathering of Pacific Islands for PEACE (GOPEACE) event brought together increased and new representation of the different Pacific Island cultures and groups present on Guam. Over 200 youth and adults joined GOPEACE and united to *be part of the change* as one community for a healthier *One Nation*. Participants ranged between 15 and 75 years of age from various ethnic groups (Chamorro, Chuukese, Filipino, Marshallese, Palauan, Pohnpeian and Yapese) in the Western Pacific Region who live on one of Guam's nineteen village districts. There were an almost equal number of males and females in attendance. The participants represented various organizations, including government agencies, non-profit organizations, faith-based organizations, law enforcement and the judiciary, military, higher education institutions, advocacy groups, and the community at large. Participants were not only service providers but also consumers and other recipients of services, peer mentors, as well as policy makers, youth leaders, clergy, and concerned family members.

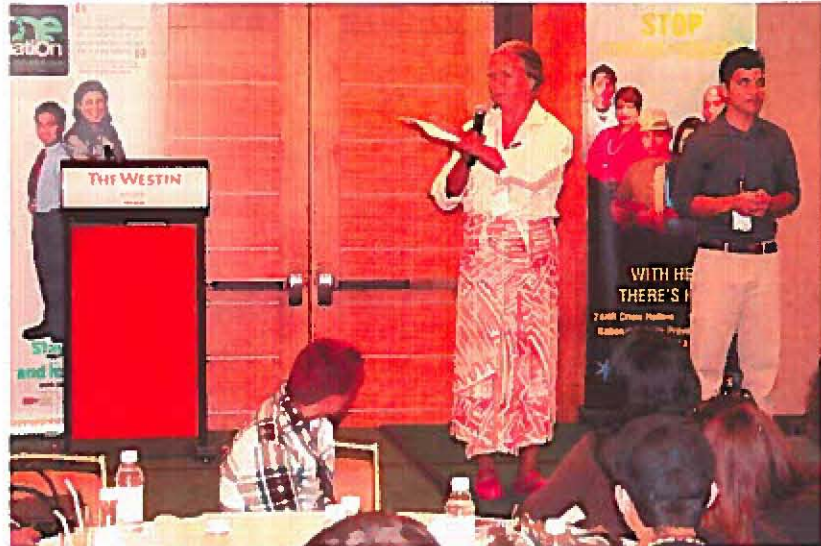


This two-day gathering encouraged everyone to be part of a journey towards community healing and empowerment. Participants rolled up their sleeves and worked as community partners to address the major concerns the people of Guam face. Personal stories and legends were told about the lives of the Pacific Island peoples and about the things that are valued and held close to their hearts. Individual and community trauma, pain, struggles, survival and most especially hope and healing were personal experiences first acknowledged; a vital step necessary towards improving the quality of life for individuals, families and the island community as a whole.

As one faith-based leader from the Palauan community expressed, *"Suicide and substance abuse affects many lives and it may be about us that we speak about, or our loved ones. As traumatic and life changing as these issues may be, we as Pacific Islanders have proven to be amazingly resilient. Our islands are prone to be in the path of many natural disasters that we have endured for many years, yet we are able to survive those storms. We can survive storms within because we are crafted to be survivors. It is essential for us to listen and observe what is going on with our families and in our communities. We must make a conscious effort to think about how our personal lives are impacted and what we feel when our cultural values are put to the test."*

With training and technical assistance provided by the Native Aspirations Project, led by Kauffman and Associates, GBHWC's prevention and training branch staff were trained as facilitators of the Gathering of Native Americans (GONA) curriculum. With the design of this two-day Gathering of Pacific Islanders (GOPI) using the GONA principles, Guam's GOPI was the beginning of collective affirmation, that *we are worthy* as individuals, as a people, and as a community. It is only then when we have the courage to tell our stories, that we begin to feel a *sense of belonging*; feel like we have something of *value to offer*; feel like it is *safe to share* what is in our hearts and in our thoughts, without judgment. We are able to *depend on one another*, and thus we could *generously give* of ourselves.

Through the GOPI experience, participants felt a strong sense of community; they felt more confident that they will go back into their homes, their villages, and their whole island community with a fresher perspective, a heart of courage, and the ability to make a difference.



Assessing Our Environment

Guam's Epidemiological Profile on Substance Use and Suicide – The Foundation for Data-Driven Priorities

Guam is the largest and southernmost island in the Mariana Islands archipelago. Located in the western North Pacific Ocean, it houses one of the most strategically important installations in the Pacific for the U.S. military. Guam also serves as a critical crossroad and distribution center within Micronesia and the rest of the Pacific, as well as Asia, because of its air links. This plays a significant part in the movement of tobacco, alcohol and illicit drugs.

The 2010 Guam census indicates that as of April 1, 2010, Guam's population totaled 159,358, representing an increase of 2.9% from the 2000 Census counts. Guam's population is multi-ethnic/multi-racial. According to the 2010 Guam Statistical Yearbook, the indigenous Chamorro people comprise approximately 37 percent of the population, followed by Filipinos (26.3%), other Pacific Islanders (12.0%), Whites (7.1%), other Asians (5.9%) and African Americans (1%). The groups with the fastest rate of increase are the Yapese and Chuukese populations -- the Yapese population grew by 84.1% to 11,230 in 2010 while the Chuukese population grew by 80.3% to 11,230 in 2010. The ethnic composition of the population in large part determines the languages spoken at home. At present, 43.6% of Guam's households speak English inclusively. Of the remainder, 41.3% speak another language either as frequently as or

more frequently than English. Another 0.5% speak no English at all. This has a significant implication for effective service delivery, highlighting the need for culturally and linguistically competent communications and services for close to half of the island's population.

In 2004, Guam's State Epidemiological Outcomes Workgroup (SEOW) was established. SEOW was charged with overseeing the strategic use of data to inform and guide substance abuse prevention policy and program development on Guam. SEOW initiated a data inventory and collated and reviewed data on substance abuse consumption patterns and consequences. The first Guam State Epidemiological Profile (Epi Profile) on substance abuse and consequence was published in 2007, with subsequent annual updates in 2008 thru 2012.

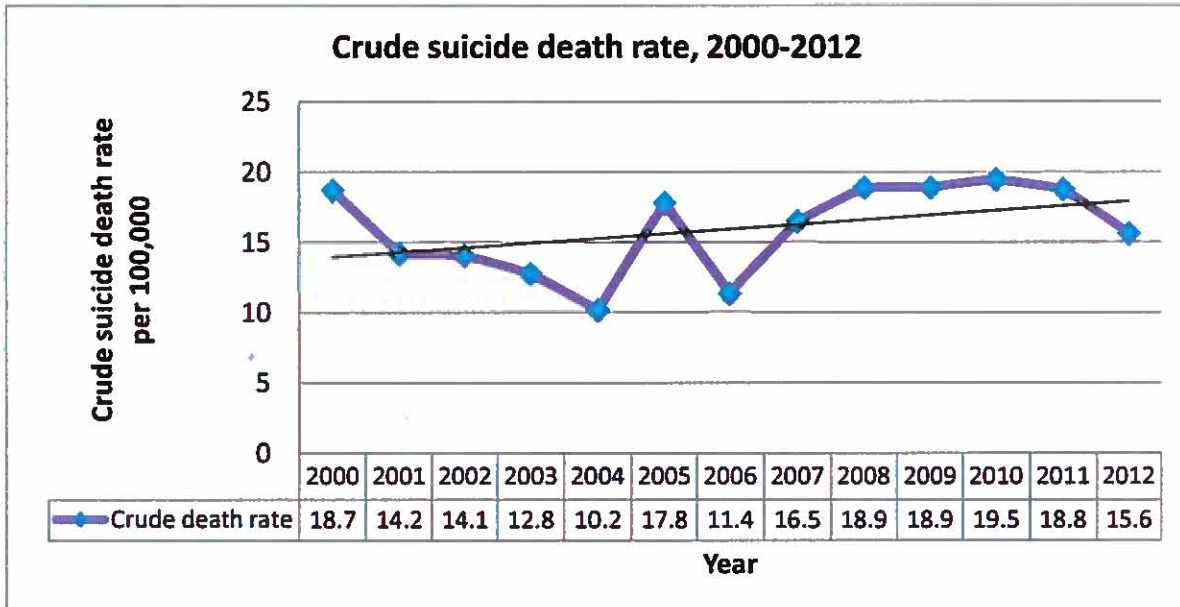


Currently, Guam's SEOW is considered the definitive authority on substance abuse epidemiology on the island. Its data products are readily acknowledged as comprehensive community resources, and its work has consistently influenced substance abuse policy and decision-making for program development, prevention resource allocation, and services delivery.

Guam's PEACE Plan recognizes the importance of data surveillance and monitoring and data-driven decision-making for setting targeted priorities, allocating resources and building and sustaining local capacity for prevention. It also acknowledges that while local data represents the realities of conditions of substance abuse and poor mental health on the island, it does not draw attention to the cultural practices and strengths of individuals, families and the broader community of Guam which will be an important and necessary aspect of effective, strategic planning for Pacific Islanders.

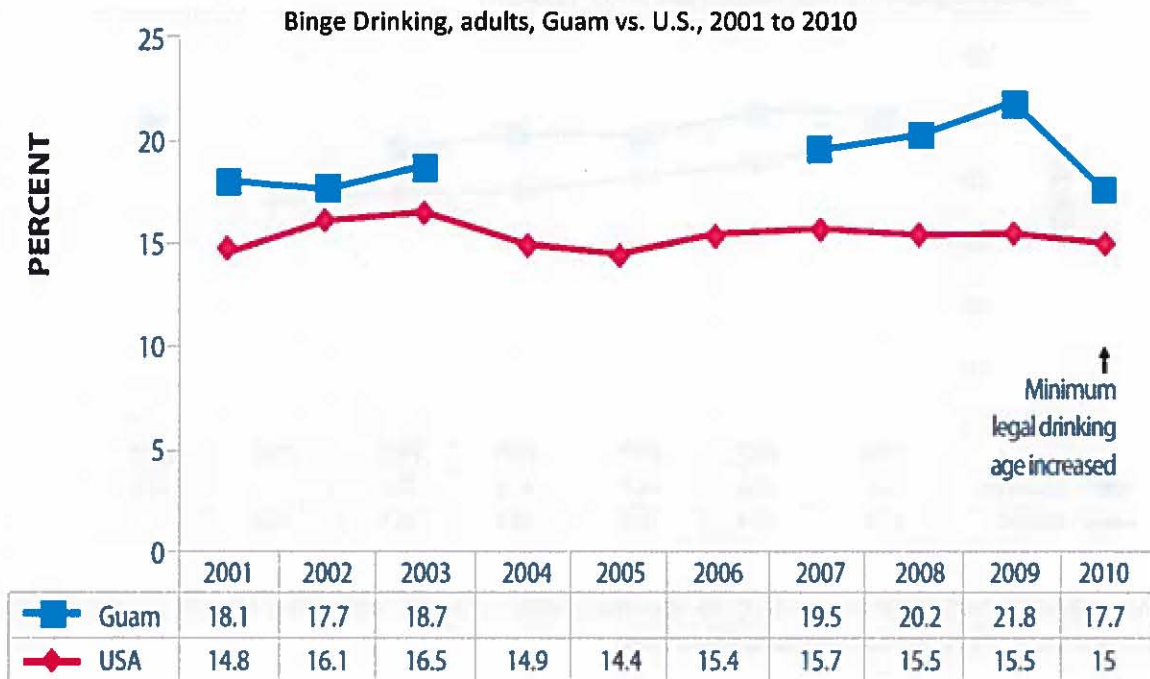
Prevention Infographics (Appendices B-G) highlighting the following excerpts from Guam's 2012 Epidemiological Profile have been developed and widely distributed in the community. Each number in the profile represents a person whose life has been negatively impacted. This person comes from a family who has also been affected and is a neighbor to other community members in a village on Guam.

Suicide remains prevalent on Guam, with an average of 1 suicide death occurring every 2 weeks. Guam has a suicide death rate of 15.6 per 100,000 inhabitants. This is the first significant decrease in 6 years.



Suicide deaths are highest among youth and young adults, with 57.5% of all suicide deaths occurring in those under the age of 30 years. Micronesian Islanders, particularly Chuukese and Chamorros are significantly over-represented in suicide deaths.

Alcohol is implicated in almost one-fourth (24%) of suicide deaths in 2012. Almost 1 in 5 adults and 1 in 7 youth are binge drinkers in Guam. Binge drinking among Guam men is about 3 times higher than women in Guam.



Binge drinking is highest among younger adults (<45 years). Among youth, girls are drinking as much as boys and Chamorro youth have the highest rates of alcohol consumption.

1 in 5 adults have tried using marijuana and 17% are current users. Among youth, nearly 1 in 3 are current users of marijuana. Lifetime and current marijuana use are higher among Guam's youth than among U.S. youth in general.

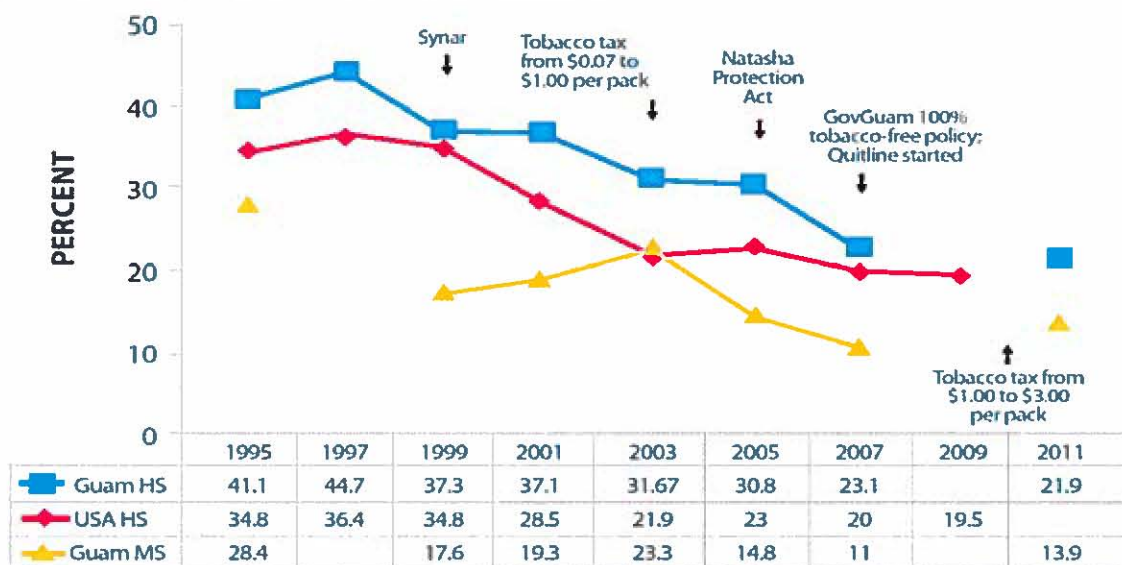
Lifetime marijuana use, high school, Guam vs. US, 1999-2011



Among adults, males are more likely to use marijuana. Among high school students, marijuana users are more likely to be male and Chamorro.

About 1 in 3 adults in Guam is a smoker. Among youth, 1 in 5 smokes. Guam's smoking rate is higher than most US States and Territories; this has remained unchanged since 2001.

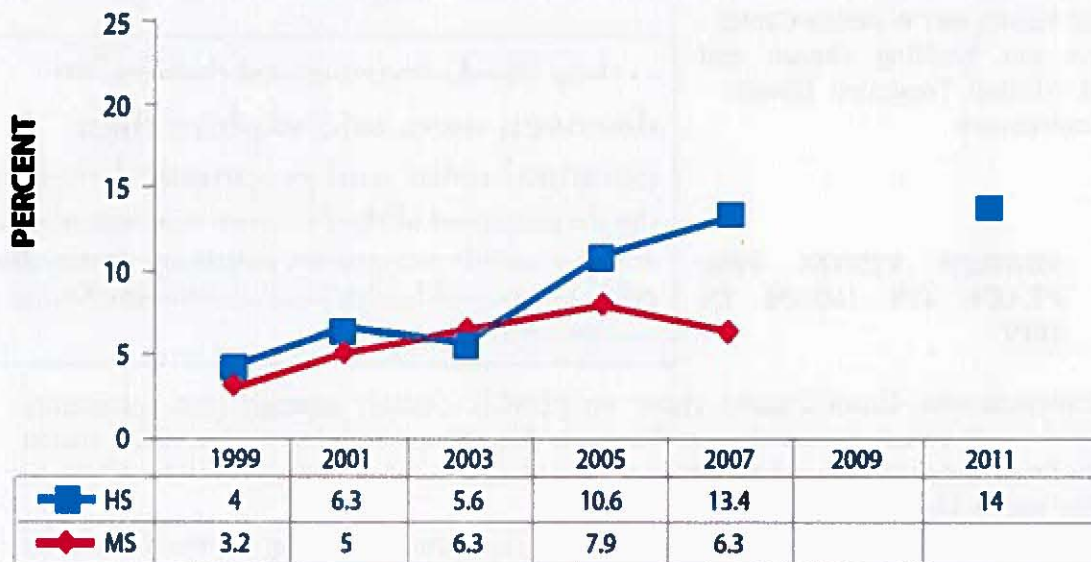
Current smoking, high school and middle school, Guam vs. US, 1995-2011



Among adults, men smoke more than women. Among youth, girls smoke as much as the boys. Women in Guam smoke more than men in the U.S. Smoking is reported more frequently among the poor and the less educated. Chamorros have the highest smoking rate, followed by other Micronesians.

Smokeless tobacco use is rising for both adults and youth. The practice of chewing tobacco with betel nut is gradually increasing in Guam.

3. Smokeless tobacco use, high school vs. middle school, Guam, 1999-2011



Current smokeless tobacco use among adults increased from 4.2% in 2009 to 6.9% in 2010. Among high school students, smokeless tobacco use increased from 6.3% in 2001 to 14% in 2011.

Assets and Resources

The greatest prevention resource that exists on Guam is the people of the island with the diverse cultures, values and practices that are the strengths from which positive changes can be experienced and sustained. It was evident during the 2013 GOPEACE event that Chamorros, Chuukese and other Pacific Islanders, youth and adults, community volunteers and leaders from the three branches of government can respectfully and with a purpose come together to be part of the change in prevention planning for 2019. This GOPEACE community and partners represented the NCD (Non-Communicable Disease) Consortium, Governor's PEACE Council, Guam's SEOW, Youth for Youth LIVE! Guam, Just Say No Dance Crew, GALA (Guam's Alternative Lifestyle Association), Department of Education, Guam Legislature, Guam Memorial Hospital, Guam State Rehabilitation Council, Guam Youth Congress, Oasis Empowerment Center, Salvation Army, St. Paul Christian Center, Guam Community College, University of Guam, Island Girl Power, Ayuda Foundation, Southern Christian Academy, Department of Youth Affairs, Department of Public Health and Social Services, Victims

Advocate Reaching Out (VARO), Sanctuary, Inc., Guam Police Department, Guam Customs and Quarantine, Self Advocates in Action (SINA), Department of Veteran Affairs, Christian Life Center, Protection and Advocacy for Individuals with Mental Illness (PAIMI), Judiciary of Guam, Health Services of the Pacific, Taotao Lagu, FSM Church Leaders Association of Guam, Bento Chef, Mayors' Council of Guam, Guam National Guard – Counterdrug Program, Pohnpeian Youth, LifeWorks Guam, DISID (Department for Integrated Services for Individuals with Disabilities), Guma' Mami, Inc., American Cancer Society, Archdiocese of Agana, Board of Education, Campus Crusade for Christ, Center for Family Development, Catholic Social Services/Community Habilitation Program, Department of Parks and Recreation, Goodness Zero Down, Greenlight Media Productions, Guam Center for Independent Living, and Guam Behavioral Health and Wellness Center - Prevention and Training Branch and Drug and Alcohol Treatment Branch – staff and consumers.

...help island community stakeholders “to discover, own, and explore their personal roles and responsibilities” in the development of the five-year strategic plan to address suicide prevention, substance abuse, and other behavioral health issues within the Guam community.

II. SHARED VISION FOR PEACE ON GUAM IN 2019

Consistent with Guam's stated vision for PEACE, Guam's strategic plan community stakeholders' involvement produced more focus on this vision; bringing GOPEACE's shared vision into focus, the following enhanced vision was identified for what Guam will *look like, be like and feel like* in 2019:

“We see an island community empowered and committed to making informed decisions towards a healthier (mental, physical, spiritual) future for ourselves and others on Guam; accepting of our diverse cultures, embracing our spirituality and ancient wisdom, empowered by Kina ‘Ole and the active support of our leaders and government systems to provide a safe and sustainable environment for all of Guam.” Kina ‘Ole is a belief of the Hawaiian people that means doing the right thing, for the right reason, with the right attitude, to the right person, with the right intention the very first time. This was shared during GOPEACE which the participants related with.

This enhanced shared vision statement blends the major themes that emerged from the stakeholders engagement process that involved the participation of many sectors of the Guam community. The participants, when asked what they want Guam to look like, be like and feel like by 2019, sharpened their shared vision to the following major categories:

- ❖ **Health and Wellness:** *There will be quality choices for health and wellness care that are affordable and accessible.*
- ❖ **Safety:** *There will be personal and public safety and involvement, island wide.*
- ❖ **Culture and Spirituality:** *There will be a higher level of awareness, sensitivity and acceptance of the various cultures on Guam and the spirituality that is our foundation.*
- ❖ **Infrastructure and Leadership:** *Our leadership will be engaged providing needed laws or policies to support our vision. We will have strong partnerships and collaboration and a vibrant and prosperous economy.*

- ❖ **Education and Empowerment:** *Education will empower our people. Our people will enjoy healthy lifestyles and healthy relationships because of their education and understanding of their place and importance to this community.*
- ❖ **Environmental Stewardship:** *Guam will be a sustainable environment and our community will embrace our role as stewards to protect and cherish this beautiful island.*



III. UNDERSTANDING GUAM'S CHALLENGES AND OBSTACLES

The beauty of GOPEACE's vision for Guam in 2019 begs the question, *'what prevents us from achieving this wonderful vision?* Every strategic plan must be tempered in reality by taking an open, honest and candid assessment of the challenges that exist and the obstacles or contradictions being experienced. Guam's PEACE planning team sees this as one of the most crucial steps that must be addressed as part of the necessary action steps for developing a solid, achievable plan. In doing so, the PEACE planning team asked the GOPEACE community of stakeholders to help answer this question: *"What are the obstacles or challenges that stand in our way and prevent us from achieving our shared vision for Guam?"* Their responses reveal the depth of understanding that the solutions to our challenges must come from the wisdom and resources of our own community.

A brief summary of those major or root causes behind known and perceived challenges are provided below:

Monthly outreach activities throughout all nineteen village districts are needed to initiate and/or strengthen contact with families and community leaders to raise awareness about existing behavioral health care and primary health care programs and services available if they need them. Meetings, trainings and other gatherings held brought directly into each village will make accessibility and participation in these planned events more realistic. Stakeholders expressed missed opportunities to attend events that are hosted outside of their village residence, for lack of transportation, hesitancy to meet with individuals who are unfamiliar to them and who may not be from the same residential area, or are from a different ethnic group and who may not speak their language.

Community trainings offered on substance abuse and suicide prevention and postvention, anger management, stress management, and mental health promotion, for example, must include members from each distinct major ethnic group on Guam who are minimally represented. Additionally, Chamorro, Chuukese, Pohnpeian, Palauan, and other Pacific and Asian Language-speaking leaders in the villages who serve these and other Micronesian people must be trained as trainers. These leaders and other persons of influence who not only speak English, but also their native tongue will more likely be received by people from within their cultural groups because of their personal and cultural relationships. Community training includes participants who speak Chuukese or other Pacific languages and are asked to assist with translating or interpreting in their language what is taught in English. Rather than relying on the assistance of co-participants to do this, training trainers from these various ethnic groups and organizations who serve them would minimize language barriers and increase involvement and skills in behavioral health trainings.

Increase educational print and electronic media campaign products using respected and influential community members from the different Pacific Island groups who set an example as individuals and families who make deliberate and purposeful choices to improve their lives. Most educational products are in English only and placement of these products that are developed to inform and invite interest and participation are in lower trafficked areas by various ethnic groups for which services and programs are intended.

Island leaders and decision-makers are entrusted with being committed partners to lead the way in embracing and carrying forth the community's vision for PEACE, reinforcing partnerships and commitments, building on the grassroots movement to **be part of the change** and being accountable to the vision the community wants to achieve.



IV. IDENTIFYING GUAM'S STRATEGIC PILLARS FOR SUCCESS

GOPEACE community stakeholders generated proposed strategies and action steps that would help with overcoming identified barriers and challenges. These strategic pillars for achieving success with PEACE efforts are:

- ❖ **Empowered Youth:** *Engage and empower our youth: Providing a safe and healthy future for our youth;*
- ❖ **Effective Communication:** *Implement a social media and communications plan that is inclusive and culturally responsive;*
- ❖ **Strong Leadership:** *Demonstrating strong leadership through integrity, transparency, and follow-through;*
- ❖ **Grassroots Engagement:** *Foster community involvement through meaningful outreach, inclusion and engagement with all communities;*
- ❖ **A Safe and Healthy Environment:** *Securing a sustainable, healthy environment for Guam*

V. DISCUSSION OF GUAM'S CAPACITY TO ADDRESS STRATEGIC PILLARS FOR PEACE

Partnerships among public, private, non-profit organizations and volunteers continue to be strengthened particularly among existing consortiums. Collaborative work among members of the Governor's PEACE Council/SPE Consortium and the Guam Non-Communicable Disease Consortium resulted in the development of complementary, strategic action steps for: 1) assessing Guam's resources; 2) building local capacity; 3) comprehensive

and targeted planning to empower individuals and communities to adopt healthy lifestyles through proper nutrition, increased physical activity, promotion of good mental health, and prevention of risk behaviors such as with the use and abuse of alcohol and tobacco; 4) developing mini action plans and steps for implementing identified goals and objectives to include researching current health related policies and assessing local capacity in the behavioral health and primary care field; and 5) evaluating all roadmap processes undertaken among PEACE and NCD consortium members and implementation outcomes.

During the monthly meetings of the PEACE Council/SPE Consortium and community stakeholders, a community participatory research process was conducted, whereby meeting participants engaged in four-part planning discussions to assess existing resources, identify data gaps, determine targeted priorities and list strategic action steps that would move towards the realization of Guam's PEACE Enhancement goals.

To bridge the prevention infrastructure with the mental health system of care, Guam's SPE for PEACE initiated systematic linkages between Guam's substance abuse and mental health infrastructure, highlighting the connection between tobacco use, alcohol abuse, mental illness and suicide risk. Through monthly community stakeholders meetings held, participants discussed what they knew and understood about current systems and services, as well as available resources and gaps for meeting the demand for behavioral health services throughout the continuum of care; prevention, early intervention, referrals, treatment and follow-up. In each

... "to become change agents, community developers, and leaders" in the community's prevention efforts

meeting, stakeholders contributed **initial recommendations** upon review of the following SPE Mini Action Plan narratives:

1) Data Collection, Analysis and Reporting (Appendix H) – There exists data gaps with information collected from the military community, youth in private schools and LGBTQ population. Action steps to address this need include recruitment of key representatives to serve on SEOW and establishment of formal agreements for developing uniformity in instruments and processes that will be used for data collection, analysis and reporting. The outcome of this partnership will result in enriched updates of Guam's Substance Abuse Epidemiological Profile and A Profile of Suicide on Guam that would be mutually beneficial among data contributors and for data-driven decision making and setting targeted priorities.

The PEACE Council representatives for faith-based organizations support the identified need for conducting the YRBS in private catholic schools. Although the challenge regarding military data remains, efforts are underway to link with the Guam National Guard, where young men and women of Chamorro and Micronesian descent have enlisted for military service. A representative from the Guam National Guard has joined and participates in SEOW planning sessions. Additionally, Guam officially organized a team who participated in the 2013 SAMHSA-sponsored Policy Academy for Service Members, Veterans, and their Families (SMVF). The draft SMVF Plan for Guam (Appendix L) is also referenced in the work of PEACE.

The input and recommendations provided during this meeting with stakeholders to enhance Guam's data system are reflected in this Action Plan. Stakeholders are in agreement that at present, the infrastructure linkages between substance abuse and mental health are tenuous, and project/program-specific. Strategic reorientation of the existing prevention infrastructure to connect and align with the island's mental health and substance abuse treatment infrastructures need to be addressed. This will permit better coordination of data collection, analysis and reporting for the entire spectrum of behavioral health care. More effective evaluation strategies will be developed to include this broad-based, holistic perspective.

2) Coordination of Services (Appendix I)– There are numerous Guam prevention resources, programs and activities for promoting healthier lifestyles, substance abuse and suicide prevention, early intervention and referrals for treatment. SPE planning stakeholders acknowledged Guam's PEACE priorities, reviewed available services and resources, and identified areas that needed to be strengthened in order to improve services coordination and to address perceived barriers to coordinating, collaborating and leveraging needed prevention resources. The recommended priorities for coordinating services better will be focused on *mental health of the Guam-based military personnel and their families, followed by mental health promotion among Guam's youth and the LGBTQ community.*

To address identified gaps in the coordination of prevention services on Guam, PEACE will strengthen and maintain ongoing communications in order to expand community partnerships in prevention and to ensure responsiveness and effectiveness with serving high need groups. Additional community partners who can successfully engage and connect with the military community and influence Chamorro and other Micronesian youth and young adults, and the LGBTQ community will be invited to join the PEACE Council and SEOW. They will be able to voice specific needs of the entities they represent; participation will strengthen resource and funding coordination and allocation to assist with prevention capacity building within these high need groups.

Coordinated planning and implementation of services is to be enhanced by leveraging personnel services and expertise for workforce development, infrastructure capacity building and development of local resources. Workplace policies and programs that are responsive to employees' identified needs with respect to mental health promotion and substance abuse prevention, early intervention and referrals for treatment will be developed.

Collaboration with local, regional, national and international organizations who share similar goals and objectives for healthier Pacific peoples and communities will continue (i.e. PEACE Council, Non-Communicable Disease Consortium (NCD), Service Members, Veterans and Families (SMVF) Planning Committee, Pacific Behavioral Health Collaborating Council (PBHCC), Pacific Islands Health Officers Association (PIHOA), Pacific Islands Mental Health Network (PIMHNet), Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL), National Asian Americans Against Substance Abuse (NAPAFASA), National Prevention Network (NPN), CADCA and the World Health Organization (WHO), including funding streams and programs that are directed at communities, coalitions and public/private sector organizations relative to substance abuse and its consequences.

3) Technical Assistance and Training (Appendix J) – As the existing prevention infrastructure is strategically reoriented to connect and align with the island's mental health and substance abuse treatment infrastructures, T/TA coordination of mental health promotion, substance abuse prevention and early intervention services, as part of the entire spectrum of behavioral health care will improve. With an eye toward accountability and improvement, T/TA strategies will be developed, refined and put in place to more effectively encompass measurements of effectiveness in this broad-based, holistic perspective. When possible, the PEACE Council leverages funding and personnel support across its member organizations, highlights the potential use of tobacco tax revenues earmarked for Guam's Healthy Futures Fund and pursues grant opportunities to support PEACE efforts.

To address identified gaps in Guam's technical assistance and training system, PEACE will expand community partnerships (i.e. Chamorro and other Micronesian youth and young adults, LGBTQ and the military) in prevention to ensure responsiveness and effectiveness with serving high need groups.

Local prevention policies that call for the use of the Strategic Prevention Framework 5-step process (Assessment, Capacity Building, Planning, Implementation and Evaluation) will result in the desired prevention outcomes for the people of Guam. The island's data-driven priorities and community needs will be clearly understood and justified. Services providers will be empowered with knowledge, skills and resources, and effective prevention and early intervention policies, programs, and practices will be implemented.

Given the limitation of funding and resources, duplication of efforts or working in silos will be minimized. T/TA services will be enhanced through the leveraging of personnel services, workforce development, infrastructure capacity building and development of local resources. Workplace policies and programs that are responsive to employees' identified needs with respect to mental health promotion and substance abuse prevention, early intervention and referrals for treatment will be developed. Training of trainer programs, certification of prevention specialists and employee assistance program managers in an identified evidence-based workplace program will be institutionalized.

4) Performance Evaluation (Appendix K) - In an attempt to gauge the effectiveness of the PEACE input planning process, a self-report survey was developed to generate perceptions and insights from stakeholders for a two-month period, from August to September 2012.

Twenty-seven (27) stakeholders completed this evaluation tool. The study results indicated that PEACE stakeholders are committed constituents who have the island's best interest in their minds and hearts. A majority of these respondents who took part in the PEACE community stakeholder sessions would volunteer to refine and strengthen the written action plans, if certain barriers (such as workload and time constraints) did not exist. Their primary goal is to see the development of a 5-Year Comprehensive State Prevention Plan for PEACE that incorporates constituent and community input, and builds on evidence-based programs, practices, and policies that are already in Guam's prevention system. They were certain that Guam's PEACE Plan will serve as a significant and critical guide for these constituents in their respective agencies as they serve Guam's youth, adults, and other special populations.

Through their survey participation, the stakeholders expressed their commitment to prevention work, which included discussion on the significance of prevention planning evaluation. It was therefore necessary for participants to review current data collection systems and survey instruments used by government entities and non-profit sectors on Guam. As shown in Appendix M, the specific areas identified where robust evaluation is taking place are among youth and adult programs, with notable gaps in special populations, like the military, LGBTQ, and service providers. A category of "Other" to encompass traumatized, homeless, PTSD, and "shadow people" was also discussed as part of the gap identification process in relation to program evaluation. Consequently, a comprehensive evaluation process was considered with emphasis on these characteristics: systematic, integrated, and holistic. All the stakeholders were in agreement that the overall intent of evaluation is to determine program efficiency (i.e., process evaluation) and effectiveness (i.e., outcome/impact evaluation) of specific programs on Guam that address substance abuse and mental health promotion. The sharing of best practices in evaluation was agreed upon as a critical movement away from silo-entrenched evaluation practices on the same priority areas engaged in by both government and non-profit sectors of the prevention care network on island. The group envisioned the development of a statewide data center that would serve as the repository of all evaluation activities that would move all stakeholders closer toward greater accountability and improvement of all prevention-related programs on Guam under their purview.

Also out of this discussion, a comprehensive evaluation framework emerged as a critical need. This mini plan describes the following framework evaluation components that is needed (to provide a consistent, systematized, cyclical approach for planning and conducting evaluation processes in Guam's prevention system of care and services):

1. The methods used for conducting the evaluation;
2. The process for collecting, managing, and analyzing data that is reliable and trustworthy;
3. The process for interpreting data and disseminating information; and
4. The process of performance improvement as a result of evaluation findings.

Evaluation of Guam's 2014-2019 PEACE Five-Year Strategic Plan will use both *formative* and *summative* evaluation processes in order to determine the success in achieving the Strategic Plan's stated goals and objectives and that will generate quantitative and qualitative data for analysis.

Significant groundwork has been accomplished to improve Guam's ability to gather and report on federally required performance measures. Much of the credit goes to Guam's current SEOW leadership, as it has developed and fostered relationships with various gatekeepers in

order to facilitate data management procedures, to include data collection, analysis, reporting, and dissemination. For instance, GBHWC has technical agreements with the Department of Youth Affairs and Sanctuary, Inc. that provide for the adoption of standardized questions from the Youth Risk Behavior Survey into the screening battery in these organizations. As a prime example of data partnerships, this arrangement allows for meaningful comparisons in consumption and risk factor data between in-school and court-involved youth. To address identified data gaps, existing surveillance systems on Guam have been used to collect National Outcome Measures (NOMs) not previously collected. For example, a Memorandum of Understanding has been entered into by GBHWC and the Department of Public Health and Social Services to utilize Guam's Behavioral Risk Factor Surveillance System (BRFSS) to collect adult required NOMs.

Indeed, efficient and meaningful prevention practice derives its strength from the use of credible data. Guam's SEOW has spearheaded the enhancement of Guam's data infrastructure since 2007 through its institutionalization of a data-driven process that has streamlined the collection, analysis and sharing of critical data to key stakeholders. SEOW, as described in its Charter, aims to unify and integrate the data infrastructure systems on Guam, building on what currently exists. The updated data sets contained in the published versions of the Guam's Substance Abuse Epidemiological Profile (September 2012) and A Profile of Suicide on Guam (August 2012) serve as the baseline data for all the priority areas identified in the PEACE Enhancement grant.

The formative or process evaluation component of the PEACE Plan will measure program integrity or fidelity, adjust program practice, as deemed necessary, and evaluate the implementation plan. The plan also uses process evaluation to assist in the interpretation of the outcome data by identifying the strengths and weaknesses of the program, providing information on intensity and dosage of services, identifying programmatic factors associated with program recipient outcomes, and identifying individual participant factors resulting in differential outcomes. Process evaluation includes the following descriptive elements:

1. Achievement of implementation goals and objectives;
2. Description of target population (demographics and other relevant characteristics);
3. Integrity, fidelity and adherence in the implementation and utilization of the selected evidence-based practices; and
4. Participant perceptions of overall program quality, program staff, and service delivery.

This evaluation framework systematizes data collection strategies and tools to gather relevant data that will ensure that evaluation processes will weave through all prevention activities, as outlined in the Data Collection, Analysis and Reporting Action Plan. The process evaluation component documents and monitors the prevention process by assessing the work of the GBHWC Prevention and Training Branch staff, the Governor's PEACE Council and SEOW in achieving Guam's prevention goals and objectives. It also measures the extent to which the State Prevention Enhancement funding and related activities stimulate positive infrastructure and system changes and improve the effectiveness of prevention services delivery in the community.

Performance improvement is a critical component to ensure that Guam's PEACE Plan is being implemented as intended, providing quality services, and attaining expected outcomes. This entire mini action plan utilizes a structured **Plan-Do-Study-Act** or PDSA strategy (Deming, 1993) and the following processes:

1. Identify and describe the deviation or unexpected outcome;

2. Generate a fishbone diagram to define all possible causes;
3. Collect data to correctly identify the cause related to the problem and pinpoint the area for intervention; and
4. Implement a corrective action to address the gap; and
5. Collect monitoring data to determine the effectiveness of the corrective action.

In addition, the process evaluation documents the procedures used to carry out the services, the problems encountered as well as the respective solutions. It also analyzes the degree to which the original design was followed.

Measuring the impact of a program's effectiveness requires the analysis of quantitative or qualitative data, or a combination of both, where appropriate. Depending on the research design, a variety of methods and tools that may be used to assess outcome effectiveness include surveys, document review, pretest-posttest measures, key informant interviewing and focus groups, among others. Through the use of appropriate instruments, and training necessary to utilize them, outcome-based evaluation under each of the mini plans addresses the success of the PEACE Plan in attaining its desired outcomes.

The effectiveness of a coordinated system of prevention activities and services in increasing knowledge and awareness among youth and adults in the consequences of alcohol, tobacco and other drug use and abuse, suicide prevention, workforce training, as well as the development of legislative policies affecting these issues and most importantly, the evidence, through quantitative and qualitative data indicators that support these improvements, remain to be the overarching goal of the PEACE Plan.

Yearly evaluation reports will be developed and disseminated to all State and community stakeholders. Furthermore, an annual Gathering of Pacific Islanders for PEACE (GOPEACE) Conference will be held in order to highlight and showcase significant progress made in terms of formative and summative evaluation of prevention-related programs island-wide. The analysis of measures and indicators described above will also be included in the annual Guam Substance Abuse Epidemiological Profile to make modifications, or support changes occurring in alcohol consumption and consequences, as well as the active promotion of mental health on Guam.

VI. GUAM'S ENHANCED LOGIC MODEL FOR PEACE

The new look of Guam's Logic Model for PEACE reflects the Latte Stone, a symbol of the indigenous Chamorro culture that reflects a rich cultural heritage in the Pacific whose strength and pride centers on the foundation of accepted responsibility for taking caring of one another. The Chamorro culture, like most other Pacific Island cultures builds upon the concept of "*we-esteem*" and not "*self-esteem*", whereby individuals, families and the broader community works and lives interdependently and not independently. All belong to this One Nation of Pacific peoples who give generously in support of one another as part of daily living and by providing resources and help especially during times of need and crisis.

PREVENTION EDUCATION AND COMMUNITY EMPOWERMENT LOGIC MODEL



VII. PILLARS FOR PEACE PLAN IMPLEMENTATION

During Guam's August 2013 Gathering of Pacific Islanders for PEACE, two hundred youth and adults actively participated in facilitated discussions about what the meaning of PEACE (Prevention Education and Community Empowerment) is to them, what their vision for Guam in 2019 was, and what they felt were important and necessary strategies and actions that must be included in Guam's 5-Year Comprehensive PEACE Plan in order to achieve their shared Vision for Guam in 2019. Key planning

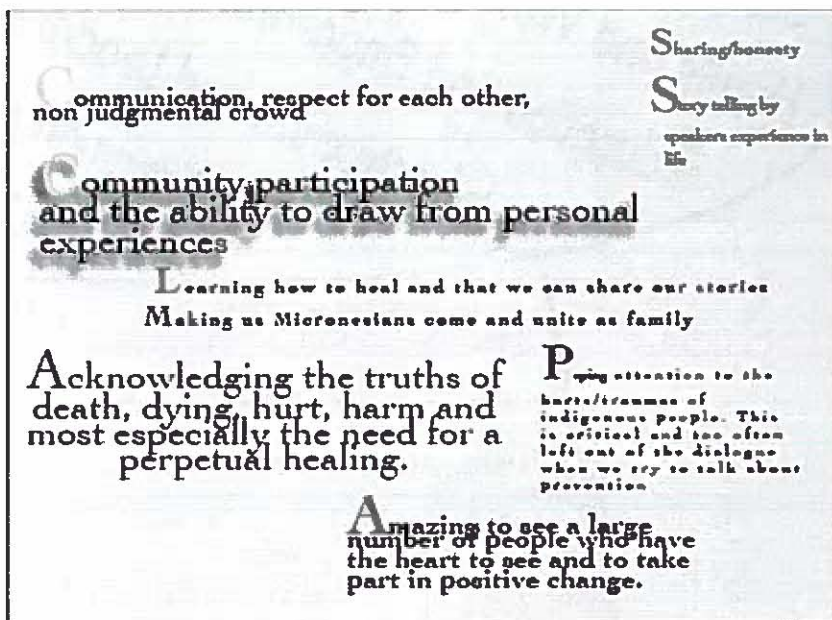
areas upon which GOPEACE stakeholders focused on for enhancing Guam's prevention and early intervention services include attention to: Culture, Safety, Health, Infrastructure, Education and the Environment. The majority felt strongly that PEACE efforts needed to help build a foundation of awareness and acceptance of the diverse groups of Pacific Islanders who live among the indigenous Chamorro people of Guam. Their common principles and cultural values of respect and spirituality as peoples of the Pacific are the strengths upon which important relationships and partnerships will be built for PEACE. GOPEACE participants also felt strongly that a safer, clean and healthier ecosystem was critical to fostering and sustaining positive behavioral health among the people of Guam. A holistic approach for improving Guam's infrastructure, human services system and public safety is needed and thereby requires true collaboration and active participation from spiritual and cultural leaders, elected government officials, primary and behavioral health care providers, agriculture and aquaculture resources, educational institutions, law enforcement, private businesses, youth, parents and families.

Specific 5-Year PEACE Plan strategies and action steps were proposed as follows:

1. **Empowered Youth:** Engage and empower our youth - providing a safe and healthy future for our youth.

The youth identified education excellence as a foundation step towards success in their lives. With formal education, opportunities would be more realistically available to help them achieve personal, family and community goals; to be part of the change that includes perpetuating the cultural values, beliefs, strengths and practices among the Pacific Island cultures.

Strategies	Action Steps	Projected Timelines
Strengthen and enforce local policies regarding official youth representation on official Government of Guam Boards,	Research existing local policies and youth representation. Promote inclusion of youth and diversity	Year One – 1 st Quarter



Councils and Committees, as well as government-funded organizations that serve youths' interests.	in their representation from ethnic groups, military, and LGBT. Generate recommendations and nominations of individuals for official submission.	
Increase number of youth on Guam certified as trainers in behavioral health-related prevention trainings.	Identify youth who meet the age criteria to become certified trainers in prevention courses such as Substance Abuse Prevention Skills Training (SAPST), Applied Suicide Intervention Skills Training (ASIST), safeTALK (Tell, Ask, Listen, Know), Gathering of Native Americans (GONA), Connect – Suicide Post-Vention Training, Mental Health First Aid (MHFA). Develop formal Agreements between GBHWC and youth or youth organization indicating commitment to receive training certification and to conduct training for their peers as needed.	Year One – 4th Quarter
Develop prevention media campaign materials (print and electronic) with youth, for youth.	Identify youth mentors and role models in prevention who are potentially influential with their peers and who represent cultural and ethnic diversity. Conduct focus groups and other activities involving youth who will help develop media concepts, designs, product development and distribution plan.	Year One 3 rd Quarter
Increase diversity of youth representation and participation in youth leadership programs and events.	Develop and strengthen partnerships by including organizations who serve youth such as Youth for Youth Live Guam, Just Say No Dance Crew, Sanctuary, Inc., Guam Alternative Lifestyle Association (GALA), public and private schools, faith-based organizations. Recruit youth who are underserved and who may be at greater risk for self-harm and substance use/abuse to participate in island wide prevention programs and services that offer knowledge, training, resources and support.	Year One 2 nd Quarter

Increase opportunities for student internships in prevention programs as well as pre-employment education and training in the behavioral health field and other career fields of interest.	Promote “stay-in-school” messages to encourage students to complete high school graduation requirements. Encourage applicants for Prevention Fellowship Programs such as what is offered by SAMHSA/CSAP. Promote student registration for established behavioral health courses at the Guam Community College.	Year One 4 th Quarter
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2. Effective Communication: Implement a social media and communications plan that is inclusive and culturally responsive.

Community stakeholders find media campaign messages more relatable and effective when a personal story is told and by a person who is familiar and respected from their community, and in their primary language and form of communication.		
Strategies	Action Steps	Projected Timelines
Establish a working group for media campaign plan development with 12-15 individuals who represent youth and adults from various cultural backgrounds and professions.	Invite members from known cultural groups and organizations to include GOPEACE participants. Orient group members to PEACE work and resources that have been developed such as the Epidemiological Profiles on Substance Abuse and Suicide and Info graphics. Develop framework and prevention focus for media campaign theme, audio and visual products, targeted populations and communities and dissemination. Develop a process for soliciting and receiving community feedback.	Year One 2 nd Quarter
Maintain and enhance social media and marketing resources for PEACE.	Assess current utilization rates of www.peaceguam.org website. Increase the number of informative website links to other community resources such as the NCD consortium and committees that promote overall health and wellness.	Year One 2 nd Quarter

Adhere to CLAS (cultural and linguistically appropriate services) standards in all media campaign materials development.	Assess special needs of individuals who may be involved in PEACE events who are visually, hearing or physically impaired and require special accommodations or training resources (such as ASIST workbooks in Braille). Obtain needed resources and technical support for the conduct of trainings and/or the effective delivery of prevention services.	Year One 2 nd Quarter
Develop an annual master calendar for training and other prevention-related events for improved coordination of T/TA services and advanced participant planning.	Solicit information from public and private organizations on planned trainings that may be of interest to PEACE. Include relevant trainings on a PEACE Master Training Calendar and make available on www.peaceguam.org or distribute via e-mail and post hardcopies in key community spots.	Year One 1 st Quarter

3. Strong Leadership: Demonstrating strong leadership through integrity, transparency, and follow-through.

The 2013 GOPEACE was attended by a significant number of *natural born* leaders who represent people from their ethnic and cultural groups, civic/social and faith-based organizations, school and village communities, youth and parent organizations, and persons in recovery who now mentor and inspire others. Leaders among Pacific Islander groups are respected, trusted and counted on to voice concerns of those who may be underserved, underrepresented and/or misrepresented.

Strategies	Action Steps	Projected Timelines
Provide opportunities for trainings in effective leadership and mentoring in behavioral health.	Identify and recruit natural leaders from within the Chamorro, Chuukese, Filipino, and other Pacific Islander and Asian communities, and consumers in recovery and/or being served by established health and human services such as GBHWC, DISID and Guam Legal Services. Identify and conduct evidenced-based leadership training programs that is culturally based and that will enhance CLAS adherence and competence. Facilitate village-based Gathering of Pacific Islanders events utilizing the GONA curriculum.	Year One 2 nd Quarter

Strengthen and/or establish policies and programs that acknowledge, support and utilize traditional and grassroots leaders in community development initiatives that address social issues.	Identify community leaders and champions who can be prepared to lead in community-driven initiatives. Review identified community needs, challenges and obstacles that have been raised during 2013 GOPEACE event. Prioritize community needs and align with existing resources. Assess public policies and programs that exist for the purpose of meeting a specific community need. Develop specific strategies that address identified challenges and obstacles and list recommendations for improving services (i.e. public transportation and access to services). Provide advocacy trainings for raising awareness about social issues and effectively educating policy makers from the grassroots' perspective and experience. Include in government Boards, Councils and Commissions official stakeholder representation from ethnic groups.	Year Two 1st Quarter
Develop confidence and competence among leaders in each village on the use of Guam's data to inform and educate people in the grassroots community.	Identify key village representatives who are interested in learning about Guam's Epidemiological Profiles and the use of substance use and suicide data to inform and guide in decision-making processes. Conduct semi-annual meetings with village representatives to discuss data-driven, community-driven strategies for prevention and early intervention. Develop strategies for distributing PEACE Info graphics to keep the general public aware of local data and the current state of affairs. Include in annual Gathering of Pacific Islanders for PEACE conferences sessions on Guam's Epidemiological Profile Updates.	Year One 4th Quarter

Provide opportunities to network and learn from and access local, regional and national organizations and leaders in community development.	Establish and maintain CADCA (Community Anti-Drug Coalitions of America) Membership and attendance in annual conferences. Establish and maintain APPEAL (Asian Pacific Partnerships for Empowerment, Advocacy and Leadership). Solicit membership support and scholarships for leadership training and technical assistance. Maintain working relationship with the Native Aspirations Project for the continued use of the GONA Curriculum and for further training and technical assistance as needed. Attend national conferences and meetings, and participate in relevant webinars. Conduct Annual Gathering of Pacific Islanders (GOPI).	Year One 1 st Quarter
Establish public policy that supports and appropriates funding for the implementation of evidenced-based prevention and early intervention programs for substance abuse and suicide (e.g. GONA, ASIST, safeTALK, Connect, Suicide Prevention Toolkit, Responsible Beverage Servers Training).	Identify laws that direct funding and resources to support prevention Expand and strengthen Guam policies that sustain leveraging of resources and integration of prevention efforts across agencies Draft proposed policies that direct prevention funding to organizations who are oriented to the SPF 5-step process.	Year One 4 th Quarter
Evaluate and change public policies to strengthen support of Guam's best practices and evidence-based strategies for prevention and early intervention programs and services for substance abuse and suicide.	Identify laws that that support evidence-based strategies for prevention and early intervention programs, policies and practices. Expand and strengthen laws that sustain positive outcomes as it relates to local research and funding.	Year one 4 th Quarter
Establish public and organizational policies that support on-going training and technical assistance among behavioral health, prevention and primary care professionals, para-	Assess and utilize local expertise in behavioral health and primary care practices on Guam. Identify and prioritize inter-disciplinary and multi-sectoral trainings and	Year One 2 nd Quarter

professionals, program mentors and coaches.	opportunities for peer mentoring. Establish training programs for certification of prevention specialists and Employee Assistance Program managers in an identified evidence-based workplace program that will be institutionalized. Establish written formal agreements between the Government of Guam and entities trained as trainers to conduct and provide T/TA	
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4. Grassroots Engagement: Foster community involvement through meaningful outreach, inclusion and engagement with all communities.

There has been significant presence and publicity of PEACE information and resources distributed in the media. GOPEACE community members stand ready to assist with the dissemination of media campaign products, program notices and educational materials to ensure that members of their cultural group, village community and diverse networks are informed. A more strategic and direct approach will be taken to effectively deliver these resources into the hands of the grassroots community leaders and members and to increase attendance at PEACE events.		
Strategies	Action Steps	Projected Timelines
Produce and disseminate electronic and print resources to key grassroots community members and leaders.	Recruit key GOPEACE participants to serve as points of contact to receive and distribute PEACE resources in their villages and cultural networks.	Year One 1 st Quarter
Increase representation and diversity of ethnic, civic and cultural groups in PEACE trainings and meetings.	Provide incentives and meaningful educational rewards for community members' attendance. Develop training materials and evaluation processes that would enhance participation, skills development and sustained partnerships. Increase access to public transportation.	Ongoing
Strengthen formal partnerships and written Agreements throughout the PEACE network to collaborate, implement and sustain prevention programs, policies and practices that are true protective factors among	Explore partnerships with agencies, organizations and network that share PEACE's vision and are capable of engaging Chamorro and other Micronesian youth and young adults, LGBTQ and the military.	Year One 2 nd Quarter

Pacific Island cultural values and strengths used in prevention.	Establish written Agreements or membership with identified community-based groups and organizations, public and private agencies Execute written agreements for joint projects and activities.	
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5. A Safe and Healthy Environment: Securing a sustainable, healthy environment for Guam

GOPEACE participants feel strongly that in order to have good mental, physical and spiritual health, the island ecosystem (land, water, air) in which the people of Guam live and must thrive on, must be healthy as well. There is a direct relationship between the environment and an individual's and community's health. The island's natural resources must be protected and safe and to accomplish this, each resident must accept individual responsibility and stewardship for maintaining and sustaining positive environmental actions that impact on behavioral health.

Strategies	Action Steps	Projected Timelines
Research and establish PEACE partnerships with public and private entities charged with environmental issues (e.g. Guam Environmental Protection Agency, Department of Agriculture, University of Guam, the Department of Public Health and Social Services, Department of Parks & Recreation, Department of Land Management, Fish and Wildlife, and others).	Identify common strategies for promoting environmentally conscious campaign messages that raise awareness for personal, environmental and behavioral health. Provide training opportunities for PEACE constituent learning about environmental strategies that can be incorporated into procurement of environment friendly PEACE program resources (i.e. reducing, reusing and recycling waste). Develop joint media campaign strategies and products that influence community stewardship for a healthier island community.	Year One 4 th Quarter

VIII. APPENDICES



OFFICE OF THE GOVERNOR
HAGÁTÑA, GUAM 96910
U. S. A.

EXECUTIVE ORDER NO. 2011-03

RELATIVE TO AMENDING EXECUTIVE ORDER NO. 2003-29 WHICH CREATED THE GOVERNOR'S PEACE (PREVENTION AND EARLY INTERVENTION ADVISORY COMMUNITY EMPOWERMENT) COUNCIL

WHEREAS, the Governor's PEACE Council was created in 2003 and whose appointed members represent the executive, legislative and judicial branches of government, the private sector and community-based prevention advocates charged with the development of policies, programs and practices to address Guam's substance abuse and suicide problems, and to include planning, implementing and evaluating comprehensive evidence-based prevention strategies that result in positive environmental changes; and

WHEREAS, Guam's State Epidemiological Workgroup (SEW), is represented on the Governor's PEACE Council and leads in the collection, analysis, reporting and strategic use of Guam's data to inform and guide decision-making processes for the allocation of funding and resources to promote positive mental health and prevent substance abuse and suicide among targeted priorities; and

WHEREAS, this SEW body of key data gatekeepers will be now known as Guam's State Epidemiological Outcomes Workgroup (SEOW) whose areas of responsibilities are to manage Guam's mental health and substance abuse related data collectively and collaboratively and to facilitate annual Profile updates and data sharing with program and policy leaders and managers in government and the private sector; and

WHEREAS, the PEACE Council endorsed the publications of the Guam Substance Abuse Epidemiological Profile and the Profile of Suicide on Guam (and subsequent updates) which serve as a tool for strategic and comprehensive planning among state and community level mental health and substance abuse prevention and treatment partners; and

WHEREAS, the Governor's PEACE Council and the Guam's State Epidemiological Outcomes Workgroup (SEOW) will be retained with the appointment of key organizational members who will serve to guide and advise the Offices of the Governor and Lt. Governor in strategic prevention framework processes that involve assessment, capacity building, planning, implementation and evaluation steps to ensure that substance abuse prevention, mental health promotion and suicide prevention work is data-driven, culturally relevant, effective and sustainable; and



WHEREAS, our island community recognizes the need to improve the quality of life for the people of Guam, as reflected in a vision of good physical and mental health, long life, and the assurance that basic needs for primary health care and behavioral health services for Guam's residents are met; and

WHEREAS, the Governor's PEACE Council will work collaboratively with the Department of Mental Health and Substance Abuse (DMHSA) and the Department of Public Health and Social Services (DPHSS) to jointly and strategically develop and/or strengthen, comprehensive state plans for mental health promotion and the prevention of substance abuse, suicide, ill health and deaths resulting from non-communicable diseases, via behavioral health and primary health care service systems and within community-based settings on Guam; and

WHEREAS, the Governor's PEACE Council will help to guide and advise DMHSA staff as they facilitate opportunities to strengthen Guam's capacity to create a healthier island community following a strategic prevention framework (SPF) process for planning, implementing and evaluating, culturally relevant, evidence-based programs, practices and policies that build upon the strengths and resources of the people of Guam.

NOW, THEREFORE, I, EDWARD J.B. CALVO, I Maga'Låhen Gudhan, Governor of Guam, by virtue of the authority vested in me by the Organic Act of Guam, as amended, do hereby order that:

1. PEACE now stands for Prevention Education And Community Empowerment and that the PEACE Council shall consist of state and community-level members (not to exceed 25) representing the following:
 - a) Youths between the ages of 15 and 21 (Representing established youth organizations)
 - b) Parents (Representing established parent organizations)
 - c) Healthcare Providers
 - d) Private Businesses (Not Involved in the Alcohol or Tobacco Industry)
 - e) Media Company (Involved in Promoting Good Health)
 - f) Faith-Based Organization
 - g) Civic or Volunteer Organizations
 - h) Military Sector
 - i) State Epidemiological Outcomes Workgroup (SEOW)
 - j) Guam Department of Education
 - k) Department of Youth Affairs
 - l) Emergency First Responders (e.g., Guam Police Dept. and/or Guam Fire Dept.)
 - m) Department of Mental Health & Substance Abuse
 - n) Department of Public Health & Social Services
 - o) Guam Memorial Hospital
 - p) Mayors' Council of Guam
 - q) Superior Court of Guam
 - r) U.S. District Court of Guam – U.S. Probation Office
 - s) *I Liheslaturan Gudhan*, Committee on Health and Human Services



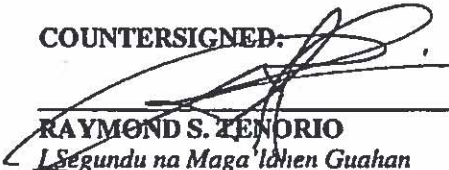
2. Each PEACE Council member shall be appointed by the Governor of Guam and shall serve for a period of up to four years, unless removed sooner by the Governor of Guam, and until the Governor of Guam either formally renews his or her term or replaces him or her with a new, qualified member; and
3. The PEACE Council shall elect a Chairperson and Co-Chairperson from among its members and shall meet bi-monthly to review and revise its By-laws as necessary and to support the State Epidemiological Outcomes Workgroup in meeting its stated goals and objectives; and
4. The Department of Mental Health and Substance Abuse shall remain the lead Government of Guam entity for substance abuse and suicide prevention with the administration of SAMHSA grants and to include the Garrett Lee Smith Memorial Act - Youth Suicide Prevention Grant and the State Epidemiological Outcomes Workgroup Sub-grants and their implementation.

SIGNED AND PROMULGATED at Hagåtña, Guam this 31 day of January, 2011.



EDWARD J. B. CALVO
I Maga'låhen Guahan
Governor of Guam

COUNTERSIGNED:



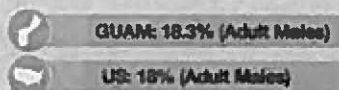
RAYMOND S. TENORIO
I Segundu na Maga'låhen Guahan
Lieutenant Governor of Guam



ALCOHOL

Binge drinking is similar among adults in Guam and the US.

Sources: BRFSS, 2011



WHO IS ABUSING ALCOHOL?



ADULTS



• 1 in 5 adults in Guam is a binge drinker.

Heavy drinking is highest among Chamorros and Caucasians.
Binge drinking is highest among Chamorros and other Micronesians.

YOUTH



• 1 in 7 youth in Guam is a binge drinker.

• Girls are drinking as much as boys.

WHAT IS THE PRICE, AND WHO PAYS IT?



3 of the top 5 causes of cancer death are alcohol-related.

Other Micronesians have almost 9 times the US rate of dying from liver cancer, while Chamorros have over double the US rate.

Close to 70% of all DUI arrests occurred among Guamanians and Pacific Islanders. These groups also have the highest binge drinking rates.

About 1 in 4 suicides involve alcohol abuse.

WHAT WORKS TO REDUCE ALCOHOL ABUSE?



Get Pa'go Cultural Dance Group



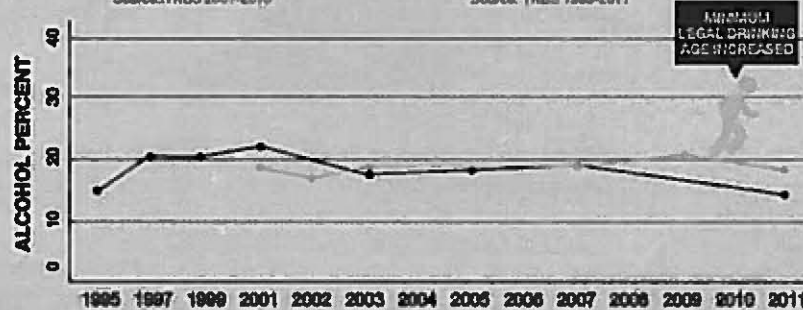
- **Strictly enforce** the minimum legal drinking age law.
- **Raise taxes** further on alcohol products.
- **Promote alcohol-free norms**, like the One Nation campaign

HOW CAN YOU REDUCE ALCOHOL ABUSE?

- In 2010, Guam passed laws to **raise the minimum legal drinking age** and to **restrict the hours of sale of alcoholic products**.
- In 2011, for the first time in several years, **binge-drinking among adults and youth decreased** in Guam.
- **Evidence-based policies** can result in **immediate and measurable decreases** in alcohol abuse.

● Binge Drinking, High School
Sources: YRBS 2001-2010

● Binge Drinking, Adults
Source: YRBS 1995-2011



MINORITY LEGAL DRINKING AGE INCREASED

BINGE DRINKING IN GUAM

ILLICIT DRUGS

MARIJUANA, METHAMPHETAMINE, AND STEROIDS

Lifetime and current **marijuana** use are higher among Guam's youth than among US youth in general.

LIFETIME MARIJUANA USE



WHO IS USING ILLICIT DRUGS?

ADULTS

MARIJUANA

• 1 in 3 adults have tried using marijuana.

• Males, young adults and Chamorros are more likely to use marijuana.

METHAMPHETAMINE

• About 6% reported having used methamphetamines in their lifetime.

Users were more likely to be **MALE**, Chamorro, 25-44 years old, less educated, and to have lower income.

YOUTH

MARIJUANA

• Nearly 1 in 3 youth are current users of marijuana.

• Marijuana users are more likely to be male and Chamorro.

METHAMPHETAMINE

• About 3% of high school students have used methamphetamines in their lifetime.

STEROIDS

• About 3.4% of high school youth have used steroids without a doctor's prescription in their lifetime.

WHAT IS THE PRICE, AND WHO PAYS IT?

- Illicit drug use is implicated in 7% of **suicide** deaths.
- Illicit drug use contributes to **crime**.



HOW CAN YOU REDUCE ILLICIT DRUG USE?

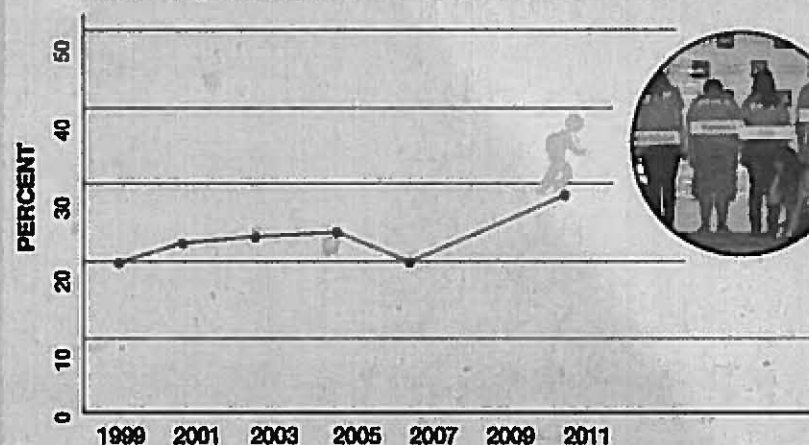
- Research shows that **demand reduction and treatment strategies** are effective in preventing and reducing illicit drug use.



WHAT DO WE NEED TO DO TO REDUCE THE BURDEN FROM ILLICIT DRUG USE?

- Invest in **science-based prevention programs** that target risks and protective factors.
- Expand treatment and recovery services.

CURRENT MARIJUANA USE AMONG GUAM YOUTH



Source: YRBS 1999-2011

PREVENTION WORKS IN GUAM

10 YEARS
OF PREVENTION
(2003-2013)

1,906 PERSONS
TRAINED IN SUICIDE
PREVENTION

ONE
NEW QUILINE

21 YEARS
THE NEW
MINIMUM DRINKING
AGE

6 New laws on
controlling
tobacco and
alcohol use

CURRENT TAX ON A PACK OF
CIGARETTES: UP FROM \$0.07
BEFORE 2003 > \$3.00 IN 2010



265 Persons trained in brief tobacco cessation
92.2% of retail stores that don't sell tobacco to minors

3% DROP
IN ADULT
SMOKING

10%

DROP IN
YOUTH
DRINKING

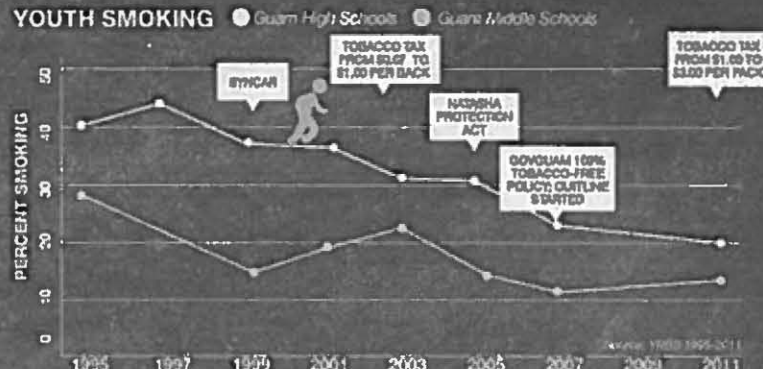
4%

DROP IN
ADULT &
YOUTH
BINGE
DRINKING

3% DROP IN SUICIDE RATE
(THE 1ST DECREASE IN 6 YEARS)



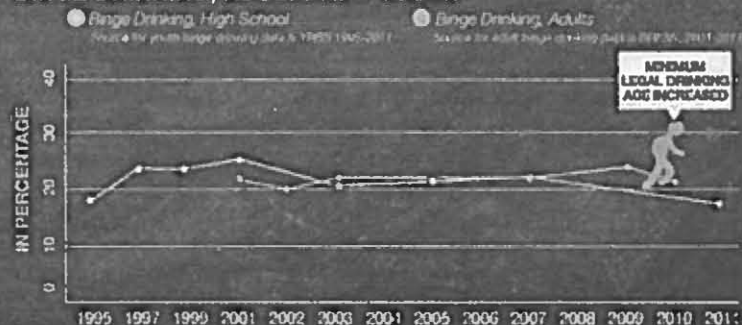
YOUTH SMOKING



SUICIDE RATE



BINGE DRINKING, ADULTS AND YOUTH

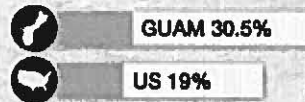




ADULT SMOKING, GUAM VS. US, 2011

Guam's smoking rate is higher than most US States and Territories; this has remained unchanged since 2001.

Source: DPHSS, 2011



TOBACCO SMOKING

WHO SMOKES?

ADULTS



• 1 in 3 adults in Guam is a smoker.

Women smoke at 2/3 the rate of men in Guam.



• Men smoke more than women, but women in Guam smoke as much as men in the US.

Source: DPHSS, 2011

YOUTH



• 1 in 5 youth in Guam is a smoker.



• Girls smoke as much as boys.

Source: YEDS, 2011

WHAT IS THE PRICE, AND WHO PAYS IT?



Tobacco kills at least 1 person on Guam every day. The top 3 causes of death are all tobacco related.



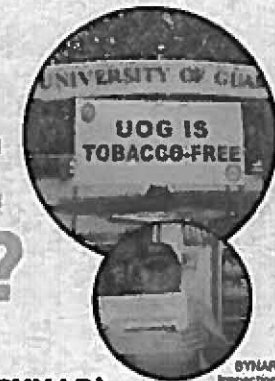
Lung and oral cancers, most of which are caused by tobacco, are highest among Chamorros and other Micronesians.



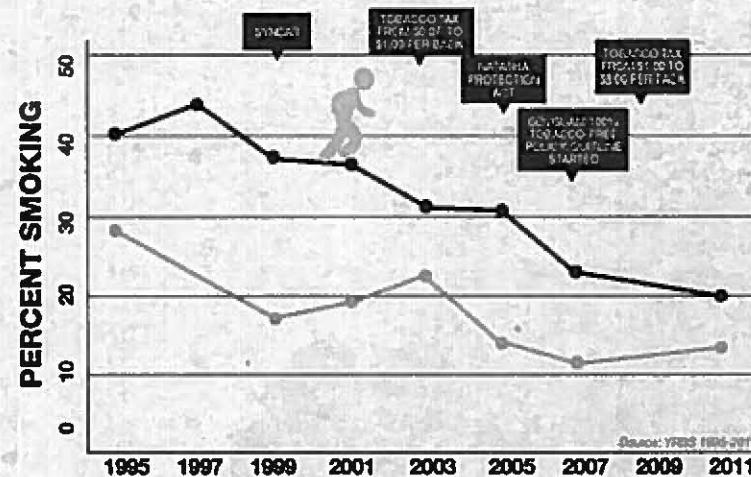
Lung cancer is the top cause of cancer death for both men and women.

WHAT WORKS TO REDUCE SMOKING?

- Raise taxes on tobacco products
- Prohibit tobacco sales to minors (SYNAR)
- Make all public places smoke-free
- Promote cessation programs.



YOUTH SMOKING PREVALENCE AND TOBACCO CONTROL LAWS IN GUAM



SOUND TOBACCO CONTROL POLICIES DECREASE YOUTH SMOKING IN GUAM.
Toll-Free Tobacco Quitline: 1-800-QUIT NOW (784-8669)



Smokeless tobacco use is **rising** for both adults and youth. The practice of chewing tobacco with betel nut is gradually **increasing** in Guam.

TOBACCO SMOKELESS

WHO USES SMOKELESS TOBACCO PRODUCTS?

ADULTS



- Males are more likely to chew or use other smokeless tobacco products. Chamorros and other Micronesians have the highest use rates.



- Current users were younger and had lower educational attainment.

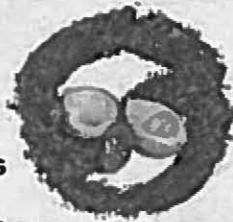


- Current smokeless tobacco use among adults increased from 4.2% in 2009 to 6.9% in 2010.

YOUTH



- Among high school students, smokeless tobacco use increased from 6.3% in 2001 to 14% in 2011.



WHAT IS THE PRICE, AND WHO PAYS IT?



Oral cancer rates are 4 times higher for males.



Oral cancer is 2X as high in Chamorros and 3X as high in other Micronesians as compared to the general US population.

WHAT WORKS TO REVERSE SMOKELESS TOBACCO USE?



Kick Bugs Outreach



GCC Campus

- Raise taxes on smokeless tobacco products.
- Promote cessation through cessation counseling and the Guam Quitline.
- Expand the Natasha Protection Act to make all public places tobacco-free.
- Include betel nut in tax increases.

SMOKELESS TOBACCO USE AMONG GUAM STUDENTS

● High School ● Middle School

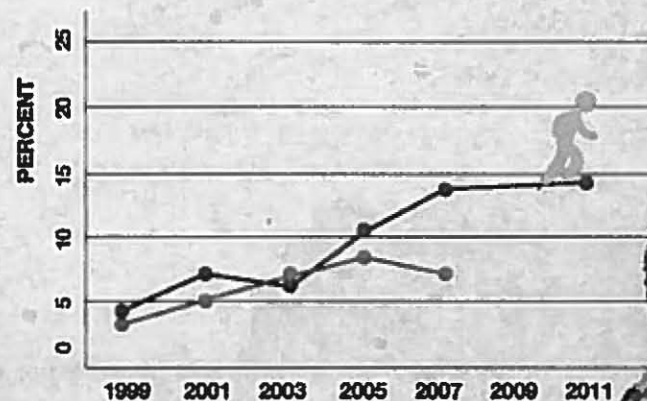


FIGURE 1. SMOKELESS TOBACCO USE, HIGH SCHOOL VS. MIDDLE SCHOOL, GUAM, 1999-2011

Source: YFBS, 1999-2011

SUICIDE

WHO DIES ON GUAM?

- **1 suicide death** every 2 weeks.
- **60%** of suicide deaths are **under** the age of **30 years**.
- Most suicide deaths are in **Chuukese** and **Chamorros**.



1 in 3 suicide deaths left evidence of their intent.

- **Recognize** suicide warning signs.
- Immediately **refer** persons at risk to prevention resources.



Address **risk factors** for suicide:

- Sexual violence
- Substance Abuse
- Depression
- Sexual identity



1 in 4 suicide deaths involves **alcohol**. **7%** involve **other drugs**. **Prevent** alcohol and drug abuse.

**HOW
CAN YOU
REDUCE
SUICIDE?**

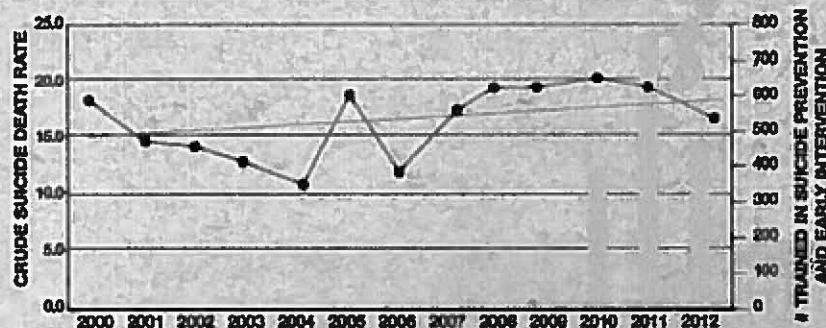
WHAT WORKS TO REDUCE THE BURDEN FROM SUICIDE?

ARMY RESERVE
RESILIENCY TRAINING



- **Prevent** and control **alcohol** and **illicit drug use**.
- **Screen** and treat **mental illness** and **depression**.
- Train health care personnel and other emergency responders to do **brief intervention** and to **refer all attempted cases of suicide** to **GBHWC** and other mental health providers.
- Empower youth to develop **healthy relationship** skills.
- **Definitively address physical and sexual violence**.
- **Build community capacity** to identify persons at risk for suicide and to connect those at-risk to professional resources.

• **CRUDE SUICIDE DEATH RATE**
• **NUMBERS TRAINED IN SUICIDE PREVENTION AND EARLY INTERVENTION**



SUICIDE IN GUAM, 2000-2012

Source: Calculated based on data taken from the Office of the Chief Medical Examiner, Division Office of Vital Statistics and Bureau of Statistics and Plans

Guam's suicide rate declined in 2011, following the passage of the law raising the minimum legal drinking age in 2010, and coinciding with the increased number of community members trained in brief suicide interventions.

WHERE TO GET HELP:

NATIONAL CRISIS HOTLINE: 1-800-273-TALK (8255)
GBHWC CRISIS HOTLINE: 1 (671) 647-8833
www.dmhhsa.guam.gov



Guam PEACE Enhancement Data Collection, Analysis and Reporting Action Plan

The purpose of Guam's PEACE Enhancement project is to strengthen Guam's prevention infrastructure and systems of care for individuals at risk of developing mental illness and engaging in substance abuse. Data gaps have been identified that will be addressed in order to strategically align PEACE enhancement planning, implementation and evaluation efforts successfully with current data, updated targeted priorities and relevant interventions.

On February 15 and 29, 2012, Guam's community and state-level stakeholders representative of Guam's State Epidemiological Outcomes Workgroup (SEOW) and state prevention specialists convened to discuss Guam's funded proposal and intended outcomes for PEACE State Prevention Enhancement planning. Twelve key stakeholders joined in a community participatory research process, whereby meeting participants engaged in a four-part planning discussions to assess existing resources, identify data gaps, determine targeted priorities and list strategic action steps that would move towards the realization of Guam's PEACE Enhancement goals, to:

1. Prevent or reduce consequences of underage drinking and adult problem drinking;
2. Prevent suicides and attempted suicides among populations at risk, including military families and LGBTQ youth;
3. Reduce prescription drug misuse and abuse;
4. Enhance state workforce development; and
5. Develop and enhance Government of Guam policy and funding to support needed services for mental health and substance abuse system improvements.

To bridge the prevention infrastructure with the mental health system of care, Guam's SPE for PEACE will establish systematic linkages between Guam's substance abuse and mental health infrastructure that will highlight the correlation between tobacco use, alcohol abuse, mental illness and suicide risk. Participants reviewed current data collection systems and survey instruments used on Guam and data and targeted priorities as reported in Guam's Substance Abuse Epidemiological Profile and A Profile of Suicide on Guam. Stakeholders proceeded to identify the following data gaps and perceived barriers to obtaining data that they believe are lacking: Youth in Private Schools, LGBTQ and the Military Community. The PEACE Council representatives for faith-based organizations support the identified need for conducting the YRBS in private catholic schools. Although the challenge regarding military data remains, efforts are underway to link with the Guam National Guard, where young men and women of Chamorro and Micronesian descent have enlisted for military service. A representative from the Guam National Guard now sits in the SEOW and participated in SEOW planning sessions.

The input and recommendations provided during this meeting with stakeholders to enhance Guam's data system are reflected in this Action Plan. Stakeholders are in agreement that at present, the infrastructure linkages between substance abuse and mental health are tenuous and are project/program-specific and that strategic reorientation of the existing prevention infrastructure to connect and align with the island's mental health and substance abuse treatment infrastructures need to be addressed. This will permit better coordination of prevention services with mental health promotion, substance abuse prevention and early

intervention, to allow for the entire spectrum of behavioral health care. More effective evaluation strategies will be developed to encompass this broad-based, holistic perspective.

Military wide statistics indicate that some active duty personnel are prone to alcohol problems and have elevated levels of suicide risk; nearly 50% of deployed military personnel have post deployment adjustment problems which warrant assessment and variable levels of care intensity. A significant proportion of military forces in Guam is comprised of Chamorro and other Micronesian young adults, who are the identified high risk groups for prevention. The military community on Guam is a critical stakeholder with limited presence at the table for prevention.

Good data underlies efficient prevention practice. Guam has made considerable strides in enhancing its data infrastructure for prevention under the SPF-SIG by establishing the SEOW, institutionalizing the data-driven process and streamlining the collection, analysis and dissemination of critical data to key stakeholders. However, data challenges persist. For instance, currently the SEOW has no access to military data or data from providers in the private sector. Rapid turnover in technical staff disrupts the continuity of membership in the SEOW and requires constant re-orientation of new members to the SPF process. Data enhancements, such as through on-line interactive databases, are needed.

Epidemiological work needs to be sustained and efforts to secure local resources and funding will ensure that relevant PEACE Enhancement work continues to be data-driven. The emphasis on data remains at the core of the prevention infrastructure on Guam, which in the long-range plan, will lead toward the adoption and sustained implementation of evidence-based programs (EBPs). This will in turn pave the way for better identification of well-suited and culturally-relevant evaluation strategies that will measure the impact of these programs. Accountability and improvement remain as the two major goals of evaluation for this grant.

At the completion of the community stakeholders meeting and discussions using the community participatory research process the following Goals, Objectives, Actions and Measurements have been initially identified for strengthening existing data collection, analysis and reporting instruments and processes and addressing targeted priority populations and prevention topic area gaps:

Goal 1: To update annually Guam's Profile on mental health and substance abuse, including data on private school youth, the military population and other underserved community groups such as people who identify as LGBTQ.						
Objective 1.1: To collect current data on alcohol and other drug use and suicide risks among middle and high school students in Guam's private schools, military personnel and families and LGBTQ population.						
		Year 1	Year 2	Year 3	Year 4	Year 5
Action Step	1.1: Recruit member representatives of the military community and treatment providers of mental health and substance abuse to serve on Guam's State Epidemiological Outcomes Workgroup (SEOW).	X				
	1.2: Establish written formal Agreements between the Government of Guam and each of the identified entities (e.g. private schools, military sector, LGBTQ organization) from which data is needed and currently not included in Guam's Epidemiological Profile.	X				
	1.3: Identify funds to train data personnel and prepare resources for the annual/bi-annual conduct of relevant surveys to include YRBS costs for state-added questions as determined by the State Epidemiological Outcomes Workgroup (SEOW).	X				
	1.4: Execute written Agreements between the government of Guam and each participating entity that describes the scope of work, areas of responsibility by parties, expected outcomes and required deliverables, and costs for conducting relevant data surveys.	X	X			
	1.5: Include private school, military and LGBTQ data in the official updates of Guam's Profile on substance abuse and mental health.	X	X			
	1.6: Begin incorporating data from qualitative and mixed methods research to augment epidemiological and surveillance data in the annual Guam Epi Profile update.	X	X			
Goal 2: Secure sustainable funding for maintaining State Epidemiological Outcomes Workgroup services annually.						
Objective 2.1: Establishment of Government of Guam policy that prioritizes and directs funding for needed mental health and substance abuse services that demonstrate data-driven evidence of effectiveness.						
		Year 1	Year 2	Year 3	Year 4	Year 5
Action Step	2.1: Disseminate critical substance abuse and mental health data to key government and private sector leaders, to raise awareness about PEACE efforts and secure support for evidence-based policy development and resource allocation.	X	X	X	X	X

Guam PEACE Enhancement Coordination of Services Action Plan

The purpose of Guam's PEACE Enhancement project is to strengthen Guam's prevention infrastructure and systems of care for individuals at risk of developing mental illness and engaging in substance abuse. Gaps have been identified that will be addressed in order to strategically align PEACE enhancement planning, implementation and evaluation efforts successfully with current data, updated targeted priorities and relevant interventions.

On February 10, 2012, Guam's community and state-level stakeholders representative of Guam's PEACE Council and state prevention specialists convened to discuss Guam's funded proposal and intended outcomes for PEACE State Prevention Enhancement planning. Twenty-three key additional stakeholders contributed to this community participatory research process on September 13, 2012. Participants engaged in a four-part planning process to assess existing resources and identify gaps, determine targeted priorities and list strategic action steps relative to developing a Coordination of Services Action Plan for Guam. Additionally, meetings were held with key partners such as members of the Non-Communicable Disease Consortium during monthly meetings for which PEACE representatives also serve. Combined stakeholder input provided for this Plan would help to realize Guam's PEACE Enhancement goals, to:

1. Prevent or reduce consequences of underage drinking and adult problem drinking;
2. Prevent suicides and attempted suicides among populations at risk, including military families and LGBTQ youth;
3. Reduce prescription drug misuse and abuse;
4. Enhance state workforce development; and
5. Develop and enhance Government of Guam policy and funding to support needed services for mental health and substance abuse system improvements.

To bridge the prevention infrastructure with the mental health system of care, Guam's SPE planning for PEACE will be guided by the State Prevention Framework processes. PEACE will continue to strengthen systematic linkages between Guam's substance abuse and mental health infrastructure and will establish a comprehensive system for the coordination of relevant behavioral health care services that meet the needs of prevention and primary health care services providers and the community. Stakeholders acknowledged Guam's PEACE priorities, reviewed available services and resources, and identified areas that needed to be strengthened for improved services coordination as well as perceived barriers to coordinating, collaborating and leveraging needed prevention resources. The priorities for coordinating services better will be focused on *mental health of the (local) military personnel and their families, followed by mental health promotion among Guam's youth and the LGBTQ community.*

The input and recommendations provided during these meetings with stakeholders are reflected in this Action Plan. As noted in the two Action Plans for Data Collection, Analysis and Reporting and Technical Assistance and Training, the infrastructure linkages between substance abuse and mental health are tenuous and are project/program-specific. The existing prevention infrastructure needs to be strategically reoriented to connect and align with the island's mental health and substance abuse treatment infrastructures. This will permit better coordination of mental health promotion, substance abuse prevention and early intervention services, as part of the continuum of behavioral health care. With an

eye toward accountability and improvement, evaluation strategies will be developed, refined and put in place to more effectively encompass measurements of effectiveness in this broad-based, holistic perspective. When possible, the PEACE Council leverages funding and personnel support across its member organizations, highlights the potential use of tobacco tax revenues earmarked for Guam's Healthy Futures Fund and pursues grant opportunities to support PEACE efforts.

To address identified gaps in the coordination of prevention services on Guam, PEACE will strengthen and maintain ongoing communications in order to expand community partnerships in prevention and to ensure responsiveness and effectiveness with serving high need groups. Additional community partners who can successfully engage and connect with the military community and influence Chamorro and other Micronesian youth and young adults, and the LGBTQ community will be invited to join the PEACE Council and SEOW. Providing a voice to the specific needs of the entities they represent, their participation will strengthen the resource and funding coordination and allocation to assist with prevention capacity building within these high need groups.

Local prevention policies that define adherence to the Strategic Prevention Framework process at the state and community level (using the five-step process: Assessment, Capacity Building, Planning, Implementation and Evaluation) will result in the desired prevention outcomes for the people of Guam. The island's data-driven priorities and community needs will be clearly understood, services providers will be empowered with knowledge, skills and resources, and effective prevention and early intervention policies, programs, and practices will be implemented.

PEACE will initiate steps to work with community partners to improve services coordination.

Coordinated services will be enhanced through the leveraging of personnel services and expertise to address workforce development, infrastructure capacity building and development of local resources. Workplace policies and programs that are responsive to employees' identified needs with respect to mental health promotion and substance abuse prevention, early intervention and referrals for treatment will be developed. Training programs for certification of prevention specialists and employee assistance program managers in an identified evidence-based workplace program will be institutionalized.

Collaboration with local, regional, national and international organizations who share similar goals and objectives for healthier Pacific peoples and communities will continue (i.e. PEACE Council, Non-Communicable Disease Consortium, Pacific Behavioral Health Collaborating Council, Pacific Islands Health Offices Association, Pacific Islands Mental Health Network, Asian Pacific Partners for Empowerment, Advocacy and Leadership, National Asian Americans Against Substance Abuse, and the World Health Organization).

At the completion of the community stakeholders meetings and discussions held February 2012 thru September 2012, the following Goals, Objectives, Actions and Measurements have been initially identified for strengthening coordination of services among targeted priority populations and gaps in prevention topic areas:

Goal 1: To improve access, availability and provision of coordinated comprehensive behavioral health programs and services among providers of mental health and substance abuse prevention and early intervention services on Guam targeting the (local) military residents and their families, youth and members of the LGBTQ community.						
Objective 1.1: To conduct annual assessments of existing human services programs provided by the public, private and military sector, and identify gaps in services.						
		Year 1	Year 2	Year 3	Year 4	Year 5
Action Step	1.1: Identify an assessment tool and use to obtain information from behavioral health, prevention and primary care program providers on available services and schedules.	X				
	1.2: Identify areas of duplication as well as gaps in programs and services; determine needed resources for the continued conduct of services in order of priority.	X				
	1.3: Establish agreements to strengthen collaborative partnerships and leverage resources needed to meet the prioritized behavioral health care needs of the targeted population/community.	X	X			
	1.4: Implement and evaluate programs and services in a coordinated fashion to ensure that resources and services are fully maximized and available to the intended audiences in a timely fashion.	X	X			
Goal 2: To expand and strengthen Guam's prevention and early intervention services network to include additional partners (locally, regionally, nationally and internationally) who have been identified as a resource for private school youth, the military population and other underserved community groups such as the people who identify as LGBTQ.						
Objective 2.1: To collaborate with local, national, regional and international organizations and agencies who are known advocates and who are connected directly with the targeted populations.						
		Year 1	Year 2	Year 3	Year 4	Year 5
Action Step	2.1: Explore partnerships with agencies, organizations and networks that share PEACE mission and goals and are capable of engaging and influencing Chamorro and other Micronesian youth and young adults, LGBTQ and the military.	X				
	2.2: Establish written formal agreements or membership with identified agencies, organizations and networks.	X	X			
	2.3: Execute written agreements for joint projects and activities.		X	X	X	X
Goal 3: To jointly develop annual calendars (date, time, place and audience) of main events that reflect scheduled, unduplicated programs and services for targeted audiences.						
Objective 3.1: To identify a centralized scheduling center for coordinating prevention and early intervention behavioral health services to the community.						

		Year 1	Year 2	Year 3	Year 4	Year 5
Action Step	3.1: To develop and make public a master calendar of events which is monitored and updated quarterly.	X	X	X	X	X

Guam PEACE Enhancement Technical Assistance and Training Action Plan

The purpose of Guam's PEACE Enhancement project is to strengthen Guam's prevention infrastructure and systems of care for individuals at risk of developing mental illness and engaging in substance abuse. Data gaps have been identified that will be addressed in order to strategically align PEACE enhancement planning, implementation and evaluation efforts successfully with current data, updated targeted priorities and relevant interventions.

On February 10, 2012, Guam's community and state-level stakeholders representative of Guam's PEACE Council and state prevention specialists convened to discuss Guam's funded proposal and intended outcomes for PEACE State Prevention Enhancement planning. Nine key stakeholders joined in a community participatory research process, whereby meeting participants engaged in a four-part planning process to assess existing resources, identify training and technical assistance gaps, determine targeted priorities and list strategic action steps relative to developing a Technical Assistance and Training Action Plan for Guam. Additionally, meetings were held with key partners such as members of the Non-Communicable Disease Consortium for which PEACE Council members also serve. Combined stakeholder input provided for this T/TA Plan would help to realize Guam's PEACE Enhancement goals, to:

1. Prevent or reduce consequences of underage drinking and adult problem drinking;
2. Prevent suicides and attempted suicides among populations at risk, including military families and LGBTQ youth;
3. Reduce prescription drug misuse and abuse;
4. Enhance state workforce development; and
5. Develop and enhance Government of Guam policy and funding to support needed services for mental health and substance abuse system improvements.

To bridge the prevention infrastructure with the mental health system of care, Guam's SPE planning for PEACE will be guided by the State Prevention Framework processes. PEACE will strengthen systematic linkages between Guam's substance abuse and mental health infrastructure and will establish a comprehensive training and technical assistance system that meets the needs of behavioral health, prevention and primary care services providers and the community. Stakeholders acknowledged Guam's PEACE priorities, reviewed available training and technical assistance services and resources, identified the following gaps and in the T/TA system and perceived barriers to coordinating, collaborating and leveraging needed prevention resources: *mental health promotion among the youth, LGBTQ and the military community.*

The input and recommendations provided during these meeting with stakeholders are reflected in this Action Plan. As noted in the Data Collection, Analysis and Reporting Action Plan, the infrastructure linkages between substance abuse and mental health are tenuous and are project/program-specific. The existing prevention infrastructure needs to be strategically reoriented to connect and align with the island's mental health and substance abuse treatment infrastructures. This will permit better T/TA coordination of mental health promotion, substance abuse prevention and early intervention services, as part of the entire spectrum of behavioral health care. With an eye toward accountability and

improvement, evaluation strategies will be developed, refined and put in place to more effectively encompass measurements of effectiveness in this broad-based, holistic perspective. When possible, the PEACE Council leverages funding and personnel support across its member organizations, highlights the potential use of tobacco tax revenues earmarked for Guam's Healthy Futures Fund and pursues grant opportunities to support PEACE efforts.

To address identified gaps in Guam's technical assistance and training system, PEACE will expand community partnerships in prevention to ensure responsiveness and effectiveness with serving high need groups. Additional community partners who can successfully engage and influence Chamorro and other Micronesian youth and young adults, LGBTQ and the military community need to be identified and invited to join the PEACE Council. Providing a voice to the specific needs of the entities they represent, their participation will strengthen the resource and funding coordination and allocation to assist with prevention capacity building within these high need groups.

Local prevention policies that define adherence to the Strategic Prevention Framework process at the state and community level (using the five-step process: Assessment, Capacity Building, Planning, Implementation and Evaluation) will result in the desired prevention outcomes for the people of Guam. The island's data-driven priorities and community needs will be clearly understood, services providers will be empowered with knowledge, skills and resources, and effective prevention and early intervention policies, programs, and practices will be implemented.

Given the limitation of funding and resources, duplication of efforts or working in silos will be minimized. T/TA services will be enhanced through the leveraging of personnel services, workforce development, infrastructure capacity building and development of local resources. Workplace policies and programs that are responsive to employees' identified needs with respect to mental health promotion and substance abuse prevention, early intervention and referrals for treatment will be developed. Training programs for certification of prevention specialists and employee assistance program managers in an identified evidence-based workplace program will be institutionalized.

Collaboration with local, regional, national and international organizations who share similar goals and objectives for healthier Pacific peoples and communities will continue (i.e. PEACE Council, Non-Communicable Disease Consortium, Pacific Behavioral Health Collaborating Council, Pacific Islands Health Offices Association, Pacific Islands Mental Health Network, Asian Pacific Partners for Empowerment, Advocacy and Leadership, National Asian Americans Against Substance Abuse, and the World Health Organization).

At the completion of the community stakeholders meeting and discussions held February 2012 thru October 2012, the following Goals, Objectives, Actions and Measurements have been initially identified for strengthening and restructuring existing technical assistance and training and addressing targeted priority populations and gaps in prevention topic areas:

Goal 1: To update annually Guam's behavioral health and prevention and primary care workforce technical assistance and training needs to address mental health and substance abuse, including those serving private school youth, the military population and other underserved community groups such as the people who identify as LGBTQ.						
Objective 1.1: To assess and prioritize current training and technical assistance needs among behavioral health, prevention and primary care professionals to address mental health and substance abuse.						
		Year 1	Year 2	Year 3	Year 4	Year 5
Action Step	1.1: Assess local expertise in mental health and substance abuse among behavioral health, prevention and primary care professionals.	X				
	1.2: Identify, prioritize inter-disciplinary and multi-sectoral trainings and opportunities for peer mentoring.	X				
	1.3: Establish training programs for certification of prevention specialists and employee assistance program managers in an identified evidence-base workplace program to be institutionalized.	X	X			
	1.4: Establish written formal agreements between the Government of Guam and entities trained as trainers by the Government of Guam to conduct and provide T/TA.	X	X			
Goal 2: To expand and strengthen Guam's prevention network to include additional partners each at the local, national (US), regional and international levels, including those serving private school youth, the military population and other underserved community groups such as the people who identify as LGBTQ.						
Objective 2.1: To collaborate with local, national, regional and international organizations and agencies to ensure greater penetration into the targeted populations and strengthen the resource and funding coordination and allocation for capacity building.						
		Year 1	Year 2	Year 3	Year 4	Year 5
Action Step	2.1: Explore partnerships with agencies, organizations and networks that share PEACE mission and goals and are capable of engaging and influencing Chamorro and other Micronesian youth and young adults, LGBTQ and the military.	X				
	2.2: Establish written formal agreements or membership with identified agencies, organizations and networks.	X	X			
	2.3: Execute written agreements for joint projects and activities.		X	X	X	X
Goal 3: To secure sustainable funding to maintain an updated comprehensive training and technical assistance plan that addresses the needs of behavioral health and prevention and primary care workforce and the community.						
Objective 3.1: To establish and strength Government of Guam policy that prioritizes and directs funding for needed mental health and substance abuse technical assistance and trainings that demonstrate data-driven evidence of effectiveness.						
		Year 1	Year 2	Year 3	Year 4	Year 5

Action Step	3.1: Disseminate critical substance abuse and mental health data to key government and private sector leaders, to raise awareness about PEACE efforts and secure support for evidence-based policy development and resource allocation.	X	X	X	X	X
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Guam PEACE Enhancement Performance Evaluation Action Plan

The purpose of Guam's PEACE Enhancement project is to strengthen Guam's prevention infrastructure and systems of care for individuals identified to be at risk of developing mental illness and engaging in substance abuse. Data gaps have been identified that will be addressed in order to strategically move PEACE enhancement planning, implementation and evaluation efforts successfully with current data, updated targeted priorities and relevant interventions.

On May 16, 2012, Guam's community and state-level stakeholders representative of Guam's PEACE Council and state prevention specialists engaged in a structured discussion to review the intended outcomes of Guam's PEACE State Prevention Enhancement planning grant, with the end goal of contributing to the development of a performance/evaluation mini plan for Guam's Five-Year Comprehensive State Prevention Plan for Mental Health Promotion and Substance Abuse Prevention (henceforth CSPP). Twenty one (21) key participants joined in this stakeholder input planning process, aiming to assess and leverage existing resources, recognize data gaps, identify targeted priorities and formulate strategic action steps towards fulfilling Guam's PEACE Enhancement goals, to:

7. Prevent or reduce consequences of underage drinking and adult problem drinking;
8. Prevent suicides and attempted suicides among populations at risk, including military families and LGBTQ youth;
9. Reduce prescription drug misuse and abuse;
10. Enhance state workforce development; and
11. Develop and enhance Government of Guam policy and funding to support needed services for mental health and substance abuse system improvements.

The session yielded a number of observations regarding the use of evaluation measures in the existing programs ~ both in the government and non-profit sectors~ that address tobacco use, alcohol abuse, mental illness and suicide risk. Because different entities and settings use a variety of evaluation instruments, participants reviewed current data collection systems and survey instruments used on Guam and data and targeted priorities as reported in Guam's Substance Abuse Epidemiological Profile (September 2011) and A Profile of Suicide on Guam (August 2012). Among these instruments included both national (e.g., YRBS, BRFSS, ASQ-Se, DIAL 3, IFAM, PIR, CANS, CANS II, CAFAS, COXOCUS, ASAM, GAIN 1, GAIN Q, M90S, PSI, EIRF, TES, TUP-I, RNS, etc) and locally-developed measures (e.g., DMHSA Training Exit Survey, DPHSS-GYTS Quit Line, etc.) that address targeted areas such as mental health promotion, suicide prevention, tobacco, alcohol, and other drug abuse priority areas. This exercise highlighted the seemingly disparate and fragmented system of program evaluation for prevention activities and services currently in place within the prevention infrastructure on island.

In an attempt to gauge the effectiveness of the PEACE input planning process, a survey was developed to generate perceptions and insights from stakeholders for a two-month period, from August to September 2012. Twenty-seven (27) stakeholders, including PEACE Council and SEOW members, completed the evaluation tool, a self-report survey. The study results indicated that PEACE stakeholders are committed constituents who have the island's best interest in their minds and hearts. A majority of these respondents

who took part in the PEACE sessions would volunteer to refine and strengthen the written action plans, if certain barriers (such as workload and time constraints) did not exist. Their primary goal is to see the development of a comprehensive state prevention plan that incorporates constituent and community input, and builds on evidence-based programs, practices, and policies that are already in place in the system of prevention on island. When the CSPP is finally written, they were certain that it will serve as a significant and critical guide for these constituents in their respective agencies as they serve Guam's youth, adults, and other special populations.

Through their survey participation, the stakeholders express their commitment to prevention work, which included discussion of the significance of evaluation to prevention planning in the May 16 session. It was therefore necessary for participants to review current data collection systems and survey instruments used by government entities and non-profit sectors on Guam. As shown in Attachment A, the specific areas identified where robust evaluation is taking place are among youth and adult programs, with notable gaps in special populations, like the military, LGBTQ, and service providers. A category of "Other" to encompass traumatized, homeless, PTSD, and "shadow people" was also discussed as part of the gap identification process vis-à-vis program evaluation. Consequently, a comprehensive evaluation process was considered in the aftermath of this discussion, with emphasis on these characteristics: systematic, integrated, and holistic. All the stakeholders were in agreement that the overall intent of evaluation is to determine program efficiency (i.e., process evaluation) and effectiveness (i.e., outcome/impact evaluation) of specific programs that address substance abuse and mental health promotion on island. As a result of the discussion, the sharing of best practices in evaluation was agreed upon as a critical movement away from silo-entrenched evaluation practices on the same priority areas engaged in by both government and non-profit sectors of the prevention care network on island. The group envisioned the development of a statewide data center that would serve as the repository of all evaluation activities that would move all stakeholders closer toward greater accountability and improvement of all prevention-related programs on Guam under their purview.

Out of this discussion, a comprehensive evaluation framework emerges as a critical need of the prevention care and services network on island. This mini plan describes this framework in order to provide a consistent, systematized, cyclical approach for planning and conducting evaluation processes in Guam's prevention system of care and services. This framework addresses the following evaluation components:

5. The methods used for conducting the evaluation;
6. The process for collecting, managing, and analyzing data that is reliable and trustworthy;
7. The process for interpreting data and disseminating information; and
8. The process of performance improvement as a result of evaluation findings.

Evaluation of all prevention-related programs encompassed by Guam's Five-Year Comprehensive State Prevention Plan for Mental Health Promotion and Substance Abuse Prevention (CSPP) will use both *formative* and *summative* evaluation processes in order to determine the success in achieving the CSPP's stated goals and objectives. This process will include all the three (3) other mini plans included in the state prevention plan: Data Collection, Analysis, and Reporting Action Plan, Training & Technical Assistance Action Plan, and the Coordination of Services Plan. Components of both formative and

summative evaluation will be incorporated in data collection tools, within the purview of each of these plans, that will generate quantitative and qualitative data for analysis.

Significant groundwork has been accomplished to improve Guam's ability to gather and report on federally required performance measures. Much of the credit goes to Guam's current SEOW leadership, as it has developed and fostered relationships with various gatekeepers in order to facilitate data management procedures, to include data collection, analysis, reporting, and dissemination. For instance, DMHSA has technical agreements with the DYA and Sanctuary, Inc. that provide for the adoption of standardized questions from the YRBS into the screening battery in these organizations. As a prime example of data partnerships, this arrangement allows for meaningful comparisons in consumption and risk factor data between in-school and court-involved youth. To address identified data gaps, existing surveillance systems on Guam have been used to collect National Outcome Measures (NOMs) not previously collected. For example, a Memorandum of Understanding has been entered into by Guam's Department of Mental Health and Substance Abuse and the Department of Public Health and Social Services to utilize Guam's Behavioral Risk Factor Surveillance System (BRFSS) to collect adult required NOMs.

Indeed, efficient and meaningful prevention practice derives its strength from the use of credible data, and the State Epidemiological Outcomes Workgroup (SEOW), since 2007, has spearheaded the enhancement of Guam's data infrastructure through its institutionalization of a data-driven process that has streamlined the collection, analysis and sharing of critical data to key stakeholders. SEOW, as described in its Charter, aims to unify and integrate the data infrastructure systems on Guam, building on what currently exists, in order to:

1. Systematically collate and analyze relevant data (including but not limited to consumption and consequences of alcohol, tobacco, and other drug (ATOD) use, and risk and protective factors for mental health) to delineate and better understand the magnitude and nature of substance abuse prevention and behavioral health promotion;
2. Promote data-driven decision making across all stages of the Strategic Prevention Framework (i.e., Assessment, Capacity Building, Planning, Implementation and Evaluation) throughout the State substance use prevention and mental health system;
3. Strengthen and build capacity and data infrastructure for effective data utilization for substance abuse prevention and behavioral health promotion;
4. Facilitate interagency and community collaboration to optimize the exchange, access, and utilization of data across organizations and stakeholders working on substance abuse prevention, mental health promotion and other related fields;
5. Provide technical support to key health policy and program leaders, and community stakeholders to promote cross-systems planning, program integration, implementation and monitoring for substance abuse prevention and mental health promotion.

Toward this end, the updated data sets contained in the published versions of the Guam's Substance Abuse Epidemiological Profile (September 2011) and A Profile of Suicide on Guam (August 2012) serve as the baseline data for all the priority areas identified in the PEACE Enhancement grant.

The formative or process evaluation component of the CSPP will measure program integrity or fidelity, adjust program practice, as deemed necessary, and evaluate the implementation plan. The plan also uses

process evaluation to assist in the interpretation of the outcome data by identifying the strengths and weaknesses of the program, providing information on intensity and dosage of services, identifying programmatic factors associated with program recipient outcomes, and identifying individual participant factors resulting in differential outcomes. Process evaluation for the implementation of this plan include the following descriptive elements:

5. Achievement of implementation goals and objectives;
6. Description of target population (demographics and other relevant characteristics);
7. Integrity, fidelity and adherence in the implementation and utilization of the selected evidence-based practices; and
8. Participant perceptions of overall program quality, program staff, and service delivery.

This evaluation framework systematizes data collection strategies and tools to gather relevant data that will ensure that evaluation processes will weave through all prevention activities, as outlined in the Data Collection, Analysis and Reporting Action Plan. The process evaluation component documents and monitors the prevention process by assessing the work of the Prevention and Training Staff, the Governor's PEACE Council and SEOW in achieving Guam's prevention goals and objectives. It also measures the extent to which the State Prevention Enhancement funding and related activities stimulate positive infrastructure and system changes and improve the effectiveness of prevention services delivery in the community.

To ensure that the CSPP is being implemented as planned, providing quality services, and attaining expected outcomes, performance improvement is a critical component of this evaluation plan. This entire plan in fact utilizes a structured strategy, which follows the **Plan-Do-Study-Act** or PDSA strategy (Deming, 1993). This strategy will utilize the following processes:

6. Identify and describe the deviation or unexpected outcome;
7. Generate a fishbone diagram to define all possible causes;
8. Collect data to correctly identify the cause related to the problem and pinpoint the area for intervention; and
9. Implement a corrective action to address the gap; and
10. Collect monitoring data to determine the effectiveness of the corrective action.

In addition, the process evaluation not only documents the procedures used to carry out the services, but also analyzes the degree to which the original design was followed and to document the problems encountered as well as the respective solutions. This consists of three (3) elements:

1. **Fidelity of Implementation** serves to track and evaluate the implementation and operation of specific programs under each of the plans (including this Evaluation Plan), determine adherence to specified timeframes, identify hindering factors to implementation, and describe any divergence from the implementation plan. As such, evaluation monitors the way each of the mini plans will be implemented to determine adherences and deviations and uses a performance improvement strategy to identify and define barriers, define strategies to reduce them, and collect and analyze data to determine effectiveness of barrier reduction. This type of evaluation provides regular feedback for improvement to service delivery programs under the umbrella of the CSPP.
2. **Monitoring of Fidelity** provides assurance that service delivery occurs as planned, and allows the early detection and correction of deviations. Fidelity monitoring will document the staff

members who provided what services, to which population staff delivered those services, in what context staff provided such services, as well as the dosage and frequency of services provided.

3. **Participants' Feedback** provides critical information in determining program effectiveness, as a rich supplement to other data gathered. Surveys of satisfaction will be administered to all program participants in order to capture information related to barriers in terms of access to services, access to staff when needed, and other issues related to both the quantity and quality of service delivery given to participants.

Measuring the impact of a program's effectiveness requires the analysis of quantitative or qualitative data, or a combination of both, where appropriate. Depending on the research design, a variety of methods and tools that may be used to assess outcome effectiveness include surveys, document review, pretest-posttest measures, key informant interviewing, focus group, among others. Through the use of appropriate instruments, and concomitant training necessary to utilize them, outcome-based evaluation under each of the mini plans addresses the success of the CSPP in attaining its desired outcomes.

The effectiveness of a coordinated system of prevention activities and services in increasing knowledge and awareness among youth and adults in the consequences of alcohol, suicide prevention, ATOD, workforce training, as well as the development of legislative policies affecting these issues and most importantly, the evidence, through quantitative and qualitative data indicators that support these improvements, remain to be the overarching goal of the CSPP.

Closely following each year of progress in the CSPP, yearly evaluation reports will be developed and disseminated to all State and community stakeholders. Furthermore, an annual PEACE Conference will be held in order to highlight and showcase significant progress made in terms of formative and summative evaluation of prevention-related programs island-wide. The analysis of measures and indicators described above will also be included in the annual Guam Substance Abuse Epidemiological Profile to make modifications, or support changes occurring in alcohol consumption and consequences, as well as the active promotion of mental health on Guam.



GUAM SMVF STRATEGIC ACTION PLAN

VERSION 1.0

JUNE 14, 2013

VISION STATEMENT

Veterans, and their Families and all of Guam united, vested in creating a healthy, strong, and resilient island community that fosters harmony and respect.

INAF A MAOLEK YAN RESPETU!

MISSION STATEMENT

Our island cultures collaborate...to embrace...to educate...to prevent...to ask for help...to heal. We are an island community empowered towards healing, self-sufficiency. We devote our cultural strengths, resources to help our Service Members, Veterans, and their Families engage in the process of spiritual, physical, and emotional healing and wellness.

GOAL #1: POLICY CHANGE AND LEADERSHIP				
Strategies	Actions	Responsible Entities	Measurement / Outcome	Timeline
Develop Interagency Policy Council	Collaborate with leaders at all levels of government and across all sectors to support behavioral health needs of service members, veterans and their families. Identify additional core group members. Government: Youth Affairs	GBHWC DOC DOL GNG GVAO	Finalize list of permanent standing interagency council of policy level decision makers Number and frequency of formal meetings	45 days Revisit membership every 6 months

	• Public Affairs • University of Guam • DPHSS – Medicaid • Dept. of Education • Guam Community College • Customs & Quarantine • Guam Memorial Hospital Authority • DPHSS – Bureau of Vital Statistics • Department of Revenue & Taxation (Drivers & Business License) • GPD/GFD/Local Law Enforcement and Security. Military: • Employer support for the National Guard & Reserve • Family Support Groups - 360 program • DOD / NRMC • DOD Law Enforcement & Security • US VA/VBA – Vet Center • U.S. Govt. Law Enforcement & Security. NGO: • USO • Salvation Army • Faith Based Organizations • Veteran's Organizations • Payuta (coalition of NGO's) • Guam Homeless Coalition/Continuum of Care • WestCare Pacific Islands • Catholic Social Services • PAYUTA			
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	Private Component: • Business Community representatives: Chamber of Commerce • HMOs • Veteran family members			
Increase cross-agency collaboration and partnerships	• Create sub-committees to address strategic initiatives • Develop memorandums of understanding (re: data collection, disclosure of information, time on council)	GBHWC JOG GNG NGO	Designation of sub-committees and members Memorandums of understanding with various stakeholders	3 months
Formalize the SMVF Council under the auspices of the GBHWC	• Establish the council through statute • Governor to appoint council members • Insure veteran representation on the council • Legislature to confirm	32 nd Guam Legislature	Legislation and formal appointments of council members/entities	3 months
GOAL #2: DATA COLLECTION, INTEGRATION AND OUTCOMES				
Strategies	Actions	Responsible Entities	Measurement / Outcome	Timeline
Identify data needed and population to be served	• Create data subgroups and a data dictionary	GBHWC NGO GVAO DOC	Comprehensive list of the main data points necessary to inform the process	3 months
	• Create standard initial consent and initial intake forms	DOL JOG GHURA	Standardized data collection forms	6 months
	• Design uniform SMVF information and status validation process	DOD GNG	Uniform processes for information and status validation	6 months

	- Explore the establishment of a centralized database - Creation of a HIPAA/42 C.F.R. confidentiality agreements		Report on the feasibility of a centralized database and funding options Required compliance documents	12 months 3 months
Conduct Environmental Scan and Needs Assessments	- Create process to identify current service delivery systems for SMVF - Create island mapping with data on numbers, services and providers - Conduct a gaps analysis of services and access inefficiencies - Identify opportunities to improve utilization, integration and the coordination of services within the continuum of care	US VA GVAO MCOG UOG NGO	Comprehensive directory of services and service providers SMVF Maps Comprehensive report on the gaps in services and access inefficiencies with recommendations for improvement and coordination.	6 months 12 months 6 months 6 months

GOAL #3: DEVELOP A COMPREHENSIVE AND CONTINUOUS SYSTEM OF CARE (WRAP AROUND SERVICES)

Strategies	Actions	Responsible Entities	Measurement / Outcome	Timeline
Increase access to a continuum of services through enhanced partnership and collaboration	Establish a community care initiative that addresses a comprehensive system of care for SMVF - Develop and maintain a provider network for behavioral and health services, financial and income assistance, housing, employment, peer mentoring and other support services for SMVF - Develop a cross agency matrix of resources and services that addresses	GBHWC US VA GVAO NGO	A comprehensive system of care that supports SMVF Policy level and service level groups all working together through development of MOU's and "No Wrong Door" policy	6 months 6 months

	eligibility based on military/veteran status - Develop a standardized intake and assessment process for SMVF's that addresses critical domains - Enhance the referral system for services and referral acknowledgements and feedback		Matrix of services and eligibility Uniform intake and assessment process of critical domains for SMVF Improved referral/acknowledgement system expanded for SMVF services	9 months 6 months 9 months
Integrate services for justice-involved service members and veterans	- Establish a specialized law enforcement response for service members and veterans at the point of crisis, arrest and detention - Explore the feasibility of a Veteran's Treatment Docket or a Veteran's Specialty Court in partnership with the Veteran's Administration and other government and private entities - Identify and facilitate access to various treatment programs, medical care, housing, employment and foster interaction with other veterans (i.e. Veterans Mentoring Program)	JOG US VA GPD DOC GVAO GBHWC NGO	Immediate identification of service members and veterans at intercept points Court processes for handling eligible veteran's and service members Utilization of treatment and support services with mentoring	6 months 6 months 6 months
Improve access to stable, affordable housing and support services to SMVF's	- Increase awareness and access to homeless drop-in centers, transitional and emergency housing - Explore offering veteran's preference when applying for public or subsidized housing and housing vouchers - Provide information on veteran home	GHURA CoC GHC GHURA Interagency Council	Numbers of SMV utilizing services Determination of veteran preference and numbers applied Increase in VA loans and	On going 6 months 6 months

	loans and housing assistance to SMVF who do not have the adequate resources to rent or purchase homes at fair market value • Improve access to supportive services for homeless and at risk SMVF to reduce financial vulnerability and facilitate independence		Shelter Plus Care or Supportive Housing Program vouchers/units utilized by SMVF Referrals to mainstream services	6 months
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GOAL #4: WORKFORCE DEVELOPMENT

Strategies	Actions	Responsible Entities	Measurement / Outcome	Timeline
Enhance workforce opportunities through portability for SMVF	• Create legislation for portability for licensing and credentialing for Service Members, Veterans and Spouses • Work with local boards to streamline the portability of licensing and credentialing processes for Service Members, Veterans and Spouses	32 nd Guam Legislature GVAO DOL	Legislation for portability for licensing and credentialing Certification boards adopt new policies and procedures	6 months 9 months
Expand and improve access to higher education for SMVF	• Establish a program to get more SMVF enrolled in higher education/trades using the GI bill	OCC UOG	Outreach regarding educational benefits	9 months

	• Work with UOG and GCC to explore transferring military training and/or service into academic credit (American Council on Education A.C.E.)		Plan on academic credit for military training or services	On going
Establish training and workforce development programs and partnerships	• Identify transition work skills training programs to address the special needs of SMVF.	DOL ESGR US VA GVAO	Training programs and partnerships	9 months
	• Expand training and hiring partnerships with the government and private sector	DOL AHRD	Priority placement for SMVF	On going
	• Leverage business sector employment opportunities by highlighting tax credit incentives	Chamber of Commerce	Jobs and trainings developed will include the special needs of service members and veterans	6 months
	• Improve access to work supports such as job coaching services	DISID DVR	Number of service members and veterans in employment utilizing job coaching services	9 months

GOAL #5: PUBLIC AWARENESS, OUTREACH AND ENGAGEMENT

Strategies	Actions	Responsible Entities	Measurement / Outcome	Timeline
Increase public awareness of issues impacting SMVF	• Conduct military cultural competency and trauma informed care education and awareness campaigns	GBHWC NGO DOC	Number of education and awareness campaigns	6 months
	• Publicize list and directory of services and internet based resources for providers, outreach groups and SMVF's	MCOG NGO GVAO	Directory of services	9 months
	• Develop a Guam SMVF website and portal		Completed web portal	9 months
	• Develop a comprehensive information			

	sharing campaign (i.e. Pamphlets, websites, training, SMVF Month) • Brochure is currently being prepared providing information about services provided which will be distributed to service providers	GBHWC NGO	Data Collection on numbers of website visits, pamphlets distributed and media/talk shows Provides SMVF information about service providers	Ongoing 2 months
Develop service engagement strategies for SMVF	• Promote targeted outreach activities to identify and link SMVF to programs and services • Identify a one-stop location for information • Explore 24/7 Hotline link to National Hotline and 211 system • Explore computer accessibility and resource programs at village level (Mayors' Offices and Libraries).	GBHWC NGO GVAO GNG	Increase awareness of resources for SMVF One Stop location for information and referral Guam link to national hotline and 211 system Plan for access at the village level	Ongoing 9 months 6 months 12 months

Legend:

- | | | | |
|---------|--|---------|---|
| • GBHWC | Guam Behavioral Health and Wellness Center | • DISID | Department of Integrated Services for Individuals with Disabilities |
| • US VA | U.S. Veteran's Affairs (Vet Center) | • DVR | Department of Vocational Rehabilitation |
| • GNG | Guam National Guard | • UOG | University of Guam |
| • JOG | Judiciary of Guam | • GCC | Guam Community College |
| • GPD | Guam Police Department | • GVAO | Guam Veteran Affairs Office |
| • DOL | Department of Labor | • MCOG | Mayors Council of Guam |
| • AHRD | Agency for Human Resources Development | • GHURA | Guam Housing & Urban Renewal Authority |
| • DOC | Department of Corrections | • NGO | Non-profit Group Organization |
| • CoC | Continuum of Care | | |
| • GHC | Guam Homeless Coalition | | |

Review of Data Collection Systems and Use of Instruments
Performance/Evaluation Stakeholder Input Session
ATTACHMENT A

	Mental Health Promotion	Suicide Prevention	Tobacco	Alcohol	Other Drug Abuse
YOUTH - Ethnicity Specific - Gender Specific	-YFYLG-Exit Survey -Head Start-ASQ-SE, DIAL 3, Child Health Record Survey -IFAM- CANS, CAS II, CAFAS, COZOCUS, ASAM -Sanctuary - GAIN I, GAIN Q, M90S -DMHSA – YRBS -Surveys @ workshops	-DYA-ASIST & SafeTALK -DMHSA – Training Exit Surveys, YRBS -Surveys @ workshops -YFYLG – Exit Surveys -AOA - Youth Ministry workshop Eval Sheet, Education Curriculum Eval -GMH – Audit patient charts to determine if nursing staff thoroughly assessed suicide risk factors and proper linkage to DMHSA staff -Sanctuary - GAIN I, GAIN Q, M90S Inafa’Maolek-Pretest/Posttest, participant attendance and biodata, participant eval (students/teachers) -DOE – YRBS -CASD - CANS, CAS II, CAFAS	-DOE-YRBS -AOA-Youth Ministry workshop Eval Sheet, Education Curriculum Eval. -YFYLG-Exit Surveys -Sanctuary - ASAM, GAIN I, GAIN Q, M90S -DPHSS – GYTS Quit line matrix	-DMHSA-YRBS -YFYLG-Exit Survey -DOE-YRBS -Sanctuary-ASAM, GAIN I, GAIN Q, M90S -DYA – Enforcing Drinking Laws (EUDL), One Nation Cmpgn. -AOA – Youth Ministry workshop Eval Sheet, Education Curriculum Eval.	-YFYLG-Exit Survey -DOE-YRBS -DMHSA-YRBS -Sanctuary- ASAM, GAIN I, GAIN Q, M90S -GPD-Juvenile inv for drug offending work with DOJ, GREAT program, DARE

ADULT - Ethnicity Specific - Gender Specific	-Head Start – Parent Interest Survey, (PIR) Program Information Report	-DMHSA-Training Exit Survey -Head start-Parent interest survey, PIR Program Information report -DYA-ASIST, SafeTALK	-DPHSS-BRFSS Quit line matrix -Head Start- Parent interest survey, PIR Program Information report	-GPD-Highway patrol data collection crash reporting alcohol grant from DPW OHS -JOG-MAST Michigan Alcohol Screening Test -DPHSS – BRFSS -Head Start – Parent Interest Survey (PIS)	-JOG-(SASSI)Substance Abuse Subtle Screening Inventory for other drug use -Head Start – Parent Interest Form -DPHSS – BRFSS
MILITARY - Ethnicity Specific - Gender Specific		-DMHSA – Training Exit Survey			
LGBTQ - Ethnicity Specific - Gender Specific		-DMHSA – Training Exit Survey			
Other <i>People who have gone through trauma (homeless, PTSD, Shadow people, TBI)</i>					
Services Providers		-DMHSA – Training Exit Survey			

Coordination of Services

	Mental Health Promotion	Suicide Prevention	Tobacco	Alcohol	Other Drug Abuse
YOUTH - Ethnicity Specific - Gender Specific	*Children's Mental Health month: May *Art Academy *Art of Healing *Children's Inpatient Unit/Ifamaguonta *Wrap around process *Transition to adulthood *Individual, Marriage and Family Therapy *Advocacy, support, training, resources, referral (GIFTS) * Referral (DOE) *ISA Psychological Center Counseling services (UOG students, staff, faculty) *Judiciary for adults/Juvenile -client services, individual marriage/family therapy, bio feedback, group counseling forensic/psychological evaluations *Rainbows for children *AOA Counseling in schools *Mental Health consultant proved observations/evaluations/consultation *Sanctuary- Anger management, IMFT, nonmedical CM, life skills *Judiciary-Play by the rules bullying prev. program. School resource off. *Pre-K curriculum for Mental Health promotion-second step *D&A *CIU *DISID-Divisions of vocational rehab & Support services – DOE: transition services to adulthood – CSS: case management; comm. Habilitation program; respite care; DOE/SPED; GHURA (housing); Salvation Army (financial); MH: dual diagnosis	*D&A *CIU *CIU/PEACE *Training /referral *All staff are certified in Safe TALK/ASIST *AOA – workshops, training (ASIST), roundtable discussions youth ministry * Referral (DOE) *ISA Psychological Center	*D&A *CIU *CIU/PEACE *Parent training on tobacco cessation *Groups, outpatient/shelter *AOA – Schools classes for prevention (biology, human development) *youth ministry workshops *Chart (DOE) *ISA Psychological Center	*D&A *CIU *CIU/PEACE *AOA – Schools classes on prevention cause and effect *youth ministry (WYD) *conferences/workshops *IMFT – Education, outpatient, intensive outpatient, residential, AIC *Boy scouts of America *Teach young children dangers of violence and drugs *Chart (DOE) *Group and individual treatment *Juvenile drug court *Alcohol education program * ISA Psychological Center	*D&A *CIU *CIU/PEACE *AOA-school projects *A-CRA, ACC *YORP-youth offender re-entry program *Referral/Chart (DOE) * ISA Psychological Center

Coordination of Services

ADULT - Ethnicity Specific - Gender Specific	*counseling services for adults in community ex: relationship/drugs/abuse *coordinate w/DMHSA for consumers who are dual diagnosis *make involvement, fatherhood initiative, activities/focus *Judiciary-sex offenders treatment, individual & group treatment *AIU *AOA-Parish individual counseling *Advocacy, support, training, resources, referral (GIFTS) *FU Men's group, women's group, Chuukese men group, Bio feedback, individual marriage and family therapy *mental health court *supervision/monitoring *case management *anger management, parent skills/support, IMFT, non-medical CM *Transitional services with DOE (Sped) to adult services *Incredible years preventing program *GMH's HR dept. initiates purchase orders for employees needing psychiatric or mental health counseling services *CSEFL parent training promoting social emotional development of children *DISID-Divisions of vocational rehab: employment for individuals w/disabilities 18+ *ISA Psychological Center	*D&A *PEACE *AOA-workshop, training (ASIST), counseling, ethnic group dealing, alcohol related suicide groups *GMH patient safety program includes risk assessments for patients w/suicide tendencies history as such, nursing staff and patient doctor initiate measures for patients safety *ISA Psychological Center	*D&A *PEACE *GMH nursing staff reviews tobacco cessation handouts w/individual patients. If in depth education/training is needed our patient educator goes to meet w/the patient *ISA Psychological Center	*D&A *PEACE *GMH trains nursing staff on alcohol abuse handouts so that the nurses can discuss w/individual patients. If more info needed, GMH's patient educator meets w/patient *AOA- workshop/meeting esp. islanders affected by suicide /alcoholism *Group and individual counseling *Adult drug court *DWI court *ISA Psychological Center	*Judiciary-Juvenile drug court/adult drug court, group/individual treatment, supervision/monitoring, drug testing (intensive & non intensive tracks) *more promotion - nothing to be ashamed of *GMH several times a year conducts random drug screening tests on hospital staff. *ISA Psychological Center
MILITARY - Ethnicity Specific - Gender Specific	*Counseling services for military *Director of Psychological Health (Assessment and Referral) *MFLC Marriage Family Life Consultant *Department of Veterans Affairs (PTSD)	*State Suicide Prevention Program Manager *ASIST Trained Service Members *Resiliency Trained Service Members	*Prevention Treatment and Outreach Program *Prevention Coordinator	*Prevention Treatment and Outreach Program *Prevention Coordinator	*Joint Substance Abuse Program (Drug Testing) *Prevention Treatment and Outreach Program *Prevention Coordinator

Coordination of Services

		*Suicide Prevention Hotline 24h			
LGBTQ - Ethnicity Specific - Gender Specific					
Other	*Homeless outreach (adults, youth) *Outreach case management *Serenity home (TCH, ROH) *Coordinate w/service providers i.e. GHURA-mainstream program *AOA-CSS *Provide vocational counselors for individuals w/disabilities seeking employment			*Compact impact 1986 money grants US Gov.	*Boy Scouts of America *Council members *Merit Badge counselors *Start new troops *Girl Scouts of America work w/churches
Services Providers	*Provide care management services for individual w/disabilities *AOA-training of ministries & teachers *ISA psychological services center (UOG) *ISA Psychological Center	*AOA-workshop/trainings ASIST		*Redo Dededo Drug Free Organization	

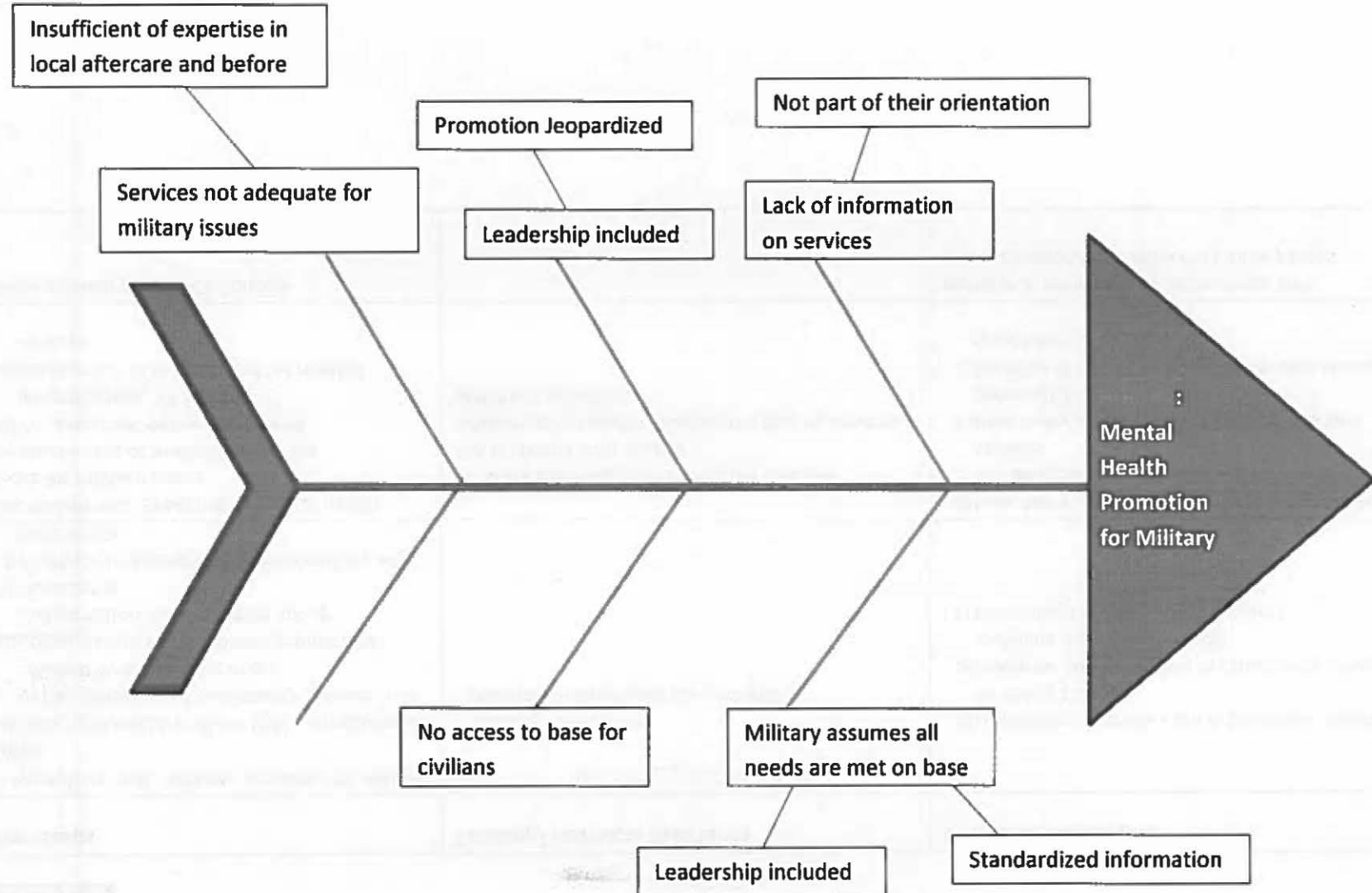
- AIU: Adult Inpatient Unit, Department of Mental Health and Substance Abuse
- AOA: Archdiocese of Agana
- ASIST: Applied Suicide Intervention Skills Training
- CIU: Children Inpatient Unit, Department of Mental Health and Substance Abuse
- D&A: Drug and Alcohol Branch, Department of Mental Health and Substance Abuse
- DISID: Department of Integrated Services for Individuals with Disabilities
- DOE: Department of Education

- DOE/SPED: Department of Education, Special Education
- DWI: Driving While Intoxicated
- GHURA: Guahan Housing and Urban Renewal Authority
- GIFTS: Guam Identifies Families with Terrific Strengths
- GMH: Guam Memorial Hospital
- MH: Mental Health
- UOG: University of Guam
- PEACE: Prevention Education And Advisory Community Empowerment

Coordination of Services

SELECTED PRIORITY: Mental Health Promotion for Military

FISHBONE ANALYSIS:



Coordination of Services

ACTION STEPS:

Action Steps	Training/Technical Assistance	Evaluation Indicators
1. Assumption that military provides all needed services a) Data from military affairs (VA) on magnitude of the utilization of community services (not covered by military services) b) Collaboration w/faith based groups and Collaboration w/orientation group c) Outreaches d) Facilitate relationship between military and community	- Building relationship - Orientation to military life and issues	a) Utilization of services pre & post-data reported to PEACE Council b) Invitation to orientation in community services including orientation packet c) Percentage of military participants
2. Insufficient local expertise in mental health services for military issues a) assessment of available expertise b) VA resources, delineate referral infrastructure, VA system c) assessment of the demand for needed services	-Military psychologist/psychiatrist training -VA on board with council -Military psychologist/psychiatrist give in-services with local providers	a) How many services available including those not being serviced by military and civilian services b) How many cross training occurred and who accessed it c) Number of community providers who attended orientation
3. Engage military in PEACE Council		Increase in membership, attendance and representation from different military corps.

Technical Assistance and Training

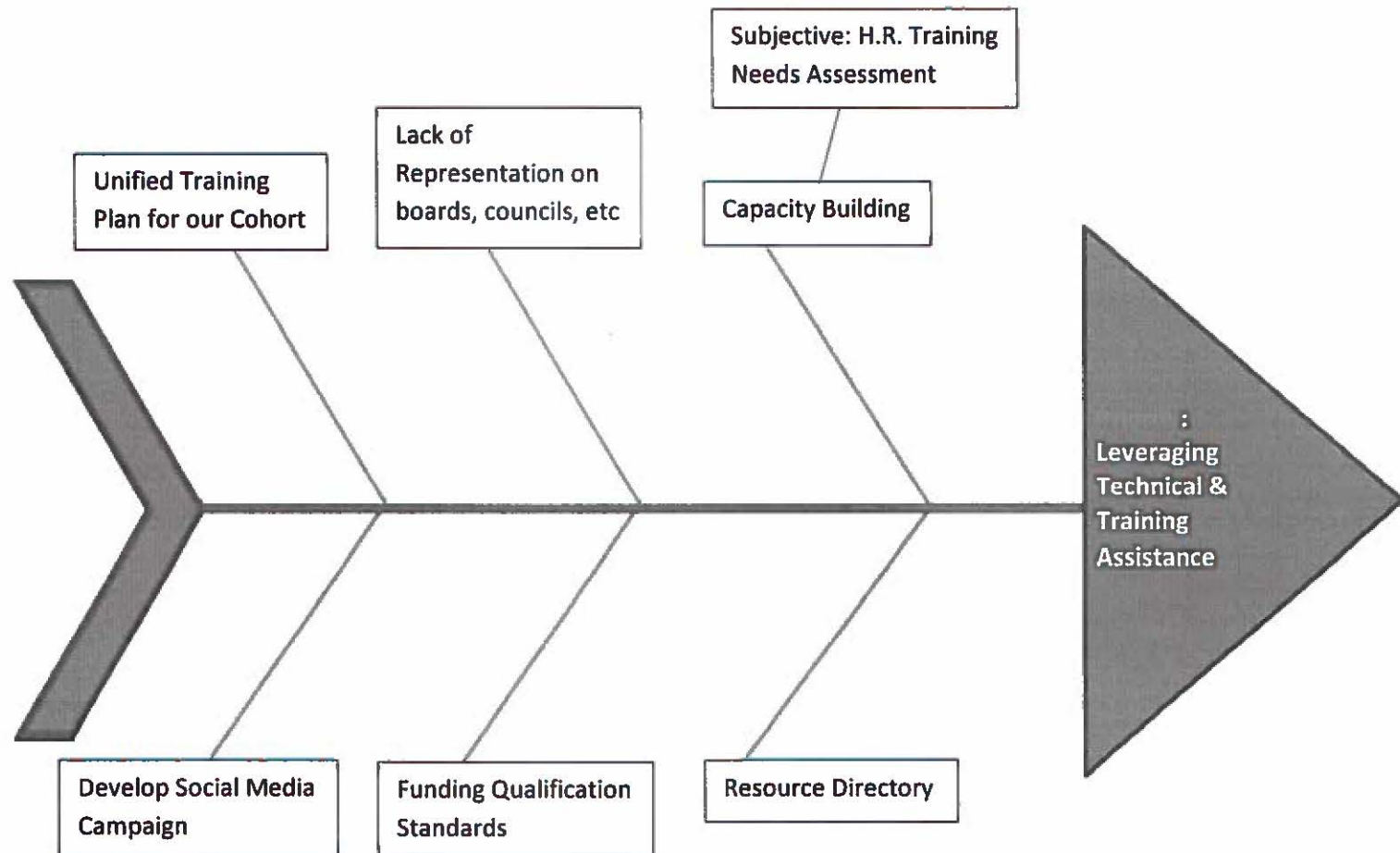
	Mental Health Promotion	Suicide Prevention	Tobacco	Alcohol	Other Drug Abuse
YOUTH - Ethnicity Specific - Gender Specific	*Consumer Talk on experiences w/ mental illness, Substance Abuse services. *Behavioral emotional & mental health, ADD, Behavioral challenges & emotion, Mental Health challenges, Mediation. *Suicide: 2 major causes: unresolved conflicts & w/ significant other-need for conflict resolution/training.	*Student Training. *Support Groups. *Teachers Workshop.	*Tobacco prevention & control programs, Brief Tobacco Intervention for youth/adult, Youth For Youth Live / Agencies/Public.	*Town Hall Meetings. *GPD enforcement of Laws, community volunteer program, CAPE, CSTR/SME, Prevention through DPS, alcohol enforcements.	*Treatment for Adolescents, ? matrix, documentation, clinical supervision.
ADULT - Ethnicity Specific - Gender Specific	*Consumers can provide talk on experiences w/MI & services. *Needs Assessment, focus group. *Parent Education, Emotional & MH concerns, Leadership Skills, Consumer Education.		*Department of Public Health and Social Services/ Brief Tobacco Intervention (BTI).	*GPD enforcement of Laws, community volunteer program: CAPE, CSTR/SME, Prevention through DPS, alcohol enforcements.	
MILITARY - Ethnicity Specific - Gender Specific					
LGBTQ - Ethnicity Specific - Gender Specific	*Talk on experiences w/mental illness & substances abuse services			*D&A Branch, coordination for Training of Trainers, For treatment providers.	
Other	*Strategic planning.		*BRFSS/Data Collection.	*D&A-credential for Alcohol Dependence Counselor/Prevention Specialist, Professionals, Co-occurring disorders, credentials	*GPD enforcement of laws, training other local law enforcement agencies coordination, drug recognition for law enforcement or other organizations.
Services Providers	*Asset Mapping. *Survey's/Data collections. *Education to Parents about behaviors, Emotional & MH concerns, Develop/provide Leadership skills & Consumer Education.		*Guam Comprehensive Cancer Control/Diabetes prevention & control-focus groups/coalitions outreach.		

- BTI: Brief Tobacco Intervention

Technical Assistance and Training

SELECTED PRIORITY:

FISHBONE ANALYSIS:



Technical Assistance and Training

ACTION STEPS:

Action Steps	Training/Technical Assistance	Evaluation Indicators
1. Develop social media campaign	Increase access to training	
2. Develop strategy for unified training	Prioritize training, identify needs (youth)	
3. Establish cohorts training reference	Identify available trainers in the community	
4. Peer mentoring training strategy	Increase transitional TA (mentoring programs for sustainability)	

Technical Assistance and Training

	Mental Health Promotion	Suicide Prevention	Tobacco	Alcohol	Other Drug Abuse
YOUTH - Ethnicity Specific - Gender Specific **BSP 2010 Guam Statistical Yearbook 2010 Guam Census	UOG Mental Health Promotion Month	Training Exit Survey Knowledge & Awareness Survey YRBS – DOE Suicide Deaths Early Identification and Referral From (EIRF) UOG Suicide Behavior	DOE – YRBS Tobacco – UOG	DOE – YRBS UOG- Alcohol Screening Q-Mark-One Nation Pre-Campaign Focus Group	DOE - YRBS
ADULT - Ethnicity Specific - Gender Specific **BSP 2010 Guam Statistical Yearbook 2010 Guam Census	UOG Depression Screening	Training Exit Survey Early Identification and Referral From (EIRF) Knowledge & Awareness Suicide Deaths	BRFSS	One Nation Social Marketing Campaign BRFSS Q-Mark One Nation Pre-Campaign	BRFSS
MILITARY - Ethnicity Specific - Gender Specific **BSP 2010 Guam Statistical Yearbook 2010 Guam Census		Knowledge & Awareness Training Exit Survey			
LGBTQ - Ethnicity Specific - Gender Specific		Knowledge & Awareness Training Exit Survey			
Other			Synar		
Services Providers					

SELECTED PRIORITY:

FISHBONE ANALYSIS:



Technical Assistance and Training

ACTION STEPS:

Action Steps	Training/Technical Assistance	Evaluation Indicators
1. Recognition of data needs knowledge and acceptance a. Advocate to private school stakeholders on why we need data and benefits b. Showing how data can link to services		Number of Private schools participating in YRBS and number of LOA/MOU's
2. Establish confidentiality rules a. Reassure on aggregate data b. Clarify process w/CDC for data submission	DOE mentoring on administrating data survey/protocol	
3. Identify representation on Council		

Performance Evaluation

Action Steps	Training/Technical Assistance	Evaluation Indicators
-Include LGBTQ (GALA) representation • Military Sectors • People with trauma	-Bias desensitization training -Media	
-Preliminary assessment of LGBTQ and military using services and people with trauma	*Gender Training for professionals *Cultural competence training *CLAS NOTE: identified T/TA apply to all delineated action steps.	
-Increase awareness through media and community mobilization -Review of existing data sources for at risk population		
-Qualitative research into families dynamics as it relates to suicide		

Performance Evaluation

	Mental Health Promotion	Suicide Prevention	Tobacco	Alcohol	Other Drug Abuse
YOUTH - Ethnicity Specific - Gender Specific	-YFYLG-Exit Survey -Head Start-ASQ-SE, DIAL 3, Child Health Record Survey -IFAM- CANS, CAS II, CAFAS, COZOCUS, ASAM -Sanctuary - GAIN I, GAIN Q, M90S -DMHSA – YRBS -Surveys @ workshops	-DYA-ASIST & safeTALK -DMHSA – Training Exit Surveys, YRBS -Surveys @ workshops -YFYLG – Exit Surveys -AOA - Youth Ministry workshop Eval Sheet, Education Curriculum Eval -GMH – Audit patient charts to determine if nursing staff thoroughly assessed suicide risk factors and proper linkage to DMHSA staff -Sanctuary - GAIN I, GAIN Q, M90S Inafa' Maolek- Pretest/Posttest, participant attendance and biodata, participant eval (students/teachers) -DOE – YRBS -CASD - CANS, CAS II, CAFAS	-DOE-YRBS -AOA-Youth Ministry workshop Eval Sheet, Education Curriculum Eval. -YFYLG-Exit Surveys -Sanctuary - ASAM, GAIN I, GAIN Q, M90S -DPHSS – GYTS Quit line matrix	-DMHSA-YRBS -YFYLG-Exit Survey -DOE-YRBS -Sanctuary-ASAM, GAIN I, GAIN Q, M90S -DYA – Enforcing Drinking Laws (EUDL), One Nation Cmpgn. -AOA – Youth Ministry workshop Eval Sheet, Education Curriculum Eval.	-YFYLG-Exit Survey -DOE-YRBS -DMHSA-YRBS -Sanctuary- ASAM, GAIN I, GAIN Q, M90S -GPD-Juvenile inv for drug offending work with DOJ, GREAT program, DARE
ADULT - Ethnicity Specific - Gender Specific	-Head Start – Parent Interest Survey, (PIR) Program Information Report	-DMHSA-Training Exit Survey -Head start-Parent interest survey, PIR Program Information report	-DPHSS-BRFSS Quit line matrix -Head Start- Parent interest survey, PIR Program Information report	-GPD-Highway patrol data collection crash reporting alcohol grant from DPW OHS -JOG-MAST Michigan Alcohol Screening	-JOG-(SASSI)Substance Abuse Subtle Screening Inventory for other drug use

		-DYA-ASIST, safeTALK		Test -DPHSS – BRFSS -Head Start – Parent Interest Survey (PIS)	-Head Start – Parent Interest Form -DPHSS – BRFSS
MILITARY - Ethnicity Specific - Gender Specific		-DMHSA – Training Exit Survey			
LGBTQ - Ethnicity Specific - Gender Specific		-DMHSA – Training Exit Survey			
Other <i>People who have gone through trauma (homeless, PTSD, Shadow people, TBI)</i>					
Services Providers		-DMHSA – Training Exit Survey			

The 6 A's in Prevention (Performance Evaluation)

CURRENT

	Mental Health Promotion	Suicide Prevention	Tobacco	Alcohol	Other Drug Abuse
ACCESS	-Head start Program		-Dept. of Public Health & Social Services -Dept. of Youth Affairs -Dept. of Mental Health & Substance Abuse – Prevention	-Dept. of Youth Affairs	-Youth for Youth Live Guam
AFFORDABILITY			-Dept. of Public Health and Social Services -Guam Comprehensive Cancer Control Coalition		
ATTRACTIVENESS			-Dept. of Public Health & Social Services -Guam Comprehensive Cancer Control Coalition -Counterdrug Program	-Guam Police Dept. -Guam Comprehensive Cancer Control Coalition -Inafa'Maolek -Counterdrug Program	-Guam Police Dept. -Inafa'Maolek -Counterdrug Program
ACCEPTABILITY	-Judiciary of Guam		-Dept. of Public Health & Social Services -Dept. of Education - Archdiocese of Agana -Private Schools -Counterdrug Program	-Private Schools - Archdiocese of Agana -Dept. of Education -Judiciary of Guam -Counterdrug Program	-Guam Police Dept. -Dept. of Education -Judiciary of Guam -Counterdrug Program
ASSIST those who want help	-Children Adolescent Service Division -Head start -Youth for Youth Live Guam	-Guam Police Department - Archdiocese of Agana -Dept. of Education -Private School	-Guam Memorial Hospital -Dept. of Mental Health & Substance Abuse-Prevention -Youth for Youth Live Guam -Head start -Dept. of Public Health & Social Services -Health Partners	-Head start -Youth for Youth Live Guam - Children Adolescent Service Division	- Children Adolescent Service Division
ACCOUNT for		- State Epidemiological Outcomes Workgroup	-Dept. of Public Health & Social Services	- State Epidemiological Outcomes Workgroup	-University of Guam

Change		-Dept. of Mental Health & Substance Abuse -Bureau of Statistics & Plans -Children Adolescent Service Division -Dept. of Youth Affairs	-State Epidemiological Outcomes Workgroup -University of Guam - Dept. of Youth Affairs -Bureau of Statistics & Plans	- Bureau of Statistics & Plans	-State Epidemiological Outcomes Workgroup -Bureau of Statistics & Plans
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The 5 A's in Prevention (Performance/Evaluation)

FUTURE

	Mental Health Promotion	Suicide Prevention	Tobacco	Alcohol	Other Drug Abuse
ACCESS	-Youth for Youth Live Guam -Head start Program	-Youth for Youth Live Guam	-Dept. of Public Health & Social Services -Youth for Youth Live Guam	-Youth for Youth Live Guam -DMHSA-Prev. & Trng.	
AFFORDABILITY			-Dept. of Public Health and Social Services	-Guam Community College	
ATTRACTIVENESS	-Archdiocese of Agana	-Inafa'Maolek -Private Schools	-Dept. of Public Health & Social Services -Guam Comprehensive Cancer Control Coalition	-Guam Police Dept. --Guam Comprehensive Cancer Control Coalition	-Guam Police Dept.
ACCEPTABILITY	-Private Schools	-Private Schools	-Dept. of Public Health & Social Services		
ASSIST those who want help	-Children Adolescent Service Division -Head start	-Children Adolescent Service Division -Head start -Dept. of Mental Health & Substance Abuse	-Guam Memorial Hospital - Archdiocese of Agana -Head start -Dept. of Public Health & Social Services -Children Adolescent Service Division -Health Partners	-Head start -University of Guam - Children Adolescent Service Division	- Children Adolescent Service Division
ACCOUNT for Change	-State Epidemiological Outcomes Workgroup -Bureau of Statistics & Plans -Dept. of Youth Affairs -Judiciary of Guam	- State Epidemiological Outcomes Workgroup -Dept. of Mental Health & Substance Abuse -Dept. of Education -Bureau of Statistics & Plans -Archdiocese of Agana	- Archdiocese of Agana -Judiciary of Guam -Dept. of Education -Dept. of Public Health & Social Services -State Epidemiological Outcomes Workgroup -University of Guam - Dept. of Mental Health & Substance Abuse -Bureau of Statistics & Plans	-Dept. of Education - State Epidemiological Outcomes Workgroup -Dept. of Mental Health & Substance Abuse - Bureau of Statistics & Plans -Judiciary of Guam	-Dept. of Education -Judiciary of Guam -University of Guam -State Epidemiological Outcomes Workgroup -Bureau of Statistics & Plans

**SPE Stakeholders' Meeting
January 31, 2013
Marriott Resort, Guam**

DATA:

What more do you want to know?

- Data on FSM community, faith-based community, LGBTQ, Youths, children of incarcerated parents.
- Tobacco import data
- Prescription drug use (where/how getting them) (youth usage)
- Suicide completions/attempts not reported
- Mental health issues in homeless/substandard living
- Validity of surveys (need variety of collection – focus groups)
- Depression screening – is it offered community wide?
- How is it collected?
- How is it analyzed?
- Is it consistent?
- Distribution of information and awareness

What services do you need?

- Language specific education
- Chief Medical Examiner
- Through partnerships, community-based organizations (FSM Church Leaders, GALA)
- Training (overall)
- Software type used
- Experts
- Collaboration

What training or technical assistance do you need?

- Training on evaluation tools
- Training on languages
- Interpreters and translators
- Training of trainers
- Connection of suicide to drug/alcohol use
- Gain trust to ask personal questions (use churches/pastors)
- Training on utilizing software
- Training in useful resources and technology including tools/instruments being used
- Settings and target groups

COORDINATION OF SERVICES:

What more do we want to know?

- Availability of languages specific education
- Treatment services serving LGBTQ population
- Cross-cultural education
- What services are available?
- How to better publicize? Increase awareness?
- What do you have to pay for vs. free? Costs for services
- How much time do I need to invest?
- Time of response from providers
- Are more confidential methods available?
- How do we reduce stigma on these services?
- What services are provided at the school level?

What services do we need?

- Training of interpreters and translators
- Better enforcement (stores, ID checks)
- Education!
- Raise minimum purchase age for tobacco =21
- Get pastors/churches involved
- Get law enforcement active (increase busts/presence)
- Increase neighborhood ownership (crime watch program)
- Increase signage/eye-catching/emphasize fine
- Translation into major languages
- Emphasize prevention & respect!
- Workshops
- Cultural language services/training – OMH
- Resource information center/directory

What technical assistance do we need?

- Children of incarcerated parents
- Drugs and alcohol awareness and prevention (life skills)
- Awareness among foster parents
- Resource training
- Wellness trainings within organizations/agencies

TRAINING AND TECHNICAL ASSISTANCE:

What more do we want to know?

What services do we need?

What technical assistance do we need?

- Training members of targeted groups in all areas of prevention
- Training of trainers: ASIST, tobacco cessation
- Services providers identify who the target groups are and who mentors in each group
- Connect with the FSM CLAG (Church Leaders Association Guam)
- Translations of all prevention tools and materials
- Solicit compact-impact funding for prevention
- Language barriers
- Bring TA/T to participant rather than participant to training
- Mental health training for service providers
- Collaboration/networking
- GONA/holistic approaches
- Training for top levels in addition to bottom
- Grant writing
- Work skill/work ethics
- Get into homes (benefits/incentives)
- What's being offered?
- Who are the experts/trained individuals
- Funding/grant opportunities
- Calendar of events
- Grant writing skills
- Directory of stakeholders
- Collaboration with organizations (NGOs, military, faith-based, government, private corp.)
- Policy mandates
- Grant writing
- More training of trainers
- Update policy/procedures of consistency
- Sustainability

NEXT STEPS:

- Answer questions (e.g. data)
- Invite more youths
- Discuss surveys
- Invite others (mayors)

SPE Stakeholders' Meeting
February 26, 2013
Marriott Resort, Guam

DATA:

What more do you want to know?

- Prevention strategies (i.e. awareness, campaigns)
- Import/Export of products (tobacco, alcohol) and appropriation of sin tax (going to prevention/treatment?)
- Military base data
- Breakdown of data by islands
- Data on different subcultures (ie. Recovery group, sports groups)
- Capture data on underlying factors not just symptoms (drug use and suicide attempts are just symptoms of something deeper)
- Co-occurring factors (ie. those in sex and beauty industry exhibit risky behaviors)

What services do you need?

- Culturally competent strategies
- Language interpreters/media information
- Cultural values (understanding and gaining knowledge of the population's values)
- Pre-doctrination/education (education before arriving into the island; collaboration with airlines in passing out documents/informational booklets the way they pass out customs forms)
- Translation of data (into other languages; for ordinary people to understand)

What training or technical assistance do you need?

- Train members from respective cultures/communities
- Involvement of various community in activities (ie. Anti-bullying in schools; workshop events; researching culture; hands on experience)
- Qualitative data (testimonials/personal experiences)
- Accessibility of training (transportation issues; getting the right attendees)

COORDINATION OF SERVICES:

What more do we want to know?

- How do we access our resources?
- How do we link our clients to available resources?
- What resources are available?
- How do we collaborate with other agencies?
- How do we assess the individual levels of need?

- How do we assess the program needs?
- How do we evaluate the services available?
- What services are free? And, what qualifies you to receive these services?
- What transportation services are there? (coordination of outreach programs so that multiple services are available at one location at one time)
- How do we culturally adapt our services?

What services do we need?

- Proper training for qualified personnel (qualified personnel per need)
- We need TOT to be cost effective
- Local adaptation of training
- Additional services for those with disabilities that battle addiction
- More services for youth (focus on prevention)
- More services for our elderly
- More support groups

What technical assistance do we need?

- Current 24 hour hotlines – does the public know?
- Training on devices used for data gathering
- Access to communication tools to adapt to other cultures (translators)
- More outreach programs that are culturally diverse (workshops/townhall meetings) to include media
- What the budget (sources of funding)?
- More, more, more love

TRAINING AND TECHNICAL ASSISTANCE:

Issues that need to be addressed:

- Underage Drinking (penalties)
 - Community service (more eye opening experiences like “scared straight”)
 - Harsher penalties (lawmakers, research from other states, advocacy from the community)
 - Stronger enforcement (private sector, language specific)
- Suicide
 - Being able to provide the service (professionals, service providers)
 - Be more proactive than reactive
 - Be aware of policies
 - Make it a part of professional curriculum/certification
- Youth Prevention Activities
 - Inclusive of different cultures
 - More encouraged in the schools

- Buy in from the community
 - Perception of substances (raise awareness of effects; some youth say “I’m not smoking marijuana or ice” when referring to consuming alcohol)
- More services available (more accessible venues; more incentives)
- Coping skills
 - Youth and adults
 - Encourage community groups and clubs to initiate drug prevention and suicide prevention
 - Groups to be the support system
- Not enough professionals
- To partner culture specific organizations for community education
 - Sensitivity training

DAY 1 July 30, 2013

7:30 a.m. – 8:30 a.m. Preparing for the Journey

- Registration
 - Participant check-in
 - Photo release forms
 - Affirmation activity

8:30 a.m. – 10:00 a.m. BELONGING

Purpose: To experience actions, words and rituals, which make each person fully appreciate that we "belong" in this Gathering of Pacific Islanders (GOPI). To acknowledge and support the protective factors associated with belonging. To create an open, safe, and trusting environment so participants can begin the work of joining together as a community to develop Guam's 5-year comprehensive PEACE Plan. To provide an opportunity for individual community members to have their contributions heard, valued, and respected and establish a foundation for the duration of the GOPI and beyond. For participants to join together and help establish the direction of the community's plan to stop suicide and prevent substance abuse on our island.

- Welcoming: Bendishion (Pa'a Taotao Tano)
- "Vision for PEACE"
- Gathering of Pacific Islanders overview
- Logistics overview
 - Healing room – I Pulan Room
- Overview of GOPI themes: Dr. Iris PrettyPaint, "A Review of the theoretical foundations of cultural resilience, support, and empowerment"
- Storytelling (Jerry Crawford)
- Group structured activity

10:00 a.m. – 12:00 p.m. MASTERY

Purpose: To understand how the losses and grief that stem from historical trauma undermine our wellness today; to let go and release the effects of historical trauma and embrace wellness as a community; to understand that it can be stressful and unhealthy to carry this loss and trauma around; and to recognize the importance of traditional cultural practices in the healing. Mastery is the next important developmental step in an individual's and a community's journey toward the wholeness and balance necessary to address important issues. This day will include a "letting go" and renewal activity. This day is also intended to develop the common community vision and direction necessary to shape the plan around existing resources and stakeholders.

- Introduction to theme
- Storytelling (Toni Ramirez)
- Environmental scan
- Introduction to historical trauma/crisis theory

12:00 p.m. – 1:30 p.m. Lunch (Tiul Dancers)

1:30 p.m. – 3:30 p.m. MASTERY (continued)

- What broke apart our world? What holds our world together?
- Group Breakout Session

3:30 p.m. – 3:45 p.m. Break

3:45 p.m. – 5:00 p.m. MASTERY (continued)

- "Letting Go" candle ceremony
- Music by Santa Teresita Parish Youth Choir: "Go Light Your World."

DAY 2 July 31, 2013

7:30 a.m. – 8:30 a.m. Preparing for the Journey

- Registration
 - Participant check-in
 - Photo release forms
 - Affirmation activity
- Logistics Overview

8:30 a.m. – 10:00 a.m. INTERDEPENDENCE

Purpose: To experience through activities and stories, the interdependent roles and responsibilities that will help heal and provide positive standards for the future. To help reestablish and maintain the balance necessary to solve common problems, celebrate common achievements, and continue to survive and thrive as a people. This day will conclude with an identification of the major strategic directions for moving forward, forming the framework of the prevention plan.

- Opening Ceremony (Onania Snively)
- Review of day 1/Overview of day 2
- Framework for Planning: JoAnn Kauffman, "Overview of Indigenous Planning and Self-Determination Models"
- Storytelling (Michelle Sasamoto)

10:00 a.m. – 12:00 p.m. Group Breakout Session

12:00 p.m. – 1:30 p.m. Lunch (Primitiva Muna)

1:30 p.m. – 2:30 p.m. GENEROSITY

Purpose: To recognize as one of the highest values of our Pacific Island cultures is the importance of giving back to others and to the community. To honor the important role of participants who share knowledge to our future generations, and finally, to recognize the many resources residing within our Pacific Islands that contribute to the overall wellness of the community. Building upon the work conducted on the first day, participants will address the strategic planning for each of the major goals identified.

- Participatory Exercise
- Transition to community planning : Words from the community

2:30 p.m. – 4:00 p.m. Group Breakout Session

4:00 p.m. – 4:15 p.m. Break

4:15 p.m. – 5:00 p.m. Closing Ceremony (beachside)

- Benediction: Pastor Steven McManus and Christian Life Center



GATHERING OF PACIFIC ISLANDERS for

PREVENTION, EDUCATION, AND COMMUNITY EMPOWERMENT

GOPEACE Shared Vision for Guam in 2019					
Culture Sensitivity Awareness Values Acceptance Spirituality	Safety Personal Public Involvement	Health Accessibility Primary Behavioral Choices Affordable	Infrastructure Leadership Policies Laws Partnerships Economy Prosperous	Education Empowerment Funding Healthy Lifestyle Healthy Relationships	Environment Stewardship Sustainability Clean Awareness
Youth Team	Green Team	Blue Team	Yellow Team	Purple Team	
Person-to-person safety	Community education and training	Peace begins with me	Kina 'Ole: Culture of unification, culturally healthy community	A safer Guam	
Sustaining our ecosystem	Environmental Stewardship	Safe and clean environment	Environmental awareness and practice	Better and healthier choices	
Improving infrastructure	Safer community	Healthy sustainable future	Community accessibility	Community empowerment	
Improving our economy	Proactive leaders policies and programs	Healthy relationships and society	Inafa Maolek: To make life better	Effective partnerships	
More public safety	Cultural awareness and acceptance	Community involvement	Safety	Culturally sensitive	
Altering Visa laws		Culture and family values	Affordable and accessible primary and behavioral healthcare	Spiritually connected	
Reviving Guam's culture			Healthy lifestyles		
More funding for school systems			Positive action: prosperity for individual, family and community		
Less focus on technology and more on real world					

GOPEACE				
Shared Strategies and Actions for Guam in 2019				
Youth Team	Green Team	Blue Team	Yellow Team	Purple Team
Excelling in education	Create and develop a culturally responsive social media plan	Empowering communities to action	Educate and train	Promoting awareness through multi-media
Increasing public transportations availability	Develop an action plan with key stakeholders	Research traditional, best practices	Mobilize “roll out” community and self	Foster and define common identity
Encouraging R ³	Foster community involvement	Seek and secure funding opportunities	Manage resources	Promoting proactive approaches to policy development
Uniting our community	Secure and commit policy leaders	To evaluate and change public policies		Formulating partnerships through networking
Jumping into reality	Enforcement environment campaign	Getting the commitment of leaders and stakeholders		
Creating opportunities	Engage and empower youth	To educate community and ourselves		
Budgeting wisely				
Educating our community				
Reviving cultures				
Taking steps to success				

Youth Team

- **Excelling in education**
 - Better educational system
 - More education
 - Schools
 - Sports
- **Increasing public transportations availability**
 - Make all public transportation reliable
 - Lack of public transportation: funding for more buses and cars!
- **Encouraging R³**
 - More coastal clean-ups
 - Lack of money: recycle can in schools & box tops – Improve on Sat 10
 - Promote recycling at big events and popular places
 - Trash – by going green, stop littering
 - Sustaining our ecosystem
- **Uniting our community**
 - Uniting the community
 - Finding common grounds
- **Jumping into reality**
 - Decreasing technical distractions
 - Focus on reality
- **Creating opportunities**
 - Establish more businesses
 - More airlines/tourism
 - More job opportunities
- **Budgeting wisely**
 - Adjusting the budget
 - Smarter budgeting
 - Lack of resources: [unreadable] programs
 - Savings accounts
 - Fundraising
 - Positive advertising
 - Give donations
- **Educating our community**
 - Conferences
 - Prevention against negative influences by reaching out to the community
 - Starting an organization that's against negative influences
 - More youth participation
- **Reviving cultures**
 - Accepting other cultures, religions, and beliefs
 - Restoring our culture
 - Revitalizing the culture
 - Promote our culture
- **Taking steps to success**
 - Helping others
 - Lack of initiatives: change of philosophy - by taking initiative – by setting
 - Motivation

Green Team

- **Create and develop a culturally responsive social media plan**
 - Awareness and advertisement; we need to make it know/to share that vision to make people aware of it
 - Multi-language informational brochures

- Execute and implement: advertisement, ed. outreach, sustainability, programs and policies that will be implemented and sustain
- Collaborate with partners to identify culturally relevant education topics and training needs (mass calendar)
- Learn about other cultures
- All cultural awareness and celebrations
- **Develop an action plan with key stakeholders**
 - MOU between healthcare providers
 - To create clear timelines to insure commitment to the work plan
 - Seek funding – seek available funds
 - Commitment to the task – goals – complete
 - Identify target group
 - Have accurate inventory (inventory of resources)
- **Foster community involvement**
 - Village community meetings
 - Townhall (village) meetings – voices are heard by going to the and facilitating conversation – it buys representation
 - Working together with community leaders: mayors, educators, faith-base
 - Conduct outreach
 - Outreach begins w/ me: family, friends, neighbors
- **Secure and commit policy leaders**
 - Leaders attending GOPI
 - Address the policy makers; provide our vision to secure the funding for the resources
 - Enforcement of policies
 - Identify and define legislation, policy changes/improvement needed
 - Positive involvement by island and community leaders
 - Identify the champions community and govt leaders who will comprise a working group to meet monthly to accomplish the work plan
 - Policy makers
- **Enforcement environment campaign**
 - Enforcement of laws – environmental issues...
 - Report illegal activities. Don't be afraid.
 - Be more involved in recycling
- **Engage and empower youth**
 - Youth program partnerships – ex: electric light festival
 - Learn and implement best practices to engage the youth

Blue Team

- **Empowering communities to action**
 - Integrate elements and vision in the organizations in which we work/minister
 - Start/implement more communities outreach programs within the villages
 - Including individuals note: referred to people seeking/receiving services
 - Step one: go back to family, friends, co-workers and share about GOPEACE/vision/experience
 - Step two: Ask them if what they think or if they have any ideas about making Guam a better place
 - Step three: Collaborate – energy, talent, resources to help make the Vision come alive
- **Research traditional, best practices**
 - Research/improve accuracy of data collection and documentation
 - Asking our elders
 - Healing approaches
 - More research on problems: scientist as environment development
 - Construct agencies in the community
 - Students in economics as a division of Peace Corp
 - Historians of wars, as a consultant of Peace
- **Seek and secure funding opportunities**

- Identify and sustain funding sources
- Seek and secure funding sources
- Provide better public transportation
- Funding: identify funds
- Identify cost \$
- Financial budget
- Grant writers
- **To evaluate and change public policies**
 - Increase availability of recreational programs to youth
 - Less talk: instead of talking actually do it
 - Policy evaluation
 - Devise a systematic plan (written)
 - Support: getting our island leaders involved
 - 1) a clear and written vision statement
 - 2) bring the vision statement to the people, having them endorse the statement. A petition
 - 3) put the vision statement on a voting ballot for the people to further endorse
 - 4) if ballot is a go, keep our leaders accountable
- **Getting the commitment of leaders and stakeholders**
 - Getting our senators/legislature to commit
 - Form partnerships
 - Community involvement
 - Involve community leaders (public and private)
 - Engaging the community
 - Promote diversity through more island/cultural fairs
 - Community friend: get to know your community
 - Community commitment
- **To educate community and ourselves**
 - Create film production showcasing diverse cultures
 - Youth: connect to young people
 - To have a positive mindset
 - Families: ask for guide, communicate
 - Believe in yourself, you can do it
 - Commitment: better ourselves
 - Be proactive rather than reactive
 - Open a One Stop Center to link people to resources on island
 - You; be aware
 - Provide more outreach in community – ex. Vaccines, health check-ups
 - Renewed, regained
 - Promote public awareness
 - Educational approaches/ outreach
 - Educate our youth – implement curriculum

Yellow Team

- **Educate and train**
 - Read the bible
 - Activities: conference and training
 - Finding other ways of communication
 - Training/guidance
 - Translation; reaching and understanding
 - Translators/interpreters: form an organization; train them professionally; pay them adequately
 - Linguistically appropriate promotions
 - Advice from man'amko (elderly)
 - Increase awareness
 - Influence

- Provide education/awareness of the vision
- Career-education: bring job fairs to the various (villages, schools, public centers); inform students about their options
- Safety and emergency training
- **Mobilize “roll out” community and self**
 - Cooperate and collaborate
 - Youth groups to be involved in the community
 - Allow for more public input
 - Getting the team together and all meeting together on date and time set every time
 - Outreach to educate and promote awareness
 - Community initiations
 - Community base (working together to make a difference)
 - Coming to the level of the community
 - Community involvement
 - Volunteers
 - Enlist
 - Outreach
 - Start at home
 - Network collaboration (feds/govt)
 - Outreach
 - Motivate
 - Engage
 - Initiate – penetrate: address each individual community; get them educated – communicate – educate – motivate
 - Ignite
 - Lead and follow
 - Open minded
 - Taking initiative
- **Manage resources**
 - Strategies: Planning group of different agencies and cultural/ethnic groups; commitment; communication
 - Better and healthier choices
 - Conserve before GPA serves your power bill
 - Local farmers market
 - Proper planning with gov. agencies
 - Initiates: legislative involvement; legislature implementation of laws addressing obstacles; implement activities that promote awareness
 - Govt leaders buy-in
 - Accountability
 - Define!!
 - Accountability
 - Money management “less anger management”
 - Free health care
 - Provide funding/resources
 - Financial needs are the major obstacle in pursuing the goal. Money
 - Being smarter and more efficient with money (accountability)
 - Funding resources
 - Money, finance

Purple Team

- **Promoting awareness through multi-media**
 - Develop public information to reach all ages and segments of the community to promote collaboration
 - Create a multi component media campaign
 - Using social media to promote initiatives – “like”, share, twitter, etc.
 - Offer public awareness and education/finance

- Delegating responsible leader (role model) to oversee
- **Foster and define common identity**
 - Promote a stronger sense of island/community identity
 - Self-reflect. What do you believe?
 - Respect and embrace cultural diversity
- **Promoting proactive approaches to policy development**
 - Persuade legislature to create healthy policies
 - Creating a community “watch group” to monitor good governance!
 - Form neighborhood watches
 - System to monitor student progress and teacher effectiveness
 - Promote recycling w/ incentives that we can put in place
 - Leadership interested in generations economic growth for all citizens not special interest
 - Implement mental health and high risk activity screeners in schools, clinics, DPH, etc.
 - Develop natural resources – fishing, farming, etc.
 - Educate those from outer islands about Guam laws
 - Advocating: policy makers for effective partnerships
- **Formulating partnerships through networking**
 - Design a program where all ages and generations will exchange information about their different and shared values
 - Facilitate small groups (listen + educate)
 - Make outreaches to reach out to the community and educate them on healthy choices
 - Collaboration across the community
 - Strengthening and healing of families(basic unit of a community)
 - Conduct village outreach/townhall meetings to educate stakeholders
 - Strengthening communities through education
 - Partner with church groups and a faith-based organization
 - Organize faith-based committee
 - Townhall meetings, assemble
 - Collaborate w/ community partners to create culturally sensitive media and promotions
 - Building initiatives: schools, churches, families
 - More collaboration within the community
 - Start community gardens
 - Outreach (schools, malls)
 - Reach families members (through family functions)
 - Cross-cultural education
 - Partners with schools and promote making the right choices
 - Educational funding targeted to direct activities in the school classroom
 - Arrange a mentoring program between younger and older persons and between islands
 - Avoid stereotyping and improve communication/cooperation
 - Encourage the development of youth policing
 - Increase youth involvement
 - Empower youth to become more engage in positive community activities
 - Empower youth
 - Promote activities where everyone collaborates for the common good/benefit, i.e. Inafa’ Maolek
 - Form a community of human services providers
 - Increase workforce development/training opportunities and encourage education
 - Partner with the NCD consortium (Aug 9, 2013: Nikko Hotel)

Gathering Of Pacific Islanders for PEACE
GOPEACE
JULY 30 – 31, 2013

July 30 – Day One

BELONGING (Plenary Session)

Activity #1

A group structured activity was held at 10:00am. Each table had a large piece of paper, marked “Shared Values”. Each table was asked to talk among themselves as follows:

- Introduce each other
- Discussed the values that you all shared when it comes to planning for the prevention of suicide, youth violence, substance abuse and improved mental health. What are your values?
- Make a list of the shared values that bring to the PEACE collaborative process

○ **Activity Results**

- | | |
|---------------------------------|------------------------|
| 1. Identity | 106. Understanding |
| 2. Culture | 107. Family cultural |
| 3. Life | 108. Careers |
| 4. Respect | 109. Knowledge |
| 5. Prayer for elders and others | 110. Innocence |
| 6. Hard work | 111. Freedom |
| 7. Motivation | 112. Generosity |
| 8. Problem solving | 113. Opportunities |
| 9. Bonding with relationship | 114. Hospitality |
| 10. Peace of mind | 115. Peace |
| 11. Family | 116. Human race |
| 12. Children | 117. Leaders |
| 13. Independence | 118. Laws and morals |
| 14. Compassion | 119. Determined |
| 15. Empathy | 120. Young |
| 16. Support | 121. Smart |
| 17. Accountability | 122. Funny |
| 18. Heritage | 123. Weird |
| 19. Meditation | 124. Creative |
| 20. Education | 125. Spontaneous |
| 21. Love | 126. Dancers |
| 22. Faith | 127. Understandable |
| 23. Hope | 128. Responsible |
| 24. Community | 129. Mature |
| 25. Sobriety | 130. Artistic |
| 26. Spiritual beliefs | 131. Authentic |
| 27. Self-respect | 132. Peaceful |
| 28. Honor | 133. Loving |
| 29. Courage | 134. Caring |
| 30. Freedom of self-rights | 135. Sweet & sour |
| 31. Thankfulness | 136. Community helpers |
| 32. Culture identity | 137. Social |

- | | | | |
|-----|---|------|---|
| 33. | Trust / communication all = success | 138. | Singers |
| 34. | Financial responsibility | 139. | Hard workers |
| 35. | Healthcare for self & family/sustenance | 140. | Diverse |
| 36. | Patience | 141. | Individuality |
| 37. | Bonding | 142. | Freedom |
| 38. | Persistence in doing good | 143. | Senses |
| 39. | Suicide – free /alcohol free or free of addiction | 144. | Surroundings |
| 40. | Acceptance | 145. | Being an advocate |
| 41. | Understanding | 146. | Leadership |
| 42. | Communication | 147. | Ourselves |
| 43. | Commitment | 148. | Civil rights |
| 44. | Advocacy | 149. | Cultural sensitivity |
| 45. | Encouragement | 150. | Family values |
| 46. | Forgiveness | 151. | Mutual respect among communities |
| 47. | unconditional support | 152. | Understanding & empathy for those who are suffering |
| 48. | Self-care | 153. | Happiness |
| 49. | Self-dignity | 154. | Sharing |
| 50. | Self-worth & enrichment | 155. | Courage to take a stand |
| 51. | Self-understanding | 156. | Transportation |
| 52. | Love for self | 157. | Chances |
| 53. | Laughter | 158. | Ability |
| 54. | Joy | 159. | Endurance to keep going |
| 55. | Interaction | 160. | Shared Commitment |
| 56. | Service & volunteerism outreach | 161. | Language |
| 57. | Discipline / respect for nature, environment | 162. | Our land/ sea |
| 58. | Prevention of avoidable crisis disasters | 163. | Religion / believe in God |
| 59. | resilience | 164. | Our knowledge |
| 60. | others | 165. | Our history |
| 61. | time | 166. | Money |
| 62. | honesty | 167. | Grief / happiness |
| 63. | loyalty | 168. | Positive energy |
| 64. | Jobs, vision | 169. | Open mindedness |
| 65. | Resiliency | 170. | empathy |
| 66. | Mutual Understanding | 171. | Integrity |
| 67. | Empathy religion / spirituality | 172. | Courage |
| 68. | diversity | 173. | Sense of spirituality |
| 69. | self- compassion | 174. | perseverance |
| 70. | Genuineness / prayer | 175. | Responsibility |
| 71. | Sharing | 176. | Humility |
| 72. | Believe in God | 177. | Perseverance |
| 73. | Health | 178. | Endurance |
| 74. | Dream | 179. | Understanding |
| | | 180. | coping |
| | | 181. | humility |
| | | 182. | consideration |
| | | 183. | generosity |

- | | | | |
|------|--|------|---|
| 75. | Earth trust | 184. | spirituality |
| 76. | Team-work | 185. | follow through |
| 77. | Homes | 186. | showing up (integrity) |
| 78. | Equality | 187. | belonging (humanistic) |
| 79. | Food | 188. | substance |
| 80. | God | 189. | wisdom |
| 81. | Helpful | 190. | Families |
| 82. | Kindness | 191. | Empowered |
| 83. | Non-judgmental | 192. | Generosity |
| 84. | Positivity | 193. | Peace |
| 85. | Knowledge | 194. | Endurance |
| 86. | Forgiving | 195. | Growth |
| 87. | Individual | 196. | Collaboration |
| 88. | ethnicity | 197. | Sharing |
| 89. | Religion | 198. | Listening |
| 90. | Choices: healthy, freedom,
partners, who to love,
friendship, etc. | 199. | Belonging |
| 91. | Prevention | 200. | Put it in action |
| 92. | Collaboration / partnerships | 201. | Church |
| 93. | peace | 202. | Willingness to change |
| 94. | We believe in GOPI | 203. | Responsibility |
| 95. | Unity | 204. | Business |
| 96. | Recovery | 205. | Communities |
| 97. | Support | 206. | Neighbor |
| 98. | Thoughtful | 207. | Talent |
| 99. | helpful | 208. | Service |
| 100. | Friendship | 209. | Abilities |
| 101. | Mind over matter (overcome) | 210. | Integrity |
| 102. | Mind open | 211. | Gratefulness |
| 103. | Harmony | 212. | Language |
| 104. | Cooperation | 213. | Courage |
| 105. | Coherence | 214. | Generosity |
| | | 215. | Our island |
| | | 216. | Creativity |
| | | 217. | Ideas |
| | | 218. | Our stories |
| | | 219. | Value of each one of us |
| | | 220. | Racial |
| | | 221. | Appreciation (life, beauty,
uniqueness, talents,
weakness) |

MASTERY (Plenary Session)

Activity #2

A group structured activity was held at 11:00am that asked participants at their tables to speak with each other to identify 3 main topics. Two large pieces of paper was placed each table. On one was split

in half and on each half was titled “What broke apart our world?” and “What holds our world together?” and the last paper was titled “Current trends (External and Internal)”. Each table will be asked to talk among themselves as follows:

- Historical Trauma and Other risks: What broke apart our world? Protective Factors and Resilience: What keeps our world strong and together?

○ **Activity Results:**

What broke apart our world?	What holds our world together?
● Violence ● Racism ● Ignorance ● Lack of respect ● Drugs/alcohol ● Pride ● Disconnected with God ● Poverty ● Low self-esteem ● Illness ● Legal Issues ● Domestic violence ● Drugs/alcohol ● Death ● Discrimination ● Heart breaks ● Cyberbullying ● Gossip ● Selfishness ● Wars Violence ● Conflict ● Senior-citizen abuse ● Family abuse ● Death, sickness, suicide, tragedy ● Addictions (drugs, alcohol, etc.) ● Hatred (racism, sexism, profiling, labeling) ● Prejudice ● Religion ● Drugs/alcohol ● Suicide/murder ● History ● Covenants ● Cultural changes ● Domineering/bullying ● Hate ● Rape/molestation ● Misunderstanding	● Family ● Faith ● Friends ● Hope ● Values/beliefs ● Peace ● Love ● Respect ● Charities ● Our children ● Culture ● Experiences ● Supporters ● Group Organizations ● Love ● Hope ● Faith ● “I’m gonna make a change, gonna make a difference” ● Respecting others ● Trust ● Share/help one other ● Patience ● Culture ● Being spiritual/religious ● Resilience (courage) ● Acceptance of each other, of our problems ● Faith ● Love ● Hope ● Talking openly about your brokenness (transparency) ● Compassion ● Meditation ● A sense of community, belonging ● Expression ● Being focused

• Selfishness • Disobedience • Failures • Poverty • Absence of shared values • Colonization • Fragmentation of family, community • Absence of faith • Denial of mental illness, self-worth, historical family dysfunction • Loss of personal power • Intolerance • Anger • Non-communication • Jealousy • Greed • Lies/deceit • Ignorance • Stealing • Technology • Media • Lack of communication • Lack of faith • Government • Breaking down in family system • War • Conflict • Envy • Discrimination • Religion • Greed • Miscommunication • Misunderstanding • Status • Hatred • Power • Racism • Law • Revenge • Culture • Gender • Colonialism • Language • Crisis • Drugs/alcohol • Peer pressure	• Music • Healthy pride/self-image • Restoring identity • Perseverance • Sustaining shared values • Faith • Hope and love • Respect • Trials and tribulations • Peace • Love • Happiness • Faithfulness • Honesty • Getting Along • Communication • Gentleness • Technology • Communication • Onania's laugh • Have faith • GOPEACE conference • Connected to a group • Love • Respect • Peace • Trust • Culture (embrace!) • Belief • Family/friends • Understanding • Communication • Forgiveness • Acceptance • Cooperation • Honesty • Life, living, loving • Holidays • Celebrations • Fiestas • Parties • Weddings • Crisis • Funeral • Education • Community activities
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• Ignorance • Lack of information • Greed • Pride • Cultural loss • Racism • Lust • Anger • Jealousy • Power/control • Poverty • Substance abuse • Morals/values • Communication • Knowledge • Money • Fear of the unknown • War • Greed • Miscommunication • Changing in society • Reaction • Peer pressure • Outside cultures' influences • No consideration of circumstances • Selfishness • Hate • Hate • War • Ownership • Racism • Isolation • Abuse • Violence • Lack of communication • Judgments • Power • Money/greed • Racism • Segregation • Hatred • Attitude • Pride • Jealousy/deceit • Economy/cost of living • Bitterness	• Relationships • Love • Forgiveness • Acceptance • Compassion • Sharing • Thoughtfulness • Morals/values • Unity • Education • Faith • Communication • Sport/advocacy • Knowledge • Money • Willingness • Hope • Education • Learning to forgive • Sharing, helping others • Understanding differences • Learning to adapt • Learn to be proactive • Making right choices • Appreciation of our own culture and learning about other cultures • Think and be open-minded • Respecting others • Love • Love • Compassion • PEACE • Empathy • Humanity • Justice • Harmony • Unity • Faith • Peace • Love • Happiness • Obedience • Communication • Responsibilities • Respect • Strength
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- Evils
- Substance abuse
- Loss of religion
- Lack of communication
- Disrespect
- Rebellion
- Gossip
- Family orientation
- A hope for a better future
- Hope for our children's future
- Equality between one another
- The pursuit of happiness
- Good influence
- Good communication
- Understanding each other
- Cultural understanding
- Respecting each other's feelings
- Unity
- Avoiding violence
- Successful goons
- Bravery
- Sexual abuse
- Substance abuse
- Rejection
- Disrespect
- Violence
- Prejudice/discrimination
- Ignorance
- Instability
- Power/greed
- Loss of love/vision
- Broken families/homes
- Discrimination
- Abandonment/neglect
- Abuse
- Drugs/alcohol/tobacco
- Infidelity
- Crime/jailtime
- Financial challenges
- Poverty
- Stigma of mental illness
- Lack of healthcare services
- Illness/disease
- Never acknowledged
- Too much pride
- Emotional distress

- Courage
- Shame/learn and respect cultures
- Listening
- Trust
- Faith/beliefs
- Loyalty
- Positive organization skills/practices
- War
- Racism
- Pollution
- Inequality
- Greed
- Crime
- Alcohol abuse
- Suicide
- No communication
- Distrust
- Cultural understanding
- Segregation
- Drug abuse
- Vision
- Hope
- Recovery
- Prayer/faith
- Restoration
- Resilience
- Rehabilitation
- Family/friends
- Knowledge/education
- Peace
- Support system
- Willing to accept differences
- Forgiveness/love
- Customs
- Traditions
- Cultural beliefs
- Hope
- Faith
- Love Trust
- Familia
- Support
- Acceptance
- Respect
- Pride
- Honor
- Selflessness

- Rigidity
- Joblessness
- Isolation
- Complacency
- Change
- War
- Hatred
- Indifference
- Lack of forgiveness
- Pride
- Superiority
- Grudge
- Lack of trust
- Suspicion
- Prejudice
- Misunderstanding of religious beliefs; celebrating faith
- Greed
- Selfishness
- Miscommunication
- Closed mindedness
- Apathy
- Dictatorship
- Colonization
- Greed
- Money
- Power
- Political System
- Temptation
- Pride
- Ethnic diversity
- Disease
- Racism
- Prejudice
- Substance Abuse
- Drugs/alcohol
- Devil/demon
- Different religion
- Poverty
- Divorce
- Loss of a loved one
- Drugs/alcohol
- Hatred
- Racism
- Disrespect
- Confusion

- Generosity
- Church
- Food/clothing/shelter
- Volunteer
- Charity
- Government/laws
- Compassion
- Actions
- Forgiveness
- Education
- Contentment
- Growth
- Family
- Love
- Understanding
- Acceptance
- Empathy
- Trust
- Forgiveness
- Humility
- Equality
- Generosity
- Communication
- Openness to healing
- Respect
- Morals/values
- Selfishness
- Strong; collaborative leadership
- Engagement (honest)
- God/Love
- Respect
- Family/friends
- Collaboration/unity
- Selflessness
- Acceptance
- Tolerance
- Forgiveness
- Obedience
- Communication
- Laughter
- Resilience
- Compassion
- Good health
- Jesus
- Hope
- Faith

• Violence • Selfishness	• Purpose • Acceptance • Peace • Love • Experience • Positivity • Faith • Family • Friends • Communication • Sobriety • Forgiveness • Love • Respect • Food • Activities • Acceptance
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- Current Trends: List current trends or factors impacting our community from within (Internal) and from outside (External)

- **Activity Results:**

INTERNAL	EXTERNAL
▪ Loss (family, friends) ▪ Confused (drama) ▪ Stress (work, school, family) ▪ Drugs (coping) ▪ Relationship (cheating) ▪ High blood pressure ▪ Anger management ▪ Argument ▪ Suicide ▪ Hormones ▪ Diseases ▪ Hungry ▪ Military ▪ Traditional trend ▪ Chamorro language in school ▪ Community famer ▪ Texting universal ▪ Domestic violence ▪ This GOPEACE movement ▪ Cultural/social revival ▪ Sustained traditions (<i>fiestas, funeral/ rosaries, the community based identity</i>) ▪ Re-evaluating our views toward all members of the community (<i>pacific</i>)	▪ Domestic violence ▪ Pollution of land ▪ National violence ▪ Pollution of air ▪ Community disagreements (riots) ▪ Pollution of water ▪ Government issues ▪ Domestic issues (bills, taxes, etc) ▪ Technology ▪ Military ▪ Modernization ▪ Monopoly ▪ Social Media (facebook) ▪ Impact of video games ▪ Magazine ▪ Close caption in movie ▪ Globalization / western culture (<i>fashion identity, music, social influence a stylized way of life</i>) ▪ Being "colonized" (<i>a sense of voicelessness, an uncontrolled destiny</i>) ▪ Tourism (<i>are we more than just one massive beach resort/ shopping center</i>)

▪ <i>islanders, state siders, military, immigrants, etc.)</i> ▪ Rallying together to peacefully discuss differences ▪ Mental disorders ▪ Substance abuse ▪ Peer pressure ▪ Stress ▪ Depression ▪ Hatred ▪ Rejection ▪ Prejudice / racism ▪ Social networking ▪ Gangs ▪ Violence / war ▪ Culture ▪ Addictions (alcohol, drugs, gambling) ▪ Religious beliefs ▪ Prevention ▪ Post-vention ▪ Intervention ▪ Collaborating by networking with all service/ providers ▪ DO SOMETHING ▪ Make a difference ▪ Hotline crisis ▪ Recovery ▪ Disability ▪ Therapy (individual) ▪ Psycho-education ▪ Culture adaptation (acceptance, tolerance) ▪ Growing economy ▪ Higher cost of living ▪ Increased diversity ▪ Religious structure (struggle) ▪ Parenting ▪ Family structure ▪ New laws for Guam ▪ Suicide ▪ Family loss ▪ Neighborhood watch ▪ Accidents ▪ Substance abuse ▪ Curfew ▪ Legislation ▪ Disrespect of others ▪ Personal cultural ▪ Indifferences with generation	▪ Alcoholism ▪ Domestic violence ▪ Bullying ▪ Child abuse / neglect ▪ C.S.C ▪ Social networking ▪ Violence / war ▪ Religious beliefs ▪ International laws ▪ Hurt people hurt people ▪ Trauma- global (<i>we all experience in some ways no matter what our cultures are</i>) ▪ abortion ▪ identity ▪ abuse (substance & alcohol) ▪ crime ▪ transition ▪ Technology ▪ Transportation ▪ Public laws (local, federal) ▪ Military buildup ▪ Other cultures ▪ Increased awareness of social "taboo" issues ▪ Migration ▪ Perceptions ▪ Change ▪ wars ▪ famine ▪ economy ▪ gas prices/ cost of living ▪ social media (facebook, instagram, twitter, path, youtube) ▪ crime rates ▪ natural disasters ▪ War ▪ Crime ▪ Cultural indifferences ▪ Government ▪ Technology ▪ Social demands ▪ Drugs and alcohol ▪ Personal interaction ▪ Internet ▪ Peers ▪ Economy ▪ Migration (adjusting, assimilating)
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▪ Family values ▪ Faith & beliefs ▪ Internet ▪ Siblings ▪ Family income ▪ Chamorro values of respect for elders decreasing ▪ Financial ▪ Lack of access to health care ▪ Labeling based on economic status ▪ Graffiti ▪ Robbery ▪ Drugs/ alcohol ▪ No respect ▪ Too many wild (boonie) dogs loose ▪ Too many road ragers ▪ No community involvement ▪ No spirituality ▪ No neighbor interaction ▪ More community get togethers (major getting involved) ▪ Regular or quarterly meeting with Governor ▪ Deterioration of family values ▪ Traditions loss of a sense of community ▪ Fences / doors ▪ Gangs ▪ Communication ▪ Gambling ▪ Vandalism moderation ▪ Loss of culture ▪ Loss of time and quality time ▪ Commitment ▪ Loss of faith/ identity ▪ Conveniences ▪ Reduce, reuse, recycle ▪ Patience (instant gratification) ▪ Family violence ▪ Pride ▪ Status ▪ Government corruptions (misuse of funds, technical malversation of funds) ▪ Abuse of power ▪ Politics (its whom you know <u>not</u> what you know) ▪ Labeling /judgmental ▪ Negativeness (divorce, suicide, addiction, etc)	▪ Global war ▪ Job loss ▪ Judgmental ▪ Robbery ▪ Fiestas ▪ Drugs/alcohol ▪ No respect ▪ Too many road ragers ▪ No community involvement ▪ No spirituality ▪ No neighbor interaction ▪ More community get togethers (majors getting involved) ▪ Cost of living ▪ Sequestration ▪ Fashion ▪ Racial differences ▪ Economic status ▪ Disrespect of Environment (Rhino Beetle) ▪ Technology ▪ War ▪ Drugs/alcohol/guns ▪ Oil/gas ▪ Music/media/pop culture ▪ Respect ▪ Identity loss ▪ Conflicts in other countries war, terrorism, shootings ▪ Military deployments ▪ "snowden" scandal ▪ Economic global/ financial issues ▪ Same sex marriage ▪ Health system reform ▪ Illegal immigrants ▪ Migration ▪ Promiscuity ▪ Drug dealing ▪ Society is changing ▪ Technology ▪ Kids being disrespectful ▪ Bullying (cyber) ▪ Young kid become parents more and more ▪ Military influence (land & economically) ▪ Drug abuse ▪ Internet (facebook, tumbler, instagram, kik, myspace) ▪ Gangs ▪ TV
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▪ Positiveness (peace coalition, church involvement, people willing to change) ▪ Mistreatment of others ▪ Judgment ▪ Misunderstanding ▪ Family breaking down ▪ Western influence (kids following, their favorite movie stars, what they watch on TV.) ▪ Crimes (CSC) ▪ Church ▪ Schools ▪ Family ▪ Friends ▪ Mentors ▪ Our entire environment ▪ Depression ▪ Peers ▪ Culture ▪ Fiesta ▪ Disobedience ▪ Obedience ▪ Poor modeling ▪ Judgmental ▪ Go green ▪ Technology/ social networks ▪ Drugs ▪ Behavior ▪ Sexuality ▪ Cultural empowerment ▪ Women empowerment ▪ Loss of control ▪ Loss of community ▪ Loss of traditions (sense of) ▪ Loss of identity ▪ Pressure in family system ▪ Economic union (family) ▪ Loss of personal sense of safety ▪ Increase in utility bills ▪ Increased cost of living ▪ Self over community ▪ Violence ▪ Recreation ▪ Parties ▪ Politics ▪ Media ▪ Peers ▪ Isolation	▪ Music ▪ Cyberbully (general) ▪ Domestic violence ▪ Divorce ▪ Selfishness ▪ Corruption ▪ Greed ▪ Bad websites ▪ Alcohol ▪ Commercialism ▪ Drop outs ▪ Technology / social networks (youtube) ▪ Outreach programs ▪ Executive laws & policy ▪ Media ▪ International conflict ▪ Drugs ▪ Sexuality ▪ Research ▪ Women empowerment ▪ Military buildup ▪ Open system/open door policy ▪ Media & technology ▪ Migration ▪ Sense of journey/ nomadic ▪ Crime (worldwide) ▪ Climate change ▪ Competitive rivalry ▪ Objectification of humanity ▪ Procreation ▪ media (music & movies) ▪ technology (games such as angry birds & internet) ▪ Technology ▪ 'western' ideals / influence ▪ Consumerism ▪ Tourism ▪ Entertainment ▪ Convenience ▪ Poverty/ decrease economy ▪ Drugs ▪ Social networking ▪ Cultural diversity ▪ Lack of funding ▪ Terrorism ▪ Global economy decreasing ▪ Fed money cut backs ▪ Marriage equality
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▪ Teen pregnancy ▪ Lack of education ▪ Gambling ▪ Government assistance / dependency ▪ Loss of cultural identity ▪ Fast food ▪ Crime increase ▪ Drug use (marijuana, ice) ▪ Increase incarceration ▪ Joblessness ▪ Bullying ▪ High school drop outs ▪ Drunk driving ▪ Social acceptance ▪ Tolerance ▪ Sports/ hobbies ▪ Outreach ▪ Teen pregnancy ▪ Substance abuse ▪ Economy ▪ Pollution ▪ Cultural (language, values, respect, marriage) ▪ Effects of war ▪ Increase in community ▪ Awareness of social problems ▪ Break down of extended family support ▪ Changing in social community movies	▪ Teen pregnancy ▪ Substance abuse ▪ Economy ▪ Pollution ▪ Cultural (outside influence) ▪ Effects of war ▪ Military buildup ▪ Diversity ▪ Internet ▪ Inculturization ▪ Human trafficking ▪ Globalization ▪ Dependence on technology ▪ Colonization ▪ Immigration ▪ Global economics
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July 31 – Day Two

INTERDEPENDENCE (Plenary Session)

Activity #3

1. What are the challenges, obstacles or contradictions that stand between us and our vision?
2. What must we overcome or address in order to move closer to our vision?

Obstacles	Overcome
• Drug addictions/alcohol • Money • Education/training • Acceptance to change • Lack of support • Lack of desire/commitment • Lifestyle/social challenges	• Racism • Pride • Stigma • Fear • Closer family support • Selfishness • Effort/determination

- Time management
- Corruption within the community (everyone working towards our goal)
- Policy makers – to reinforce and maximize efforts/vision
- Budget/funding
- Collaboration between state and federal (sharing is caring)
- Self initiative/commitment
- Preserving/,maintain our natural environment
- Language barrier – communication
- Cultural differences
- Laws (amendments)
- Funding
- More motivation/commitment
- Community partnership
- Lack of free health/wellness facilities
- Education of cultures (all)
- Funding
- Management of resources
- Technical malversation of funds
- No accountability
- Repeating/following “trends”
- “I don’t care” attitude
- Behavior patterns
- Unity in mind/perspectives
- Cultural diversity
- Funding
- Economic sustainability
- Good/reliable leadership
- Differences in faith
- ASL in the education system
- Employment philosophy/special education
- Financial/funding
- More skilled sign language interpreters (ex: 3 interpreters to 6 for ASL/Deaf/HH students)
- Deaf sports
- People being true to their words/commitment
- Fixed mindset
- Complacency
- Lack of awareness (resources) financial/human

- Intuitive
- Root cause = lack of respect
- Good and better financial planning
- Hones and good policy makers
- Think “out of the box” and re-assess what we really need
- Activities/deaf socials
- Funding/fundraising
- Check out facilities that are ADA approved for the deaf
- GCC classes to support more elementary schools/DHH
- Education/empowering Buy in of ownership
- Personal conversion
- Community invitation/engagement
- Networking
- Establishing relationships
- Social marketing (culturally appropriate and competent)
- Diverse outreach program
- Be really dedicated and show real motivation to achieve that vision, goal and objective
- Be a real pioneer to your own community for our next generation of youth to follow and to continue the good examples in order to maintain the expected vision for the year 2019
- Reflect and always focus on the spirituality that will make our conscience more aware of ourselves in order to achieve that vision
- Follow the set timeframe and deadline to act on the plan without any delay
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- Racism/discrimination (local turf rights)
- Perception of scarcity insecurities->hoarding
- Access to quality healthcare
- Prejudice
- Religious belief
- Disagreement with our world leaders
- Great depression
- Broken peace treaty with other nations
- Stereotyping
- Funding problems
- Money/financials
- Age
- Education (lack of)
- Family beliefs
- Community support
- Communication barrier
- Governmental block
- The roots beyond our vision
- Finances/E
- Language barrier
- Politics
- Capitalism
- Cultural differences
- Need more stakeholders input
- Lack of commitment
- Lack capacity
- Lack of awareness
- Buy-in (lack, weak)
- Lack of community involvement
- Ethnic perceptions (ie: values, traditions)
- Religious beliefs
- War
- Racism
- Political ideologies
- Pride
- Close-mindedness
- Apathy
- People (women) are overwhelmed (gender roles)
- Colonial mentality (ex. Stateside mentality)
- Dependence on U.S. military

• Our history • Modernization/pop culture • Government policies (leadership) • Selfishness • Greed • Laziness/couch potato • Close-mindedness • Low socio-economic • Procrastination • Insecure • Lack of planning • Bullying • Low-self esteem • Negative energy • Lack of communication • Indifference • Arrogance • Conflicting interest • No pride • Division • No community recourses • No vision • No money • Politics • Lack of training • Funding, poor planning for a prosperous and effective infrastructure • Overdevelopment • Funding for quality education • Ignorance • Funding for health and wellness • Lack of time • Difficulty retaining • Lack of resources • High cost food/healthcare • Ignorance of other cultures • Intolerance • Pride • Language barriers • Segregation • Stereotypes • Financial status • Passing the buck • Complacent • Inaction	
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• Lack of community involvement • Fear of unknown/success • Sequestration/budget cuts • Lack of new leadership • Acknowledging the problem • Procrastination • Apathy • Transportation • Affordable childcare • Communication barriers • Competing agendas/priorities • Jealousy/selfishness • Coming to terms with everyone's perspective • FOU complacency with how things are done • Lack of belief in self-determination • Teaching people to help themselves	
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GENEROSITY (Breakout Session)

Activity #4

In this session the facilitators asked the following questions. Responses were recorded as follows:

- **Who needs to be involved in the PEACE planning process?**
 - Adults/Parents
 - Youth/Young Adults
 - People who have gone through troubles
 - Manamko
 - Children
 - Those incarcerated (youth and adults)
 - Victims of crime
 - Other organization
 - Grass roots
 - Church
 - Migrants
 - Policy Makers
 - Experts/researchers/consultants
 - Businesses
 - Educators
 - Mayors
 - Teachers
 - Private
 - Non-profit
 - Statisticians
 - People with disabilities
 - Performers/entertainers
 - Judicial Branch

- Environmentalists/EPA
- Cultural groups
- Military
- Sport teams
- RAWR
- Farmers/fishermen
- Home makers
- Doctors/nurses
- Insurance Companies
- Foreign aid/investors
- Sainas (Elders/Community Leaders)
- Mayors' Council
- Youth (DYA)
- Governor
- Other Faith Based Organizations
- Survivors of Suicide (Immediate and extended secondary)
- Business Community
- Rotary/chamber/HRA
- Legislators
- Leaders of other islands consulates
- Financial Institutions
- Professional associations
- People receiving services
- Youth
- Parents
- Cops/law enforcement
- Sponsorship
- Counselors
- Uneducated people
- Different organizations
- Government officials/governor (hopefully Obama)
- Teachers
- Priests/pastors/bishops
- Media
- Military officials
- Employers
- G.V.B.
- Senior citizens
- Health processionals
- Guam Medical Society
- Parent groups
- Sorooptimist
- Rotary clubs
- GBHWC
- Human service providers
- Low cost housing association
- Fisherman's co-op
- I-recycle

- GAIN
- Rev and Tax
- All schools
- Asians and pacific groups
- Mayors council
- Non-governmental organizations (NGOs)
- NCD
- Consulate offices
- Stakeholders
- Faith based groups
- Policy makers
- Center for Micronesian empowerment
- Law enforcement
- 3 branches of government
- FSM community care
- Businesses/chamber of commerce
- Military
- Youth
- Local and federal
- Policy makers, elected leaders, community leaders
- Youth
- Families
- NPOs
- Support Groups
- Advocates
- Military
- GHURA
- Schools
- Health Care Providers
- Faith-based Organizations
- Insurance companies
- Mayors Council
- PEACE
- Parents
- Teachers
- Counselors
- Senior Citizen Community
- Business Owners
- Government Agencies and Heads
- Tourism – GHRA, GVB
- DOE
- Private Schools
- DODEA
- DPW
- Guam Mass Transit
- UOG and GCC students
- GMH
- Judiciary

- **How will we know if we are succeeding? How can we tell?**
 - Statistics (pre and post surveys)
 - Home, clothes
 - Basic necessities
 - 10 people in prison/no prisons
 - When people take action on their own and share it
 - Crises almost never happen and handle it
 - High school graduations increase
 - Medical services are FREE
 - More celebrations!
 - Everyone respects each other
 - More exercising
 - Number of clients goes down
 - People are seeking/receiving more services
 - Less discrimination (see/hear about it less often and be able to address it)
 - Less pollution
 - Evaluations (evaluate and report back to community)
 - Celebration
 - Visual symbol of where we came from and where we're at
 - Numbers
 - Loop information back to participants
 - Monitoring and evaluation
 - Determine outcomes
 - Crime rate
 - Feedback from community
 - Feels like Christmas
 - Newsletter/GOPI FB
 - Make the news (not be the news)
 - Use technology for communication and sharing
 - Organizational chart (circles)
 - Streamlining coalitions/board
 - Get info/feedback back to community
 - Future scheduled meetings
 - Consistent participation
 - Follow up meeting with GOPI participants
 - Referrals/recruitment of participants
 - Community involvement and volunteer
 - Create an endowment
 - Cleaner Island
 - Decrease in homelessness
 - Improved and reliable public transportation
 - Attitude/Lifestyle changes
 - No more 6 o'clock bad news
 - Increased availability of resources
 - Economic improvement
 - Increased graduation rate
 - Changes in policy and budget allotment
 - Improved infrastructure

- Ask target audience
 - Data
 - Surveys (Pre and Post)
 - Focus Groups
 - Reduction of Crime
 - Decrease in deaths
 - Improved student performance
 - Service utilization data
 - Less fighting amongst ethnic groups
 - Island outlook improvement
 - Campaign Implementation
- **What can I do as an individual to put this in place?**
 - Get family involved
 - Volunteer time, talent, treasure
 - Educate self and others
 - Empower everyone towards involvement
 - Social media to spread awareness
 - Recruit people to be involved
 - Dissemination of celebration
 - Positive reinforcement
 - Community advocates
 - Organizations provide incentives
 - Trainings/conferences
 - Update contact info
 - Surveys
 - Facebook
 - Monthly Community Organization Gathering
 - Talk and spread word
 - Take initiative
 - Participant list sharing
 - Commit to stay connected
 - Keep each other accountable
 - Be a good neighbor
 - Social networking
 - "I am part of the change"
 - Take Responsibility
 - Listen
 - Survey
 - Community needs assessment
 - Focus groups
 - Outreach
 - S.W.A.T.
 - Creation of an action plan
 - S.E.O.W.
 - Data Driven
 - Progressive results

- Volunteering/participating in activities
- Attending more workshops
- Letters to people in power/petitioning
- Just say no (to drugs and alcohol)
- Being a positive role model
- Donating/participate in fundraising/comfort others
- Practice effective communication
- Cooperate with others
- Practice the P's
- Plant and garden more
- Be key training
- Take part in sports/school activities
- Start school fundraising/respect school property
- Start a youth club
- Take initiative instead of waiting around
- Participate, get involved
- Stay committed
- Spread the word
- Grade-level/school presentations
- Advertisement
- Sponsorship
- Campaigns
- Share resources
- Motivate and encourage others
- Open-mindedness
- Acknowledgment
- Be responsible
- Set examples
- Workforce training and In-services
- Revisiting Processes/Programs
- Get personal (sharing your experience)

GUAM State Epidemiological Outcomes Workgroup Charter (Guam SEOW)

Article I: Name

Section 1. This entity shall be known as the “Guam State Epidemiological Outcomes Workgroup” or “Guam SEOW.”

Article II: Mission Statement, Principles and Purposes/Functions

Section 1. Mission Statement

The Mission of the GUAM SEOW is to promote the strategic use and dissemination of data for informing and guiding Guam’s substance abuse prevention and behavioral health promotion policy and program development, decision-making, resource allocation and capacity building.

Section 2. Guiding Principles

The Guam SEOW operates around 5 guiding principles:

- A. Using evidence for action – The Guam SEOW intends to use epidemiological and other data as the foundation for outcomes-based prevention, linking evidence to policy and program action to prevent and reduce substance abuse and promote mental health.
- B. Promoting a people and community-centered approach to prevention – We support a public health approach to substance abuse prevention and mental health promotion, which prioritizes the needs of our community and people.
- C. Ensuring cultural competence – Our work will be conducted in a manner that is consistently respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of our multicultural island community and in compliance with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
- D. Focused on reducing inequities – We acknowledge that social determinants such as race, ethnicity, gender and economic status can influence differential health outcomes relative to substance abuse and mental illness. When conducting our work, we will consider social determinants of health in our data collection and analysis to better understand their impact on substance abuse and behavioral health and to guide program planning and decision making so that interventions address both the health issues and the underlying social inequities.
- E. Fostering intersectoral collaboration and partnerships – We will continue to work across sectors and in partnership with the diverse prevention stakeholders and the general community, valuing community participation in the SEOW process and supporting the community to attain better health.

Section 3. The purposes/functions of the Guam SEOW are as follows:

- A. Systematically collate and analyze relevant data (including but not limited to consumption and consequences of alcohol, tobacco, and other drug (ATOD) use, and risk and protective factors for mental health) to delineate and better understand the magnitude and nature of substance abuse and mental illness on Guam and to effectively and efficiently utilize resources for substance abuse prevention and behavioral health promotion**
- B. Promote data-driven decision making across all stages of the Strategic Prevention Framework throughout the State substance use prevention and mental health system**
- C. Strengthen and build capacity and data infrastructure for effective data utilization for substance abuse prevention and behavioral health promotion**
- D. Facilitate interagency and community collaboration to optimize the exchange, access, and utilization of data across organizations and stakeholders working on substance abuse prevention, mental health promotion and other related fields**
- E. Provide technical support to key health policy and program leaders, and community stakeholders to promote cross-systems planning, program integration, implementation and monitoring for substance abuse prevention and mental health promotion.**

Article III: Creation, Duration, and Expiration

Section 1. The Guam SEOW was officially created with the endorsement of this Charter on March 30, 2011 by properly authorized entities. This Charter was updated on January 25, 2012. The Guam SEOW will build upon the previous Guam State Epidemiological Workgroup (SEW) under the Strategic Prevention Framework State Incentive Grant 2004-2010, which was created by Executive Order 2005-08, signed on March 23, 2005, by then Guam Governor Felix Camacho.

Section 2. The duration of the Guam SEOW shall be indefinite unless sooner dissolved by agreement of the Department of Mental Health and Substance Abuse (DMHSA), the Prevention Education And Community Empowerment (PEACE) Council, and the SEOW members, in accordance with the law.

Article IV: Principal Office, Main Point of Contact and Key Positions and Members

Section 1. The Principal Office of the GUAM SEOW shall be located at the designated office of the Prevention and Training Branch, Department of Mental Health and Substance Abuse.

Section 2. The main Point of Contact (POC) for the Guam SEOW will be the DMHSA Prevention and Training Branch Supervisor or a duly designated representative. The address and contact information of the POC is:

Barbara S.N. Benavente, MPA
 Supervisor, Prevention & Training Branch
 Department of Mental Health and Substance Abuse
 790 Governor Carlos G. Camacho Road
 Tamuning, Guam 96913
 671-477-9079 thru 9083 (phone)
 671-477-9076 (Fax)
Barbara.benavente@mail.dmhhsa.guam.gov
Bbena@guamcell.net

Section 3. Other key positions in the Guam SEOW include

- A. Chair/Epidemiologist: Dr. Annette M. David
- B. Project Director: Ms. Barbara S.N. Benavente (see contact details above)
- C. Current Members: A list of current SEOW members is included as Annex A.

Article V: Work Plan: Activities and Expected Outcomes of the Guam SEOW

Section 1. The activities and expected outcomes of the Guam SEOW will include, but will not necessarily be limited to the following work plan:

Stages	Action Steps	Outcomes
Re-set the SEOW Stage	1. Assess what additional behavioral indicators are desired. 2. Identify existing data sources and data gatekeepers for these additional indicators. 3. Identify and invite these data gatekeepers and additional technical data experts as new SEOW members. 4. Revise and update, as needed, the SEOW charter. 5. Establish and expand coordinating mechanism for SEOW.	1. Expanded list of SEOW indicators 2. Expanded list of data sources 3. Increased membership of SEOW 4. Revised SEOW charter 5. Effective coordinating mechanism established
Data Collection	1. Collate data on expanded list of indicators. 2. Create central repository for expanded inventory of data sources.	1. Central data repository from diverse data sources
Data Analysis	1. Promote peer review process for data analysis and review. 2. Based on data analysis, delineate behavioral health priority areas for action and identify data gaps.	1. Data products with descriptions of baseline, trends, patterns in data 2. Identified priority areas for action

		3. Identified data gaps
Integration and Communication	1. Assess data to elucidate recommended actions to improve substance abuse prevention and behavioral health policies, strategic planning and practice. 2. Create community-friendly, practical data products to support capacity building in prevention and mental health promotion. 3. Inform stakeholders on the use of behavioral health data for data driven prevention planning. 4. Widely disseminate and share data findings and recommendations. 5. Gradually create a sustainable data system for monitoring trends over time.	1. Recommendations for program development, service delivery and resource allocation 2. Data products that integrate SEOW findings and present a cohesive picture 3. Training toolkit for use with state and community-level stakeholders 4. Dissemination mechanisms identified 5. Monitoring/surveillance system established

Article VI: Organization: Management and Operating Structure

Section 1. The Guam SEOW management/administrative personnel and staff shall include the following:

- A. DMHSA Prevention & Training Branch will lead in the management of the SEOW project and leverage needed resources to achieve its goals and objectives to include the use of its present facilities. DMHSA commits the following Prevention and Training Branch staff to provide management and administrative support to Guam's SEOW efforts: 2 senior Program Coordinators, 1 Special Projects Coordinator, 1 Research and Statistical Analyst II, 1 Data Entry Clerk II, 1 Public Information Officer, 1 Administrative Officer, and 1 Word Processing Secretary II. Each staff member will devote no less than 10% of his or her time to Guam SEOW activities.
- B. As the single state authority on Guam for mental health and substance abuse prevention and treatment services, DMHSA issued an RFP for the recruitment and retention of the SEOW lead, in compliance with Government of Guam procurement regulations.

Section 2. The Guam SEOW management/administrative staff will perform the following duties:

- A. The P&T Branch Supervisor, **Barbara S.N. Benavente, MPA**, will oversee the administration and implementation of the SEOW project.

- B. **Remedios Malig**, Program Coordinator III, Certified Prevention Specialist, will provide support on the integration of behavioral health indicators and common risk and protective factors as they relate to substance abuse.
- C. **Helene Paulino**, Special Projects Coordinator, Certified Prevention Specialist, will serve as liaison with community coalitions and prevention stakeholders, prepare project reports, and perform other responsibilities that will ensure successful achievement of project goals and objectives
- D. **Mary Grace Rosadino**, Research and Statistics Analyst II, will assist in the development and administration of National Outcome Measures work for substance abuse and mental health prevention and treatment. She will work closely with the SEOW Program Administrator, SEOW Lead and Members, and support staff to ensure the integration of behavioral health indicators and common substance abuse intervening variables and to assist in the needs assessment, data gathering and data management to ensure that project goals and objectives are achieved. Ms. Rosadino will be directly responsible for managing the central data repository of the SEOW.
- E. **April Aguon**, Data Entry Clerk II, will assist with technical and data management support for all data collection activities.
- F. **Sara Dimla**, Public Information Officer, will be responsible for developing social/media marketing campaigns with prevention stakeholders including the media and will direct the overall production of informational and educational materials. She will work closely with the SEOW to ensure that laymen's versions of data reports, fact sheets and other materials are produced
- G. **Maria Teresa Lozada**, Administrative Officer will oversee the finances of the SEOW project and will ensure that all financial rules and regulations governing the distribution of funds are adhered to.
- H. **Deborah Duenas**, Word Processing Secretary II will provide technical and administrative support for all activities related to the project and will work closely will all project staff and report directly to the SEOW Program Administrator.

Section 3. The Guam SEOW technical working group shall include the following:

- D. The Guam SEOW Lead, Dr. Annette M. David, selected through the DMHSA RFP process, will serve as the chief technical assistance resource for the Guam SEOW. This individual will directly oversee and provide epidemiological expertise on the data collection and analysis, and will be the primary technical writer/author for the creation of data products. The SEOW Lead will also represent the Guam SEOW at relevant meetings, conferences, stakeholder/town hall sessions, public hearings, etc.
- E. At a minimum, the SEOW Working Group will include representatives from key agencies currently engaged in data collection and analysis. These agencies include, but are not limited to, the Departments of Mental Health and

Substance Abuse, Public Health and Social Services, Education, and Youth Affairs, Bureau of Planning and Statistics, Guam Memorial Hospital, the University of Guam, Guam Community College, Guam National Guard, Guam Police Department, Drug Enforcement Agency, the adult and juvenile drug courts, Sanctuary, Inc. and the Guam Alternative Lifestyle Association (GALA). Selection of members to this group will be based on knowledge and experience in data collection/analysis/management, ability to translate data into useable recommendations to drive policy and decision-making, familiarity with Guam's socio-political and cultural context, involvement in and access to critical State data on substance-related problems and prevention strategies, and possession of additional skills such as GIS mapping, professional credibility and integrity. These members will be selected primarily based on their roles as data gatekeepers within their respective agencies and institutions and their expertise in data collection and analysis. They will be directly responsible for ensuring access to the various data sources for substance abuse and mental health information in Guam. Together, they will also serve as a technical working group for examining and analyzing the data and developing data products. Criteria for selection into the Guam SEOW include:

- i. Access to critical State data on alcohol, tobacco, and illicit drug related consequences and related use patterns, such as health data (i.e., morbidity and mortality), law enforcement (i.e., crime statistics), and school data (i.e., student self-reports of substance use).
 - ii. Capability to analyze and interpret data to gain an understanding of the relative seriousness of various substance use problems likely to be present in any particular State.
 - iii. The ability to apply the outcomes of data analyses to decisions regarding prevention planning, funding, and strategy selection.
 - iv. Extensive knowledge of State context (i.e., socio-political, economic, cultural). Such information is crucial to understand problems and make prevention recommendations.
 - v. Access to State decision makers and good knowledge transfer skills to communicate and move the findings of the SEOW beyond the workgroup.
- F. Members of the Guam SEOW will include representatives from the various mental health and prevention stakeholders within the Guam community. Current members will be retained, and additional members, particularly within the mental health field, will be recruited, as needed.

Section 4. Advisory Council

- A. The Governor's PEACE Council will continue to guide the work of the Guam SEOW throughout the planning and implementation phases. This Council is comprised of key government entities within the three branches of government and community-based organizations that have collectively endorsed sustaining the Guam SEOW and the integration of SAMHSA's

Strategic Prevention Framework (SPF) Process in Guam's prevention infrastructure.

Article VII: Deliverables

Section 1. The Guam SEOW "deliverables" are the various documents and reports that will be created and submitted as part of the SEOW's responsibilities. The content and deadlines for each deliverable is stipulated in the SEOW subcontract document. The deliverables include:

- A. Progress Reports – due February 15, 2013 and May 15, 2013
- B. SEOW Charter – 2nd update due December 3, 2012
- C. State and Community Instrument – 2nd update due February 8, 2013
- D. State and Community Epidemiological Profiles – State profile due April 12, 2013; Community profile due June 14, 2013
- E. Data and References used in the Epidemiological Profiles – due with the Profiles
- F. Epidemiological Training Tool – Due date to be determined
- G. State/Community Monitoring System – due July 19, 2013
- H. SEOW Product – Plan due January 25, 2013, product due August 1, 2013

Article VIII: Monitoring Methods

Section 1. The monitoring methods to be employed by the GUAM SEOW shall include the following:

- A. Administrative monitoring of progress using process indicators will be conducted on a monthly basis by the Guam SEOW management/administrative staff in collaboration with the SEOW Lead.
- B. Technical monitoring of progress will be addressed at the quarterly meetings of the Guam SEOW Working Group.
- C. A report of progress of the SEOW will be delivered to the Governor's PEACE Advisory Council at each of its meetings.

Article IX: Schedules and Procedures of GUAM SEOW Meetings

Section 1. Electronic/Conference Call Meetings – Members of the Guam SEOW and support staff will belong to an email group, to permit informal and speedy e-mail communication. Electronic meetings will be conducted as needed to facilitate data collection and administrative and technical decision-making.

Section 2. Face-to-Face Meetings - Regular meetings will be held quarterly at a site and date to be specified by the SEOW management/administrative staff and SEW Lead.

- A. These quarterly meetings will be used to:

- i. Conduct the initial SEOW orientation and relevant training and technical assistance workshops;
 - ii. Collectively perform needs assessment, identify indicators and data sources and select priority indicators for data collection;
 - iii. Examine and analyze collected data and draft program and policy recommendations based on the evidence generated;
 - iv. Review and critically assess draft data products prior to their formalization and public release; and,
 - v. Deliberate and decide upon on critical issues as needed.
- B. Should the need arise, additional face-to-face meetings may be convened by the SEOW Lead and management/administrative staff.
 - C. The Guam SEOW Lead, or, if the Lead is not available, his or her duly designated representative, will facilitate/chair the face-to-face meetings.
 - D. For issues requiring a vote, a simple majority of members present will suffice.

Article X: Linkages

Section 1. The Guam SEOW Linkages with substance abuse prevention system will be further developed as follows:

- A. Currently, Guam's SEOW is considered the definitive authority on substance abuse epidemiology on the island. Its data products are readily acknowledged as comprehensive community resources, and its work has consistently influenced substance abuse policy and program development, prevention resource allocation and service delivery decision-making at the State government level as well as within individual agencies, institutions, and community organizations. The SEOW is highly valued as a technical resource for substance abuse prevention data. Over the past 6 years of the SPF State Incentive Grant, the SEOW's work has been cited and utilized by the Office of the Governor and Lt. Governor, the Guam Legislature, the University of Guam and Guam Community College, the Departments of Public Health and Social Services and Mental Health and Substance Abuse and various other policy leaders and program managers on Guam. The SEOW has contributed significantly to various policies directly related to substance abuse prevention, including Public Law 28-80 (Guam's smoke-free law, 2005), Public Law 30-80 (raising tobacco taxes and earmarking tobacco tax revenues for cancer prevention and health promotion, 2010) and Public Law 30-156 (raising the minimum legal drinking age from 18 to 21 years, 2010). It has also guided substance abuse prevention program planning and resource allocation, as well as related health programs. For instance, the SEOW's Epidemiological Profile is widely quoted in the Guam Comprehensive Cancer Control Plan and is a major reference for the Guam Non-communicable Disease Control and Prevention strategic plan and the Guam Focus on Life suicide prevention program.

- B. The utility of the Guam SEOW will be further enhanced by:**
- i. Expanding its membership base to include mental health stakeholders;**
 - ii. Promoting its data products to prevention and mental health partners for use in their grant applications, program development, resource allocation and program assessment; and**
 - iii. DMHSA will rely on the Guam SEOW for its policy and program decision-making, and will incorporate the data products of the Guam SEOW into its annual reporting, NOMs reporting and new grant applications.**

ANNEX A: Current composition and membership of Guam SEOW

Organization	Individual Representative(s)	Designation
Bureau of Statistics and Plans	Calvin Saruwatari	SEOW Member
Guam Police Department (GPD)	To be designated	SEOW Member
Juvenile Drug Court, Superior Court of Guam	Jeannette Quintanilla	SEOW Member
Guam Department of Education (GDOE)	Paul Nededog Eloise Sanchez	SEOW Member SEOW Alternate
Health Partners, LLC	Dr. Annette M. David Roxanne Mad	SEOW Epidemiologist Research Assistant
Department of Public Health and Social Services (DPHSS)	Roselie Zabala Alyssa Uncangco	SEOW Member SEOW Alternate
Department of Youth Affairs (DYA)	To be designated	SEOW Member
Department of Mental Health and Substance Abuse (DMHSA)	April Aguon Remy Malig Helene Paulino Mary Grace Rosadino Sara Dimla	Data Control Clerk II Program Coordinator III Special Projects Coordinator Research and Statistics Analyst II Special Projects Coordinator/Public Information Officer
Guam Community College	Dr. Ray Somera	SEOW Member
University of Guam Cooperative Extension Services (UOG-CES)	Peter Barcinas	SEOW Member
University of Guam, Psychology Program	Dr. Michael B. Ehlert	SEOW Member
University of Guam, Division of Social Work	Dr. Ran Maosheng	SEOW Member
University of Guam Cancer Research Center	Dr. Yvette Paulino	SEOW Member
Sanctuary, Incorporated	To be designated	SEOW Member
US Probation Office	Christopher J. Duenas	SEOW Member
Guam Memorial Hospital	To be designated	SEOW Member
Guam National Guard	Joshua Tyquiangco	SEOW Member
Guam Alternative Lifestyle Association (GALA)	Evan James San Nicolas	SEOW Member

Additional members to be identified.

ANNEX B: List of Data Sources

Surveillance Data:

Behavioral Risk Factor Survey
Youth Risk Behavior Survey
Guam Global Youth Tobacco Survey
DMHSA Adult and Youth Substance Abuse Surveys

Registry and Program Data:

Guam Cancer Registry
Office of the Chief Medical Examiner Suicide Fatality Data
DMHSA Drug and Alcohol program data
Department of Youth Affairs screening data
Sanctuary, Inc. program data
Juvenile Drug Court program data
US Probation Office program data