

Guam Strategic Action Plan for Substance Misuse Prevention and Mental Health Promotion FY 2020 thru FY 2024

Guam Behavioral Health and Wellness Center,
Prevention & Training Branch

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1 EXECUTIVE SUMMARY

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FOREWORD

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(INSERT Foreword from Director and/or Governor here)

Theresa C. Arriola
Director, GBHWC

Lourdes A. Leon Guerrero
Governor of Guam

PEACE stands for Prevention Education and Community Empowerment. To attain its vision, the PEACE office identifies valuable key stakeholders within the community, and partners with them in planning and carrying out culturally relevant, community-involved prevention initiatives.

1 BACKGROUND

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3 **Guam Behavioral Health and Wellness Center envisions a healthy**
 4 **island, committed to promoting and improving the behavioral health**
 5 **and well-being of our community.**

6 While Guam has made strides in reducing tobacco use among youth and adults, and
 7 harmful alcohol use rates among youth, tobacco and harmful alcohol use continue to be
 8 higher in Guam compared to the United States, and the prevalence of suicide and its
 9 attendant mental health risk factors are significantly elevated. The distribution of risk
 10 demonstrates significant inequity across socio-economic groups.

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12 The Guam State Epidemiological Outcomes Workgroup (SEOW) reviewed local
 13 substance misuse and suicide data and used an incremental process that weighted
 14 magnitude (high prevalence), burden, vulnerability (high risk, low protective factors),
 15 capacity and the presence or absence of other programs and funding support to identify
 16 prevention priorities and high-need groups. Underage drinking, tobacco use and suicide
 17 prevention emerged as the priorities. Examination of data disaggregated for ethnicity,
 18 age, and sex revealed that Chamorro and other Micronesian youth and young adults
 19 are at highest risk for increased vulnerability (high prevalence of risk factors), actual
 20 consumption and health and social consequences. Increased use and lower perception
 21 of harm were correlated with lower income and education levels.

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“...it made me realize that we (Prevention & Training branch) make such a difference in many lives by the coordination and provision of prevention services.”

1 Guam Behavioral Health and Wellness Center’s Prevention and Training Branch (P&T)
 2 currently receives support from local and multiple federal grant sources, but these
 3 various funding sources have different priorities, and are time-limited. Thus far,
 4 implementation of the various activities under these diverse grants has occurred largely
 5 independently of each other.

6

Funding sources for P&T:	Prevention priorities:
<ul style="list-style-type: none"> • Local funding - Focus on Life Suicide Prevention (FOL) • Federal funding <ul style="list-style-type: none"> ○ Partnerships for Success grant (PFS) ○ Garrett Lee Smith State/Tribal Youth Suicide Prevention grant (Guam Focus on Life) ○ Substance Abuse Prevention and Treatment block grant (SAPT) ○ State Tobacco Enforcement (FDA) 	<ul style="list-style-type: none"> • Substance misuse prevention • Mental health promotion • Suicide prevention • Wellness promotion (staff)

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10 Moreover, staff turnaround has been considerable at the Branch and within the GBHWC.
 11 Some staff, including interns, are new to prevention practice. Continuous development
 12 of the skills set of the current P&T team is necessary. At present, transitions in the
 13 prevention field and staff loss and turnover contributed to limited clarity about duties,
 14 roles and expectations for each individual staff member. Identified staffing gaps include
 15 the need for health educators and a mental health training coordinator. There was
 16 consensus on the need to create a safe and healthy working environment where:

- 17 • Decision making is transparent and participatory;
- 18 • Open communication is fostered;
- 19 • Individual roles and team expectations (including contractors, partners
 20 and sub-grantees) are clearly delineated;
- 21 • Staff skills and competencies are periodically upgraded; and,
- 22 • Organizational structure is explicitly defined.

23

24 Previously, P&T was guided by the 2014-2018 State Prevention Enhancement (SPE)
 25 Comprehensive Strategic Plan and the 2016-2020 Suicide Prevention, Early
 26 Intervention, Postvention and Referrals Plan for Guam. The team identified the need

1 and opportunity to embark on a new strategic planning process, consolidating the
2 various prevention priorities into one integrated plan, the Guam Strategic Plan for
3 Substance Misuse Prevention and Mental Health Promotion (referred to in the remaining
4 document as the Guam Strategic Plan). This plan will direct the targeted application for
5 P&T's grant funding.

6

7 The development of this Guam Strategic Plan for Substance Misuse Prevention and
8 Mental Health Promotion (FY 2020 thru FY 2024) was funded by the U.S. Department
9 of Health and Human Services, Substance Abuse and Mental Health Services
10 Administration (SAMHSA) Center for Substance Abuse Prevention and Treatment
11 (SAPT) Block Grant.

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13 In March 2020, the Governor of Guam's Executive Order (EO) No. 2020-05 mandated
14 island wide social isolation and clarified the status of non-essential Government of
15 Guam operations. During this time, community gatherings were limited, procurement for
16 new services and changes to contracts were paused and non-essential employees were
17 required to home-quarantine and Guam was placed in Pandemic Condition of
18 Readiness 1 (PCOR 1) (the strictest measure for Pandemic Condition of Readiness).

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20 This EO was in effect until June 1, 2020 when Government of Guam agencies were
21 allowed to reopen. However, Guam went back into PCOR 1 in August 2020, limiting
22 once more non-essential operation among local and private agencies. These limitations
23 delayed timelines for staff operations and the completion and endorsement of this
24 strategic action plan.

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METHODOLOGY

This Guam Strategic Plan for Substance Misuse Prevention and Mental Health Promotion (FY 2020 thru FY 2024) contains the vision and strategic directions for strengthening prevention in Guam, with a particular emphasis on tobacco and alcohol control, substance misuse and suicide prevention and mental health promotion for the next five years. The 2014-2018 State Prevention Enhancement (SPE) Comprehensive Strategic Plan, the 2016-2020 Suicide Prevention, Early Intervention, Postvention and Referrals Plan for Guam, and the 2018 PEACE Partnerships for Success grant provide the foundation for this Guam Strategic Plan. The Guam Strategic Plan is designed to be in line with the priorities of the United States Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Plan 2019-2023, SAMHSA Center for Substance Abuse Prevention (CSAP) community grants, the World Health Organization (WHO) Regional Strategy to Reduce Alcohol-Related Harm, the WHO Regional Strategy for Tobacco Control 2019-2023, the WHO Regional Strategy for Mental Health Promotion, and Guam’s Non-Communicable Disease Strategic Plan for 2019-2023.

Prevention and Training (P&T) staff undertook a 3-day retreat to reflect upon the branch’s previous work and future directions and collaboratively delineated the new vision, goals, strategic objectives and actions for the next five years. With the help of consultant Dr. Annette M. David from Health Partners, LLC, the P & T team created and wrote the plan and disseminated it to a broader stakeholder audience for public review and comment. Due to the island being placed in PCOR 1 as a direct result of the global pandemic, the Guam Strategic Plan was finalized by incorporating relevant feedback from the Prevention Education and Community Empowerment (PEACE) Advisory Council in early 2021. The Guam Behavioral Health and Wellness Center (GBHWC) and the PEACE Advisory Council approved the final plan on May 5, 2021. The Office of the Governor officially endorsed the final plan on _____, 2021.

“...prevention is essential. Creating more community support will reinforce our island’s commitment to making informed decisions towards a healthier future.”

1 PRINCIPLES

2 In developing this strategic action plan, these overarching principles are recognized:

3

4 • **Using existing evidence while nurturing new evidence**

5 Sufficient local data exists to guide the initial actions in the Guam Strategic Plan in
6 addressing tobacco, alcohol and other drug use, suicide and mental health.
7 However, evidence gaps persist, particularly in evaluated programs and
8 interventions developed and implemented for and by Pacific Islanders. Thus, the
9 P&T team recognizes the value in fully utilizing the existing data for effective action
10 while exploring and documenting potential new evidence for action within our
11 community of Pacific islanders.

12 • **Fostering multisectoral collaboration, partnerships and networking at all**
13 **levels**

14 Effective prevention necessitates multisectoral participation, strong partnerships and
15 networking. The P&T staff recognize the vital need to engage with other government
16 agencies, higher learning institutions, faith-based organizations, the PEACE Council
17 and political leaders to fully address the comprehensive nature of prevention. At the
18 societal level, the team needs to work collaboratively with relevant community
19 stakeholders and individuals for effective education and community mobilization to
20 support prevention policies and programs. Effective collaboration is also necessary
21 at the national, regional and global levels, to accelerate capacity building and
22 leverage these networks to support the work in Guam. Mechanisms to foster these
23 types of creative partnerships are essential for successful implementation of the
24 Guam Strategic Plan.

25 • **Guam's prevention stakeholders are the driving force to the success of the**
26 **Action Plan**

27 The process that underpins this Plan of Action is an iterative one; that is, it continues
28 the Strategic Prevention Framework (SPF) which includes assessment, capacity
29 building, planning, implementation, and evaluation, while ensuring that sustainability
30 and cultural competence are integrated in each step. Stakeholders are included in
31 the planning, implementation and evaluation of the strategies and interventions. The
32 Plan of Action also recognizes that community groups and partners are at different
33 stages of capacity for prevention. Thus, partners and sub-grantees may need

1 additional training and technical assistance that allows them to gradually build up
2 prevention capacity and resources. Fundamental to this Plan is the aspiration to
3 create a “Prevention Resource Center” as the embodiment of a prevention “learning
4 community” that would facilitate the diffusion of lessons learned, and potentially
5 create a pool of island-wide prevention technical assistance resources.

6 • **Tailoring prevention practice to acknowledge both strengths and needs of
7 the diverse cultures in Guam, with specific inclusion of its vulnerable
8 populations**

9 Local culture, language preferences and other unique characteristics of specific
10 populations are taken into consideration when designing the approaches and
11 formats for implementation. Prevention interventions should be made as inclusive
12 and accessible as possible for the vulnerable populations in our island community.
13 The P&T team intends to incorporate the principles of Culturally and Linguistically
14 Appropriate Services (CLAS) promoted by the Office of Minority Services (OMH) of
15 the US Centers for Disease Control and Prevention (CDC), to include the practice of
16 cultural humility as prevention professionals.

17 • **Strengthening local prevention infrastructure that thrives through the
18 changes in the field**

19 Shifts in federal leadership in the past years have impacted resources prioritized
20 for prevention initiatives in Guam. The P & T recognizes this Action Plan as an
21 opportunity to increase the self-sufficiency of Guam’s prevention infrastructure, so
22 that it can better withstand current and future changes in its environment. Key to
23 this shift is the re-commitment of local support and funding to programs, staff and
24 resources maintained within the Guam Behavioral Health and Wellness Center.
25

1 • **Recognizing and addressing social inequity and the social determinants of**
2 **tobacco, alcohol and other drug use and suicide**

3 Finally, this Plan of Action requires P&T staff and their partners to systematically
4 address social inequities that directly or indirectly impact on tobacco, alcohol and
5 other drug consumption and exposure to suicide and other mental health risk factors.
6 Incorporating a perspective that considers gender, ethnicity, religion, culture and
7 other socio-economic determinants is critical, if Guam's community is to build
8 capacity to resolve the fundamental causes of poor health and elevated risks among
9 those groups with increased vulnerabilities to substance misuse and poor mental
10 health, and the adverse health effects accompanying these.

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13 *“...throughout my almost 15 years in Prevention/PEACE,*
14 *when people approach me and tell me that I made an impact*
15 *in their lives---my passion cup overflows for our work!”*

VISION, MISSION AND GOALS

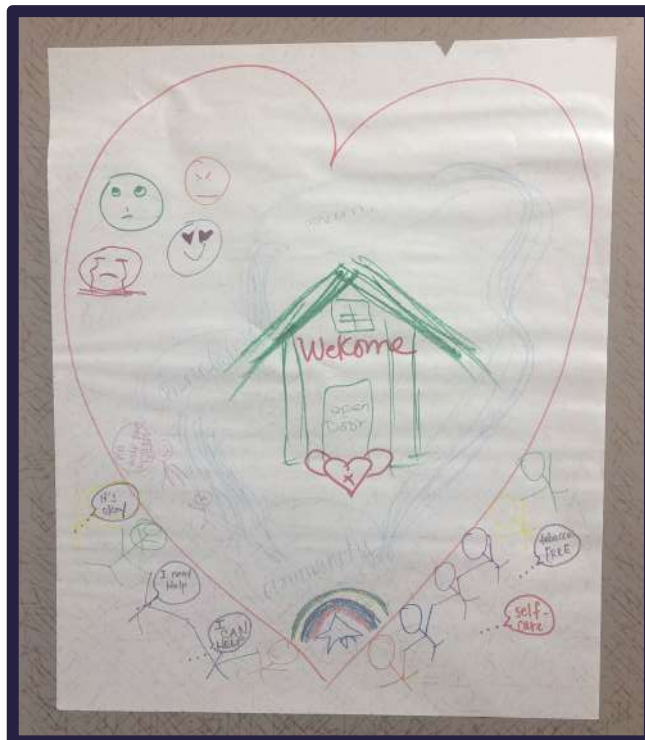
Vision:

We envision an island community where prevention and the value of Inafa' Maolek (pronounced e-na-fah-mao-lek) to make the island good by restoring harmony is a priority. There is island-wide support for prevention. It is normal and natural for people who need help to seek help, and people who can help are willing to give help. There is no gap between prevention and treatment. Prevention services are fully guided by cultural values. Everyone has access to behavioral health services and care.

Families, individuals and the community choose to be alcohol, tobacco and other drug free. There are no substance use related crimes.

There are no suicides in Guam. Our people are liberated from the stigma of mental health issues, suicidal thoughts and substance use addiction.

Prevention professionals model health, wellness and selfcare every day.



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1 **Mission**

2 Our mission is to engage and empower our community so that prevention is elevated
3 to a priority while promoting evidence-informed interventions to prevent and reduce
4 tobacco, alcohol, other drug use and suicides, and to enhance mental wellness.

6 **Goals**

7 We have established five goals for the next five years that address five key areas of
8 work:

Key area of work	GOAL: By 2024
Sustainability of the prevention system	85% of prevention programs, including suicide prevention, substance misuse prevention, mental health promotion will be locally funded.
Community outreach and empowerment	A fully functional GBHWC Prevention and Training structure will be established that will operate as a community resource center for building community capacity.
Alcohol, tobacco and other drug misuse prevention	Substance use rates will have been reduced by 50% from baseline.
Suicide prevention	No suicide deaths will occur among individuals who seek and receive behavioral health services from GBHWC.
Mental health promotion	Mental health promotion activities and holistic services will be included in the GovGuam Worksite Wellness program.

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11 *“...(P&T) showed compassion at my most vulnerable moment--this quality is needed when in the business of saving lives.”*

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SPECIFIC GOALS, OBJECTIVES AND ACTIONS

STRATEGIC ACTION AREA: Sustainability

GOAL 1

By 2024, 85% of prevention programs, including suicide prevention, substance misuse prevention, and mental health promotion will be locally funded.

Strategy: Link tobacco, alcohol and marijuana taxes, licensing fees and penalties to prevention funding

Baseline: In 2019, ~15% of prevention programs are locally funded

SPECIFIC OBJECTIVES:

1.1 By 2020, the Alcohol Prevention Team (NCD Consortium) will be fully operational.

Baseline: currently inactive

1.2 By 2021, alcohol taxes will be increased by at least 300%.

Baseline: malted beverages – 7 cents/12 ounces, distilled spirits -\$18/gallon, wine - \$4.95/wine gallon

1.3 By 2022, law passed to appropriate tobacco, alcohol and marijuana taxes, licensing fees and penalties to GBHWC Prevention and Training.

Baseline: no appropriations for prevention from alcohol and marijuana taxes

Specific Objective 1.1: By 2020, the Alcohol Prevention team (NCD Consortium) will be fully operational.

Baseline: currently inactive

Activity	Responsible party	Time frame	Outcome Product Result
DESIGNATE a P&T staff who will lead the APT within the NCD Consortium.	P&T staff	1 st Q 2020	APT Chairperson identified
Recruit additional members for the APT	Designee/Chair	2-3 Q, 2020	Membership list
Review NCD Alcohol prevention and control priorities in NCD Strategic Plan	APT	2-3 Q, 2020	
Align APT goals, objectives and strategic actions with state strategic plan	APT	4 Q 2020	APT workplan adopted by P&T
Implement strategic actions in workplan	APT	2020-2024	

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Specific Objective 1.3: By 2022, law passed to appropriate tobacco, alcohol, and marijuana taxes, licensing fees and penalties to Prevention.

Baseline: no appropriations for prevention from alcohol and marijuana taxes

Activity	Responsible party	Time frame	Outcome Product Result
Identify existing laws related to GBHWC Prevention and Training appropriations	P&T	1-2 Q, 2020	Inventory of existing laws
Map GBHWC Prevention and Training funding and resource needs and existing local allotments	P&T	1-2 Q, 2020	Budget gap analysis
Present budget gap to GBHWC leadership and ensure inclusion in overall GBHWC budget for presentation at annual budget hearing	P&T Supervisor	3-4 Q, 2020	P&T budget within GBHWC budget increased
Coordinate and provide data to prevention champions in legislature to assist them in identifying additional appropriations to cover the prevention budget gap	P&T	4 Q, 2020; 1 Q, 2021	
Provide information to legislature for potential sources for additional revenue for prevention through taxation of alcohol, tobacco, and marijuana	P&T	2 Q-4Q; 2021	Additional revenue to prevention

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1 STRATEGIC ACTION AREA: Community empowerment

2 GOAL 2

3 By 2024, A fully functional community prevention resource center structure will be
 4 operated by GBHWC Prevention and Training branch for building community capacity
 5 to carry out and sustain prevention programs. This resource center will include, but
 6 not limited to, training rooms for community trainings, Council meetings, prevention
 7 planning and access to prevention resources for community members.

8 *Strategy:* Ensure P&T's inclusion in GBHWC Expansion Plan

9 *Baseline:* In 2019, no physical space allotted to P&T for community capacity building
 10 and education activities.

11 SPECIFIC OBJECTIVES:

12
 13 2.1 By 2020, the GBHWC expansion plan will include the creation of a
 14 community prevention resource center operated by Prevention and
 15 Training branch.

16 *Baseline:* P & T not explicitly allotted a portion of the expansion plan

17 2.2 By 2023, the P&T Prevention Center will be built.

18 *Baseline:* none

19 2.3 By 2024, the P&T Prevention Center will be operational.

20 *Baseline:* none

21

Specific Objectives:			
2.1 By 2020, the GBHWC expansion will include Prevention and Training branch.			
2.2 By 2023, the P&T Prevention Center will be built.			
2.3 By 2024, the P&T Prevention Center will be operational.			
Activity	Responsible party	Time frame	Outcome Product Result
Ensure P&T community prevention resource center is included in GBHWC expansion planning	P&T Supervisor	1 Q, 2020	
Conduct mapping of current and future prevention program functions, funding and resources to determine future infrastructure needs	P&T	1-2 Q, 2020	Infrastructure recommendations

Incorporate P&T recommendations into overall expansion plan and timeline	P&T supervisor	2020-2024	
Continuously monitor/ follow-up with expansion progress plan	P&T supervisor	2020-2024	Prevention Resource Center

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1 **STRATEGIC ACTION AREA: Substance misuse prevention**

2 **GOAL 3**

3 By 2024, substance use rates will have been reduced by 50% from baseline.

4 *Strategies:*

- 5 • Strengthen enforcement of existing ATOD laws and policies
- 6 • Expand alcohol-free public places to de-normalize alcohol use in public
- 7 • Fully implement the Partnerships for Success (PFS) project plan

8 *Baseline: (insert 2019 rates here)*

9 **SPECIFIC OBJECTIVES:**

10

11 3.1 By 2024, enforcement of tobacco and alcohol laws will be strengthened.

12 3.1.a By 2024, there will be zero Synar violations.

13 *Baseline:* 2019 Synar retail violation rate - 12.1%

14 3.1.b By 2023, GDOE will reduce its alcohol and tobacco related offenses by
15 10%

16 *Baseline:* tobacco-related offenses (2019); alcohol-related offenses
17 (2019)

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19 3.2 By 2022, public parks and beaches will be alcohol free.

20 *Baseline:* In 2019, ___ out of ___ parks and beaches are designated as
21 alcohol-free

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23 3.3 By 2023, GDOE middle and high school students in PFS-participating schools
24 will have an increased perception of harm towards tobacco, alcohol and
25 nicotine by 10%.

26 *Baseline:* Baseline figures will be determined by PEACE PFS sub-grantees
27 during their required school-based needs assessment at select GDOE school
28 sites in FY2020. The following indicators for attitudes and perceptions on youth
29 substance use will be collected and monitored:

- 30 • Perceived availability of alcohol, electronic vapor products, marijuana
31 and other drugs to youth
- 32 • Peer disapproval of underage use of alcohol, electronic vapor products,
33 alcohol, marijuana and other drugs

- 1 • Parental disapproval of underage use of alcohol, electronic vapor
- 2 products, alcohol, marijuana and other drugs
- 3 • Perceived risk of harm of alcohol, electronic vapor products, alcohol,
- 4 marijuana and other drug use.

5 3.4 By 2023, GDOE will increase its in-school early intervention
6 screening/assessment among students by 10%, to identify and refer youth with
7 increased risk for alcohol, tobacco and nicotine use to appropriate behavioral
8 health care services.

9 *Baseline:* As of date, GDOE does not utilize a universal, evidence-based
10 process for screening, brief intervention and referral for capturing students with
11 increased risk for substance use.

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Specific Objective 3.1: By 2024, enforcement of tobacco and alcohol laws will be strengthened.

3.1.a: By 2024, there will be zero Synar violations.

Baseline: 2019 Synar retail violation rate - 12.1%

3.1.b: By 2023, GDOE will reduce its alcohol and tobacco related offenses by 10%

Baseline: tobacco-related offenses (2019); alcohol-related offenses (2019)

Activity	Responsible party	Time frame	Outcome Product Result
Re-establish PEACE Council	P&T	1-2 Q, 2020	PEACE Council
Create ATOD Prevention Taskforce to address enforcement	P&T; PEACE Council	1 Q, 2021	Taskforce
Conduct education outreach for tobacco and alcohol vendors	P&T; SAPT Partners	2020-2024	
Re-strategize Synar inspections	P&T; SAPT	2 Q, 2020	Revised protocol
Implement and evaluate new Synar protocol to increase frequency of inspections	P&T; SAPT	2021-2024	Decreased Synar violations
Implement PEACE Partnerships for Success grant (PFS) action plan	P&T; PFS project director	2020-2023	Reduced Alcohol and Tobacco offenses in GDOE

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<p>Specific Objective 3.2: By 2022, public parks, sports facilities and beaches will be alcohol free. <i>Baseline:</i> In 2019, Public Law designates that up to 15% of parks and beaches are designated as alcohol-free.</p>			
Activity	Responsible party	Time frame	Outcome Product Result
Conduct environmental scan with SAPT partners to document visually the adverse impact of alcohol use in parks, sports facilities and beaches (Photovoice)	P&T; SAPT partners; RCUOG/Cooperative Extension; APT	1- 4 Q, 2021	Findings/report
Conduct policy and literature review of states with existing alcohol-free parks, sports facilities and beaches	P&T; RCUOG/Cooperative Extension Taskforce	1-4 Q, 2021	Findings/report
Present environmental scan findings to Parks & Rec	P&T; SAPT partners, APT	1 Q, 2022	Presentation/meeting
Collaborate with Parks & Rec to expand alcohol-free zone policies to 100%	P&T; Parks & Rec, APT	2022-2024	MOU
Implement and enforce alcohol-free zone policy	Parks & Rec	2022-2024	
Monitor and evaluate policy through periodic environmental scan (photovoice)	P&T; SAPT partners; RCUOG/Cooperative Extension; APT	2022-2024	Annual Report

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<p>Specific Objective 3.3: By 2023, GDOE middle school students will have an increased perception of harm towards tobacco, alcohol and marijuana by 10%. <i>Baseline:</i> Baseline figures will be determined by PEACE PFS sub-grantees during their required school-based needs assessment at select GDOE school sites in FY2020. The following indicators for attitudes and perceptions on youth substance use will be collected and monitored:</p> <ul style="list-style-type: none"> • Perceived availability of alcohol, electronic vapor products, marijuana and other drugs to youth • Peer disapproval of underage use of alcohol, electronic vapor products, alcohol, marijuana and other drugs
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- *Parental disapproval of underage use of alcohol, electronic vapor products, alcohol, marijuana and other drugs*
- *Perceived risk of harm of alcohol, electronic vapor products, alcohol, marijuana and other drug use*

Activity	Responsible party	Time frame	Outcome Product Result
Implement PEACE PFS action steps (Please refer to PEACE PFS action plan.)	P&T; PFS Staff	2020-2023	Progress report

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Specific Objective 3.4: By 2023, GDOE will increase its in-school early intervention screening/assessment among students by 10%, to identify and refer youth with increased risk for alcohol, tobacco and nicotine use to appropriate behavioral health care services.

Baseline: As of date, GDOE does not utilize a universal, evidence-based process for screening, brief intervention and referral for capturing students with increased risk for substance use

Activity	Responsible party	Time frame	Outcome Product Result
Implement PEACE PFS action steps (Please refer to PEACE PFS action plan.)	P&T; PFS Staff	2020-2023	Progress report

2

3 STRATEGIC ACTION AREA: Suicide prevention

4 GOAL 4

5 By 2024, no suicide deaths will occur among individuals who seek and receive
6 behavioral health services from GBHWC.

7 *Baseline:* 2018 crude suicide rate – 26.6/100,000

8 *Strategy:* Fully implement the Zero Suicide Framework in GBHWC and provide Mental
9 Health First Aid Trainings to local prevention partners and community NGO's.

10 SPECIFIC OBJECTIVE:

11 **4.1** By 2024, the Zero Suicide framework will be fully implemented.

12 *Baseline:* In 2019, implementation of the Zero Suicide framework has not yet
13 started.

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<p>Specific Objective 4.1: By 2024, the Zero Suicide framework will be fully implemented in primary and behavioral health care providers. <i>Baseline:</i> In 2019, Zero Suicide framework has not been adopted.</p>			
Activity	Responsible party	Time frame	Outcome Product Result
Seek technical assistance in Zero Suicide Framework (ZSF) from PTTC and other partners	P&T	1 Q, 2020	
Introduce and mobilize support for ZSF among divisions of GBWHC	P&T	2-3 Q, 2020	
Adopt zero suicide framework within GBHWC	P&T; GBHWC	2021	
Revise MOU between community healthcare providers and GBHWC to include adoption of ZSF, program evaluation, and community outreach & training	P&T	2021	MOU
Establish Suicide Prevention taskforce within the PEACE Council to liaise with external partners	P&T	1 Q, 2023	Taskforce
Develop MOU between DPHSS and GBHWC to implement ZSF	P&T	2 Q, 2023	MOU
Develop MOU between ED and GBHWC to implement ZSF	P&T	2 Q, 2023	MOU
Continue Suicide prevention trainings (START, ASIST, safeTALK, Connect, Grief Talk)	P&T	2020-2024	

4 **STRATEGIC ACTION AREA: Mental health promotion**

5 **GOAL 5**

6 By 2024, mental health promotion activities and holistic services will be included in the
 7 GovGuam Worksite Wellness program.

8 *Baseline:* 2019 – Worksite Wellness consists of physical wellness activities only

9 *Strategy:* Expand Worksite Wellness to include mental health promotion and overall
 10 behavioral and physical wellness.

11 **SPECIFIC OBJECTIVE:**

12

1 5.1 By 2023, an Executive Order to expand Worksite Wellness activities to include
2 mental health promotion, overall wellness and selfcare activities will be issued.

3 5.2 By 2023, The Executive Order will identify the Worksite Wellness to be
4 monitored and evaluated by both GBHWC and DPHSS.

5 *Baseline: 2019 – none*

6

Specific Objective 5.1: By 2023, an Executive Order to expand Worksite Wellness activities to include mental health promotion will be issued.

Baseline: 2019 – none

Activity	Responsible party	Time frame	Outcome Product Result
Review Worksite wellness executive order to identify wellness activities that relate to mental health	P&T Staff, GBHWC Health Coach	3-4 Q, 2021	List of mental health activities
Present mental health promotion as part of an NCD priority for wellness	P&T	4 Q, 2021	presentation
Collaborate with DPHSS, Worksite wellness committee and health coaches to revise current executive order and incorporate mental health promotion activities into Worksite wellness options	P&T	1-4 Q, 2022	Executive order
Provide TA in monitoring and evaluating mental health activities reported as part of worksite wellness	P&T; DPHSS	2023-2024	Findings/report

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1 THE WAY FORWARD

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3 This Guam Strategic Plan for Substance Misuse Prevention and Mental Health
4 Promotion (FY 2020 thru FY 2024) builds on the previous Strategic Prevention
5 Framework and former P&T action plans to provide the strategic guidance to the branch
6 and its partners and stakeholders in their efforts to promote the policy and program
7 interventions for achieving a resilient community freed from substance misuse, suicide
8 and other mental health issues.

9
10 The Guam Strategic Plan emphasizes evidence-based, collaborative and
11 participatory approaches towards preventing/controlling current and emerging
12 substance misuse and mental health risks with a view towards reducing health inequities
13 among the diverse groups that comprise our island community. Its objectives are
14 aligned with or complement other existing strategic action plans, such as those of
15 SAMHSA, existing P&T grants, and relevant NCD community action plans while actions
16 address specific prevention priorities and issues.

17
18 We realize that there are formidable barriers, but we are optimistic about the
19 impact and potential achievements when our community is mobilized to act strategically
20 in advocating for our vision and goals. We intend to monitor progress periodically and
21 agree that our Guam strategic plan is a “living” document that may need to change as
22 we go through the next five years. We will learn as we go.

23
24 Ultimately, Guam’s development rests upon the health and well-being of its
25 people. We anticipate that this Guam Strategic Plan will empower P&T, GBHWC and
26 its community partners to focus on pivotal issues, use resources judiciously, build on
27 ongoing efforts, prevent overlap, learn from each other’s experiences and expand
28 institutional and individual capacities to ensure a community that is free from substance
29 misuse and suicide and empowered to promote mental health with the Guam Behavioral
30 Health and Wellness Center taking the lead for this action plan. By doing so, a future of
31 sustainable development for all of us in this island community can be assured.

1 **REFERENCE:**

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3 CDC: Center for Disease Control

4 CLAS: Culturally and Linguistically Appropriate Services

5 CME: Chief Medical Examiner

6 ED: Emergency Departments

7 FDA: Food and Drug Administration

8 FOL: Focus on Life (Grant)

9 GBHWC: Guam Behavioral Health and Wellness Center

10 MOU: Memorandum of Understanding

11 NCD: Non-communicable Diseases

12 OMH: Office of Minority Services

13 P&T: Prevention and Training Branch

14 PEACE: Prevention Education and Community Empowerment

15 PFS: Partnership for Success (Grant)

16 SAMHSA: Substance Abuse and Mental Health Services Administration

17 SAPT: Substance Abuse Prevention and Treatment (Block Grant)

18 SEOW: Guam State Epidemiological Outcomes Workgroup

19 SPE: State Prevention Enhancement

20 SPF: Strategic Prevention Framework

21 WHO: World Health Organization

22 ZSF: Zero Suicide Framework

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