

GUAM'S EARLY CHILDHOOD COMPREHENSIVE SYSTEM STATE PLAN | 2009





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INTRODUCTION



Guam’s Early Childhood Comprehensive System State Plan (Guam’s ECCS State Plan) lays the blueprint for how Guam will carry out an island-wide, cross-agency early childhood comprehensive system (ECCS)



Tinituhon

| Tee nee tu hun |

The Beginning

of a child’s life experiences requires that basic needs are met, to include a feeling of safety and security with a sense of belonging and love, in order to set the stage for the child to grow to become well-adjusted, healthy, and productive adults.



... to support families and the community of Guam to develop young children who are healthy and ready to learn at school entry from June 2009 thru May 2012. Guam’s ECCS State Plan was developed through *Project Tinituhon: All Eyes on Five*, administered by the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS). Guam’s ECCS State Plan embraces the physical, social, emotional, and educational needs of its young community. The Chamorro word *Tinituhon*, “the beginning,” communicates Guam’s belief that “the beginning” of a child’s life experiences requires that basic needs are met, to include a feeling of safety and security with a sense of belonging and love, in order to set the stage for the child to grow to become well-adjusted, healthy, and productive adults.

Guam’s ECCS State Plan builds upon the Early Childhood Comprehensive Systems (ECCS) planning for an effective, collaborative cross-agency system to ensure young children on Guam have available accessible and affordable comprehensive health care and education that ***promotes healthy minds, bodies, and spirits as the foundation for which young children enter school ready to learn.*** Guam’s ECCS State Plan is carried out through continued partnerships that include:

- Families
- Child care providers
- Department of Public Health and Social Services (DPHSS)
- Guam Department of Education (GDOE) including Guam Early Intervention System (GEIS); Special Education; and the Head Start Program
- Department of Mental Health and Substance Abuse (DMHSA)

- Guam Memorial Hospital Authority (GMHA)
- Guam Parent Information Resource Center (PIRC)
- Guam System of Care Council (GSOCC)
- Private healthcare providers
- Policy makers

In April 2008, the Honorable Felix Camacho, Governor of Guam, signed Executive Order 2008-03 establishing the Guam Early Learning Council (GELC) for Guam’s ECCS. The GELC is comprised of stakeholder representatives of families of young children, and agencies and organizations, both public and private, serving young children and their families. The GELC was established to enhance, improve, support, and strengthen coordination and collaboration among agencies and organizations serving young children, birth to age five, and their families. The purpose of the GELC is to ensure cross-agency collaboration, shared data collection, leveraging of funding and resources, and shared standards for child and family outcomes. The GELC’s mission is ***“to support each child (birth to age five) in reaching his/her full potential through a health care and education system that is accessible, comprehensive, integrated, and responsive to diverse cultures that is developed in collaboration with families and communities.”*** The GELC is co-chaired by Guam’s First Lady Joann Camacho and Elaine Eclavea, Project Director for *Project Tinituhon: All Eyes on Five*. Furthermore, the GELC continues to serve as the governance and monitoring body to ensure full implementation of Guam’s ECCS State Plan. As the Governor’s early childhood initiative, Guam’s ECCS State Plan will be instrumental in policy development and communication among child-serving agencies and organizations.



BACKGROUND



Guam’s Early Childhood Comprehensive System State Plan reflects a three-year work plan based on current research findings, updated data, and recent stakeholder input.



As part of Guam’s first Early Childhood Comprehensive System (ECCS) grant activities, representatives from early childhood serving agencies were members of *Project Tinituhon’s* Strategic Management Team and Focus Area Work Groups. These multi-agency committees worked together to implement Guam’s Early Childhood Plan. Although evident that there are many services and supports for young children birth to age five and their families, stakeholders recognized that there is a deficiency in the delivery of current services and supports and a need to provide a more cohesive and responsive system of services and supports.



Since 2005, the goal of Guam’s ECCS has been to promote the health and well-being of young children by reducing the gaps in and improving the coordination of services for *all* young children and their families. *Project Tinituhon*, Guam’s first planning and implementation ECCS grant, provided the means for facilitating collaborative and coordinated services between public and private early childhood service agencies, organizations, and families through focus group meetings, strategic planning sessions, and the development of year one of the implementation of Guam’s ECCS State Plan. This plan highlighted the five critical components of the State Maternal and Child Health Early Childhood Comprehensive Systems (SECCS), as they related to Guam’s context and current practices which were still viewed as fragmented and individualized, depending upon the family’s knowledge and capacity to access services.



Although progress has been made over the past three years to reduce the gaps in early childhood services and supports, there is still a critical need to strengthen the partnerships and collaboration within and between these agencies in an integrated and coordinated early childhood comprehensive system. This urgent need was further reiterated during the Governor’s Early

Childhood Summits held on October 11, and December 20, 2008. In partnership with the Guam Early Learning Council (GELC), the October summit featured Dr. Ross Thompson, professor of psychology at the University of California, Davis. Dr. Thompson sparked an enthusiasm among 70 stakeholders, reinforcing their awareness of the importance of the early life experiences and the impact and trajectory of later life success. Concerns about health insurance, medical and dental home, social-emotional mental health, child care and early education, family support, and parent training were presented and discussed. The day was dedicated to discussing the latest research findings on brain architecture, school readiness, and the impact on early childhood and families. Furthermore, stakeholders provided input and recommendations towards refining Guam’s ECCS State Plan.

On December 20, 2008, the Governor’s Early Childhood Summit, Part 2 was held. Forty child care providers, medical professionals, teachers, parents, community leaders, and early childhood advocates reviewed, confirmed, and prioritized the need areas. The December Governor’s Early Childhood Summit confirmed the October summit recommendations to strengthen Guam’s ECCS organized under five particular themes: accessibility, accountability, systemic collaboration, data, and training. Within each of these themes, specific activities were brainstormed for

- 1) health insurance, medical and dental home
- 2) social-emotional mental health
- 3) early care and education/child care
- 4) parent training
- 5) family support

Guam’s ECCS State Plan addresses these five critical components of early childhood systems development.

“...Our investments in programs targeted to the earliest years, have the highest economic return on every dollar invested in those educational programs.”

“...In California, 3rd grade reading scores are correlated with high school graduation rates. High school graduation rates we know are strongly associated with rates of juvenile delinquency and adult criminality.”

Ross Thompson, Ph.D., Keynote Speaker, Governor’s Early Childhood Summit, October 2008



GUAM'S CONTEXT



- 1 Physical
- 2 Economic
- 3 Socio-Political
- 4 Financial
- 5 Educational/ Institutional



Physical Aspect

The island of Guam is a U.S. Territory located in the Western Pacific region. Guam is the largest island of the Marianas Island chain located between Hawaii and the Philippines and between Japan and New Guinea. Although a small island of approximately 225 square miles – approximately 30 miles long and 4 to 8 miles wide – Guam is considered the hub of the Western Pacific for its easy travel access to Asian communities.



Economic Aspect

A tourist-driven economy has made Guam dependent on the rise and fall of economies of other countries within relatively close proximity to the island. As noted in the June 2007 Guam Visitor's Bureau Satellite Account Perspective Report, it is estimated that for every \$76,000 in additional visitor spending, one job on Guam is created. The majority of Guam's visitor market is made up of travelers from Japan, Korea, and Taiwan, with the Japan market comprising 80.6% of all visitors to Guam. In 2005, the total impact of travel & tourism on Guam was 25.9% of the Gross Island Product. The tourism market comprises 35.5% of the total private-sector employment of the island. (The Economic Impact & Tourism, Satellite Account Perspective Guam Tourism in 2005 Tourism Reporting, the Next Generation, June, 2007). According to the Unemployment Situation in the Guam Report, September, 2007, the Guam Department of Labor, Bureau of Labor Statistics reported that Guam's unemployment rate was 8.3%. This is almost double that of the U.S. National average unemployment rate of 4.6%, estimated in 2007.

(<https://www.cia.gov/library/publications/the-world-factbook/print/us.html>.)



Guam's 2008 military population is 19,360, representing approximately 11% of Guam's overall population. The military population on Guam is expected to exceed 44,570 over the next five years due to the relocation of Marines from Okinawa. This transfer is expected to take place during 2010–2014 and will cause an unprecedented 25% increase in the island's overall population. The programmed buildup by the Department of Defense is being categorized as the largest military buildup in the history of the United States military.



Socio-Political Aspect

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

Guam is home to an estimated population of 175,877 people (CIA World Fact Book). It is a multi-ethnic, multi-cultural, and multi-lingual community comprised of 37% indigenous Chamorros, 26% Filipinos, 7% Caucasians, 7% from the Freely Associated States of the Federated States of Micronesia and the Republic of Palau, and 23% representing other ethnic groups. According to the 2000 census, nearly 11% of Guam's population is under the age of five. The most recent census data available for Guam (Census





2000) reports that in 1999, 32% of children under the age of five were living in poverty. This is an increase of 68% over the number reported in the 1990 census. This trend is expected to be reflected in the 2010 Census. Guam's Department of Public Health and Social Services (DPHSS) reported that in 2000, 4,283 people on Guam received public assistance. By 2005, this number increased to 15,764. Given the global and local economic situation, this trend is likely to continue. Between October 2007 and September 2008, 574 families were turned away from one of Guam's homeless shelters because they had no space. Equally disturbing is a 54% increase in the number of single, female head of household families, with children growing up in these households less likely to have access to the same resources as children from two parent families (Annie E. Casey, 2002).

U.S. Immigration laws and policies have been a major factor in the cultural and ethnic diversity of the island's population. Of significant impact is the Compact of Free Association signed into law in November 1986 and renegotiated as Compact II in 2004. The Compact allows citizens of the Federated States of Micronesia and the Republic of the Marshall Islands free entry into the United States and its territories. These communities are as close as one to four hours via air travel from Guam. In 1994, the Republic of Palau, located approximately 700 miles southwest of Guam, signed its Compact of Free Association with the United States, providing its citizens with the same entry privileges into Guam. As the closest U. S. Territory, Guam represents, in many cases, the nearest opportunity for health, education, and social support services for remote islanders from the Freely Associated States, especially from the Federated States of Micronesia and the Republic of Palau. With a significantly diverse and multicultural population of some 175,877 on Guam, the challenge will be further compounded with the anticipated arrival of some 12,000 military troops and their support personnel that will be relocating from Okinawa to Guam.

Financial Aspect

The 2005 Guam Statistical Handbook reported the median household income for Guam in 2003 was \$33,457. This is a decrease of over \$6,000 from the median household income

reported in the 2000 Guam Census. The Guam Housing and Urban Renewal Authority (GHURA) estimated that in mid-December 2008, 700 families received public housing assistance with approximately 240 on a wait list. The public housing assistance provides housing units to qualifying low-income families. Under a separate program, the Section 8 – Housing Choice Voucher Program of GHURA, vouchers for housing are provided to qualifying low-income families. During the same reporting period (mid-December 2008), GHURA estimated that a total of 2,500 low-income families were supported through this program, with an estimated 1,300 families on a wait list.

Unlike State programs, Guam's Medicaid federal reimbursement is capped at \$6.69 million, with a federal matching rate of 50%. Because of the difficulties of covering the costs of the basic mandatory set of services, many services and supports that may be needed by children and their families are not covered. Also, residents of Guam are not eligible to receive Supplemental Security Income (SSI), a potential resource for purchasing needed services available to eligible individuals in the states. Another potential source of financing is Guam's locally funded Medically Indigent Program (MIP), which provides medical assistance to low-income families who do not qualify for Medicaid. Considered a payer of last resort, MIP currently provides a severely limited health care benefit package that does not include mental health services.

A door-to-door Household Income and Expenditure Survey (HIES) conducted in 2005 found that 29.6% of the population and 26% of children under the age of 18 had no form of health coverage. This was in addition to increases in the numbers seeking public insurance, in the form of Medicaid or the locally funded Medically Indigent Program (MIP) (DPHSS, 2009). The cost for health insurance on Guam has been on a rise for the past 10 years with employee contributions and deductibles increasing (e.g. deductibles as high as \$6000/year for a family of four) and benefits decreasing. As a result, increasing numbers of families have elected to go without insurance.

In discussing service disparities, it is also important to note that, as a territory, Guam does not have access to many federal funding streams designed to reduce disparities. Guam's Medicaid federal reimbursement is capped at \$6.69 million, with a federal matching rate of 50%. Guam participates in the State Children Health Insurance





Program (SCHIP) which is currently capped at \$1.48 million.

The high number of families living in poverty, the increasing homeless population that includes families with young children, limited access to health insurance, lack of adequate public transportation, and affordable childcare also create barriers to service.

Educational/Institutional Aspect

The Guam Department of Education (GDOE) is a single unified school district consisting of grades Kindergarten through 12. According to the School Year 2007-2008, Annual State of Public Education Report, there were a total of 31,066 students enrolled from Head Start (children three and four years old) through 12th grade in 25 elementary schools, 7 middle schools, 4 high schools, and 1 alternate placement site. The student, professional, and staff populations in the public schools represent the diversity of cultures and languages that exist throughout the island.

Given Guam's status as a U.S. Territory, GDOE receives federal funding for several programs including support from the Administration for Children and Families for the implementation of a Head Start Program. As of December 2008, the Guam Head Start Program serves 500 children ages three and four years of age in 25 centers located in 18 elementary schools and one community-based setting.

GDOE also receives federal funds for the implementation of early intervention, special education, and related services for eligible children birth through age 21 through the Individuals with Disabilities Education Improvement Act (IDEA 2004) Parts B and C. The IDEA 2004 Part B funding, combined with a local appropriation, provides for direct and support services for eligible preschoolers, children, and youth with disabilities on Guam.

As described in the approved IDEA Part C State Plan, Guam has adopted the "Environmentally At-Risk for Delay" category for identifying children birth to age three in need of family-centered early intervention services. The qualification factors used include maternal age of 14 or less, or documented family history of physical

or sexual abuse and/or neglect. Other qualification factors include: single parent; maternal age 15 to 16; inadequate prenatal care; 10th grade education or less for primary caregiver; family lacking parenting skills; family lacking social supports; family lacking adequate shelter; and child with no well-baby care by six months of age. Five of these factors must be present to be eligible for services under this category.

The physical, economic, socio-political, financial, and educational aspects of Guam presents continued challenges for effecting critical changes in Guam's ECCS. Guam's ECCS State Plan aims to address these challenges by establishing Guam's early childhood comprehensive system that includes deliberate and planned facilitation of policies, procedures, and practices for the implementation and maintenance of a cross-agency collaborative system.

An Early Childhood Comprehensive System has specific focus on five critical areas and how they support the physical, social, emotional, and cognitive needs of young children, birth to age five, and their families. These critical areas include:

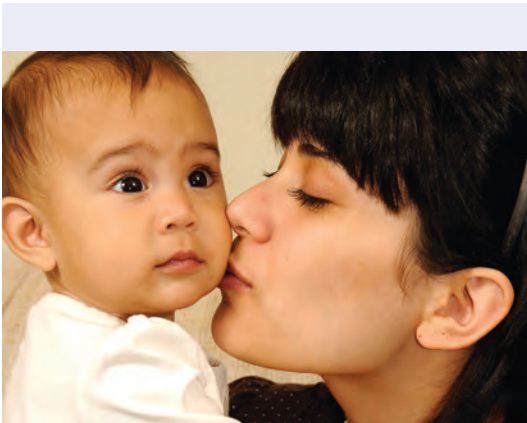
- 1) Access to health insurance and medical and dental homes
- 2) Mental health and social-emotional development
- 3) Early Care and Education/Child Care
- 4) Parenting education
- 5) Family support

Guam's ECCS State Plan aims to build a collaborative and coordinated infrastructure for the island's multi-ethnic, multi-lingual, and multi-cultural population that supports ALL young children and their families and sustains developmentally appropriate environments where young children from diverse ethnic and social backgrounds thrive physically, mentally, socially, and cognitively.





Access to Health Insurance and Medical and Dental Homes



DPHSS currently serves a total of 1,225 children birth to 18 years in its Special Health Care Needs, Special Kids Clinic program using the medical home model which is consistent with a System of Care (SOC) approach. Physicians, nurses, and other health care professionals have received training on the medical home, as well as on the use of the Ages and Stages Questionnaire: Social-Emotional (ASQ: SE).

Guam CEDDERS, through funding from the U.S. Department of Health & Human Services (HHS), Health Resources Services Administration (HRSA), Maternal Child Health Bureau (MCH) and the Centers for Disease Control & Prevention, administers the Guam Early Hearing Detection and Intervention (Guam EHDI) Project. The purpose of the Guam EHDI project is to ensure that all babies born on Guam have access to newborn hearing screening, and if needed, referred for full diagnostic audiological evaluation, and linked to early intervention services. Guam ChildLink (Guam EHDI Data Tracking & Surveillance System) is Guam’s only cross-agency integrated data system that collects information on every baby born at two of three birthing sites, GMHA and Sagua Mañagu Birthing Center. Currently, the U.S. Naval Hospital Guam does not submit any data into Guam ChildLink. There are five agencies/organizations that currently have access to and electronically upload data into the system: GMHA, DPHSS, GDOE – Guam Early Intervention System (Part C), Sagua Mañagu Birthing Center, and Audiological Associates.



Table 1 displays data retrieved from Guam ChildLink on the number and percent of children in the database with a medical home for years 2004 to 2008. The second column shows total births on Guam from the three birthing sites: GMHA, Sagua Mañagu, and the U.S. Naval Hospital, Guam. There are two military healthcare facilities on Guam located on the Naval and Air Force bases. It can be assumed that these military facilities are the medical home for those babies born at the U.S. Naval Hospital. The last column shows the number

and percent of births at GMHA and Sagua Mañagu that have a medical home. However, this number only reflects those babies who were referred for a second hearing screening or for a full diagnostic audiological evaluation.

As shown in Table 1, Guam ChildLink has been able to collect information on 98-99% of all births on Guam from GMHA and Sagua Mañagu for the years 2004-2008, with an 83-86% data collection rate for all births on Guam. This is significant in that shared data collection, compilation, and reporting will lead to better planning and implementation of a collaborative and coordinated early childhood service delivery system. As the only cross-agency integrated data system, the Guam ChildLink needs to be expanded to ensure that data on infants’ medical home or primary care physician is collected and documented, prior to discharge from the birthing facility. As shown in Table 1, although the reported percentage of young children with a medical and dental home has increased from approximately 1% (20/2847) in 2004 to 13% (374/2962) in 2008, the reported percentage is still very low. This data summary alone communicates

the need for greater public awareness for parents and families on the importance of identifying a primary care physician that will provide comprehensive, consistent healthcare for their children.

At the October 2008 Early Childhood Summit, stakeholders made it clear that the need to address dental homes for all children were critical. Activities focused upon dental care for our families are being planned.

Over the course of the past two years, the cost of health care has been on a rise with employee contribution and deductibles increasing at an average of \$1,424.32, resulting in an increase of families without insurance. This has significantly impacted many families’ health care.

TABLE 1: Number and Percent of Children with Medical Homes

YEAR	Total Births on Guam	Total Number of Civilian Births	Total Number in Guam ChildLink	Number/Percent in Database w/Physician Indicated	Number/Percent w/Medical Home (% in ChildLink)
2004	3427	2867	2847	26 (1%)	20 (1%)
2005	3203	2798	2744	62 (2%)	24 (1%)
2006	3414	2909	2863	1985 (69%)	231 (8%)
2007	3493	3007	2975	2603 (87%)	409 (14%)
2008	3572*	3017	2962	2904 (98%)	374 (13%)
Jan 2009		n/a	254	254 (100%)	1 (.4%)

*Estimated for 2008



Mental Health and Social-Emotional Development



Several elements exist on Guam that may put a young child at high risk in the area of social-emotional development. Maltreatment of young children is a well documented risk factor. Statistics from DPHSS indicate that in 2008, a total of 2,501 children were referred due to suspected abuse and/or neglect. Of referred children, 25% were victims of maltreatment. Guam has a high rate of teen pregnancy comprising 10% of total births (2005 Guam Statistical Yearbook). A family history of depression or mental illness can also put young children at risk, as well as maternal depression. It is estimated that between 5-25% of pregnant, postpartum, and parenting women experience depression. As Guam’s population of young children continues to grow, as well as their exposure to multiple risk factors, increasing numbers of young children are likely to experience mental health disorders.



During focus groups conducted as part of the October 2008 Early Childhood Summit, daycare providers, parents, early interventionists, and mental health providers shared their concerns about the increasing number of young children who are displaying signs of social and emotional disorders. In a recent stakeholder meeting, the Head Start Director reported that in a four month period, from August to December 2008, their agency referred 55 children for mental health assessment. Data collected for the I Famagu’on-ta Project (Guam’s Children’s Mental Health Initiative), revealed that the children they served experienced significant risk factors, with caregivers reporting the following:



TABLE 2: I Famagu’on-ta Caregivers Report of Children’s Risk Factors

52.2%	Witnessed domestic violence
44.6%	Lived with someone with depression
30.8%	Lived with someone convicted of a crime
39.6%	Lived with someone with a substance abuse problem
20.1%	Attempted suicide
26.3%	Had been physically abused
17.7%	Had been sexually abused

(Macro International, 2008)

It is likely, that many of these families also have children under the age of five, who may be at risk for developing social-emotional and mental health disorders.

Through GDOE’s Part C program (GEIS), 167 children birth to age 3 and their families are currently receiving services and have Individualized Family Service Plans (IFSPs). These plans address families’ needs relative to their children’s healthy social, emotional, and behavioral development. GEIS has two staff trained to administer the ASQ:SE and uses this screening instrument when conducting intakes and evaluations for children referred for services. Guam currently does not have a system of care for young children age five and under. Most recently, Guam was awarded a federal grant, Project Kariñu, that will develop and install a system of care for young children birth to age five.





Early Care and Education / Child Care



According to the 2000 Guam Census, approximately 11% of the total population are children birth to age five. Based on this percentage, we can estimate that currently there are approximately 19,600 children under age five, and based on a reported population of about 178,000 for 2009. In addition to being cared for in their own homes, several options outside their home are available for children in this age group. Table 3 is an updated matrix of the total number of early childhood settings and the number of children served in those settings.



GDOE currently reports that there are 500 children ages 3 and 4 enrolled in the Guam Head Start Program; 167 children from birth to age three in the Guam Early Intervention System (Part C Program); and 102 children ages 3 to 5 in the Special Education Preschool Program. The DPHSS currently reports a total of 2,000 children enrolled in licensed child care centers and 103 in non-licensed/regulated family home settings. In June 2008, Guam CEDDERS conducted a phone survey of eight private preschool settings reporting a total of 504 children ages 3 to 5 years enrolled. These

TABLE 3: Comparison of the Number of Children Served in EC Settings for 2005 and 2008

Early Childhood (EC) Program	# Settings		# Served	
	2005	2008	2005	2008
Licensed Child Care Centers	50	47	1,994	2000
Family Home Providers	75	27	163	103
Guam Early Intervention System (GEIS)	1	1	195	167
Private Nursery & Preschool	7	8	184	504
GDOE – Special Education Preschool	9	4	114	102
GDOE Head Start	25	25	500	500
Total	167	112	3,150	3,376

numbers represent only 17% (3,376/19,600) of the estimated total number of children birth to age five. As shown in Table 3, the number of early childhood settings decreased by 33% (55/167), while the total number of children served increased by 7% (226/3,150). Further, it can be assumed, with an estimated population of 19,600 children birth to age five, 83% (16,224/19,600) of children are in settings where there may be a need for guidance and training on developmentally appropriate practices.

Within the last four years, **Project Tinituhon** has facilitated collaboration, coordination, and service integration of early childhood agencies on Guam. These activities included the development of an early childhood calendar of events which included parent/family and staff training and public awareness activities, development of a comprehensive directory of early childhood services and supports, **Nene Directory**, and the publication of a quarterly newsletter, called **Nene News**, that provides information on appropriate child development practices, research updates, and local and national child care news. There is a need to continue this collaborative effort and strengthen communication amongst agencies.

DPHSS is the lead agency responsible for licensing and monitoring child care settings. The current child care licensing regulations were initially established in 1978. These same rules that were developed over 30 years ago are still in place. Efforts are currently underway to update these regulations to include the latest brain research findings and improvements in the quality of early child care. Participants in the Governor’s Summit on Early Childhood declared that accountability measures that address quality child care, as well as training initiatives that raise the bar of quality for child care providers, need to be planned for, developed, prioritized, and delivered.





Parent Education



Family Support



During the initial environmental scan of all early childhood serving agencies, conducted by **Project Tinituhon** in 2006, it was noted that the only agencies that offered parent training/education on a regular basis was DPHSS in collaboration with Guam CEDDERS and GDOE Head Start. Other agencies offered parent trainings for their target populations, based on the needs of the population. Participants in the Governor's Summit on Early Childhood stressed the need to provide training strands for parents as well as address issues of language and cultural competency. Furthermore, stakeholders commented that parent training/education opportunities were fragmented. They requested that the training programs become more coordinated and structured and that early childhood agencies communicate and coordinate to be able to offer to a wider range of interested families, rather than just targeted and offered for their respective populations.



Currently, there are many family support services on Guam offered by the various early childhood agencies. However, families who participated in the Governor's Summit on Early Childhood expressed that if some of the services were more family-sensitive, the training programs would be more successful in empowering them to be more effective advocates for their children. Furthermore, families expressed an interest in family leadership training which would result in building the competence in families by helping, guiding, and supporting each other.

Guam's ECCS State Plan also includes a goal for **System Sustainability**. The Guam Early Learning Council (GELC) serves as the governance board on early childhood and has taken steps to develop a mechanism for ensuring children and families have access to early childhood services and supports. Specific focus on the importance of the early years is critical for ensuring ALL children are healthy and ready to enter school. The strengthening and sustainability of Guam's ECCS must be given the highest priority by our island's families, early childhood service providers, and community leaders.



HOW GUAM'S STATE PLAN WAS DEVELOPED



The Federal Partners Workgroup (FPWG) logic model was used as the framework for developing Guam’s Early Childhood Comprehensive System State Plan.



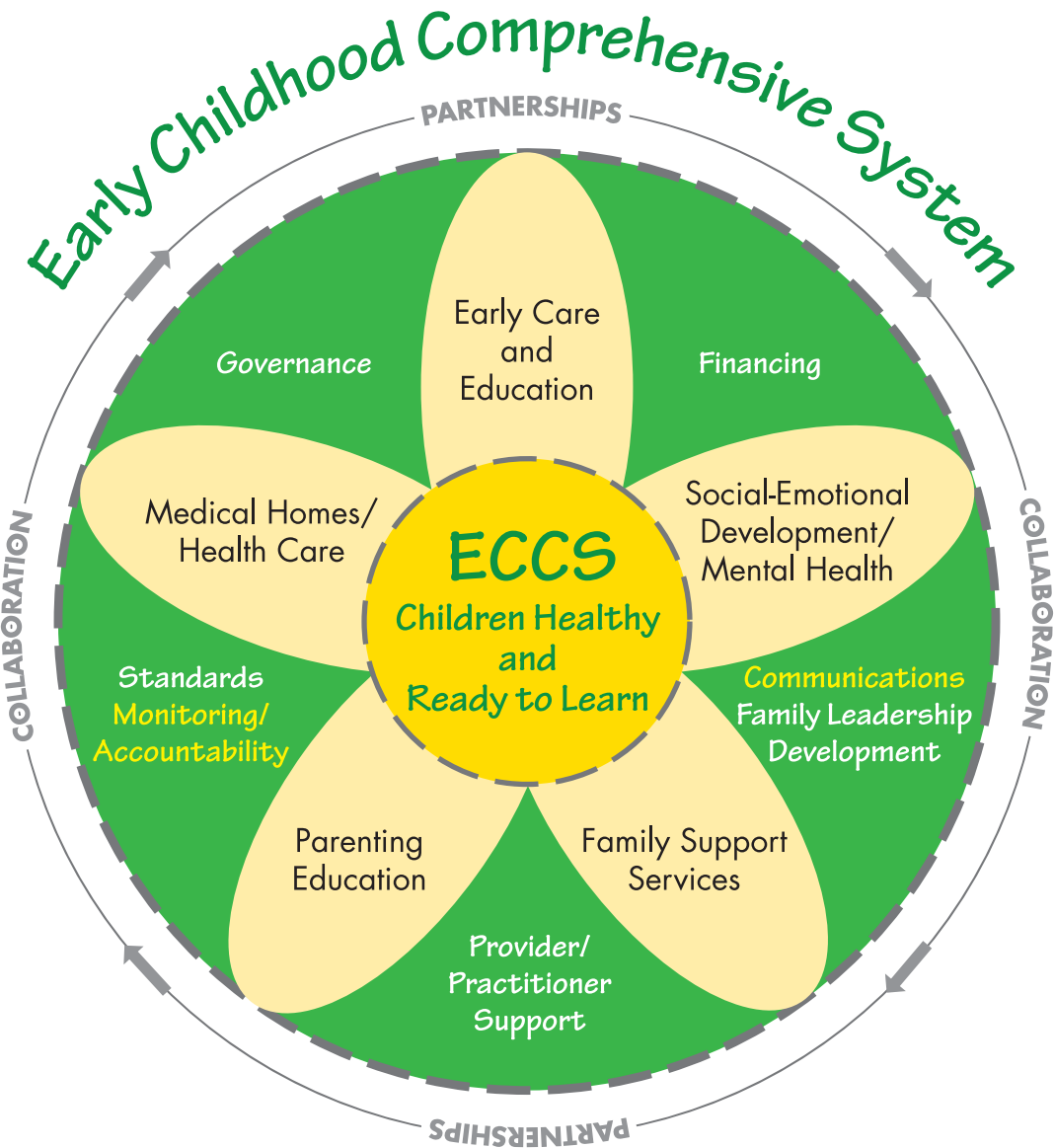
This model provides a structure to ensure a careful, comprehensive approach of what the plan aims to do and how investments link to results. As indicated in the Work Plan section, the milestones or short-term objectives have been identified to ensure the activities meet each objective and related goal. In addition, the “Inputs/ Resources” and “Output/Expected Change” have been identified for each activity, as well as the person(s) responsible. Timelines for completion of the activity are indicated. Lastly, evaluation processes for measuring the effectiveness of Guam’s ECCS State Plan have been incorporated.



The ultimate goal of Guam’s ECCS State Plan is “All of Guam’s young children will have healthy minds, bodies, and spirits as the foundation for lifelong success.” This outcome will be realized through the implementation of goals, objectives, and activities that focus on the five critical components of early childhood systems development identified in the Maternal and Child Health Bureau’s Strategic Plan for Early Childhood Health, with specific emphasis on the “collaboration and coordination” needed for addressing the key elements in comprehensive systems building. The goals and objectives of Guam’s Early Childhood Comprehensive System State Plan include related Healthy People 2010 Goals and Focus Areas. Figure 1 displays the seven key elements of systems building within an early childhood comprehensive system (ECCS). These key elements are threaded throughout the goals and objectives of the Work Plan.



Fig 1: ECCS Model



(U.S. Department of Health & Human Services, Health Resources and Services Administration model illustrating how the Five (substantive) Critical Components and the Seven (infrastructure-oriented) Key Elements in Comprehensive System Building relate to the ECCS initiative.)

THE WORK PLAN

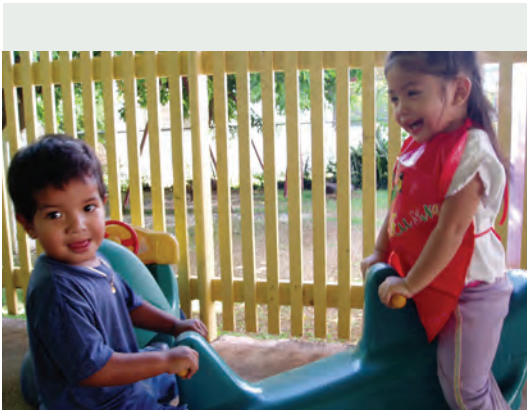


Guam’s Early Childhood Comprehensive State Plan includes the following five goals:



The following table describes the work plan, including objectives and activities of how Guam’s Early Childhood Comprehensive System State Plan will be carried out. Furthermore, milestones are described for each objective, which provide a mechanism for monitoring the progress and completion of each objective.

Access to Health Insurance and Medical and Dental Homes



GOAL 1

ACCESS TO HEALTH INSURANCE AND MEDICAL AND DENTAL HOME

- Guam will increase the number of children who have access to universal healthcare and medical and dental homes.

(Healthy People 2010, Goal 1, Focus Area 1, 6, & 16)



GOAL 2

MENTAL HEALTH & SOCIAL EMOTIONAL DEVELOPMENT

- Guam will have a system of care for supporting young children and their families with social-emotional and behavior challenges.

(Healthy People 2010, Goal 1, Focus Area 1, 6, & 16)



GOAL 3

EARLY CARE AND EDUCATION/CHILD CARE

- Guam will increase the quality of early care and education services that support early learning, health, and the development of social competence and cultural competence.

(Healthy People 2010, Goal 1, Focus Area 2, 6, 7, & 16)

GOAL 4

PARENT EDUCATION AND FAMILY SUPPORT

- Guam will increase parent education opportunities and family support services for families of children birth to age 5.

GOAL 5

SYSTEM SUSTAINABILITY

- Guam will strengthen the collaboration and coordination of all private and public early childhood serving agencies.

(Healthy People 2010, Goal 1 & 2, Focus Area 1, 6, 7, & 16)

Objective 1.1: Reinforce developmental screening as a standard of care and medical and dental homes, according to the American Academy of Pediatrics (AAP) guidelines, for all medical and dental practitioners.	
ACTIVITIES	
<div>A. Update and conduct a survey of all public and private medical and dental health practitioners on the usage of developmental screening tools, oral risk assessments, and oral health examinations to establish baseline data on the number of providers who understand the concept of medical and dental homes.</div> <div>B. Facilitate networking sessions for all allied healthcare providers to reinforce the importance of developmental screening as a standard of care for all young children.</div> <div>C. Coordinate awareness sessions for all allied healthcare providers on the AAP guidelines on developmental screening as a standard of care.</div> <div>D. Conduct training for all public and private medical and dental health practitioners on the implementation of developmental screening tools, oral risk assessments, and oral health examinations.</div>	
Milestones: <ul style="list-style-type: none">Updated survey for all medical and dental health practitioners on the usage of developmental screening tools, oral risk assessments, and oral health examinations.Survey results providing baseline data for all medical and dental health practitioners on the usage of developmental screening tools, oral risk assessments, and oral health examinations.Evaluative survey results by participants in networking sessions for all allied healthcare providers on the importance of developmental screening as a standard of care.Evaluative survey results by participants in awareness sessions on developmental screening as a standard of care.Evaluative survey results of participants in training sessions on the implementation of developmental screening tools, oral risk assessments, and oral health examinations.	

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

ACTIVITIES

- A. Conduct a survey of all healthcare professionals to establish baseline data on the number of providers who implement developmental screening and medical and dental homes in their practice.
- B. Develop and implement social marketing campaign, to include all media outlets, on the importance of developmental screening as a standard of care, and the implementation of medical and dental homes.

Milestones:

- Survey results providing baseline data on the number of providers who implement developmental screening and medical and dental homes in their practice.
- Development of a social marketing campaign on the importance of developmental screening as a standard of care and the implementation of medical and dental homes.
- Implementation of a social marketing campaign on the importance of developmental screening as a standard of care and the implementation of medical and dental homes.

Objective 1.3: Develop and implement a professional development plan for all allied health providers on developmental screening as a standard of care and medical and dental homes, according to AAP guidelines.

ACTIVITY

- A. In collaboration with institutions of higher education, conduct pre-service and in-service training on the medical and dental homes for all healthcare professionals oral risk assessments, and oral health examinations to establish baseline data on the number of providers who understand the concept of medical and dental homes.

Milestones:

- Survey results providing baseline data on the number of providers who implement evaluative survey results from pre-service and in-service training on medical and dental homes for all healthcare professionals' oral risk assessments.
- Baseline data on the number of providers who understand the concept of medical and dental homes.



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

ACTIVITIES

- A. Identify physician and insurance company advocates that support the implementation of developmental screening and medical and dental homes.
- B. Facilitate focus group discussion to develop a strategic plan that would ensure that all young children receive the medical and dental services that they need.
- C. Implement the strategic plan to ensure that all young children receive the medical and dental services that they need.

Milestones:

- List of physicians and insurance company advocates that support the implementation of developmental screening and medical and dental homes.
- Development of strategic plan that ensures all young children receive medical and dental services as needed.
- Implementation of strategic plan that ensures all young children receive medical and dental services as needed.

Mental Health and Social-Emotional Development

Objective 2.1: Reinforce the importance of early childhood mental health & social-emotional development with all early childhood service providers.

ACTIVITIES

- A. Conduct an assessment of all early childhood service providers on their understanding and awareness of the importance of early childhood mental health & social-emotional development.
- B. Coordinate awareness sessions for all early childhood service providers on the importance of early childhood mental health & social-emotional development.
- C. Conduct training for all early childhood services providers on strategies that promote healthy mental health and social-emotional development for young children and their families.
- D. Develop and implement social marketing campaign, to include all media outlets, on the importance of early childhood mental health & social-emotional development.

Milestones:

- Assessment results of all early childhood service providers on their understanding and awareness of the importance of early childhood mental health and social-emotional development.
- Evaluative survey results from awareness sessions of all early childhood service providers on the importance of early childhood mental health and social-emotional development.
- Evaluative survey results from training sessions for all early childhood service providers on strategies that promote healthy mental health and social-emotional development for young children and their families.
- Development of social marketing campaign on the importance of early childhood mental health and social-emotional development.
- Implementation of social marketing campaign on the importance of early childhood mental health and social-emotional development.



Objective 2.2: Increase the number of health care providers who implement social-emotional developmental screening as a standard of care.

ACTIVITY

- A. Ensure social-emotional developmental screening is included in activities under Objective 1.1.

Milestone:

- Social-emotional developmental screening is included in developmental screening as a standard of care for young children.

Objective 2.3: Increase the number of children identified and evaluated for social-emotional and behavioral challenges.

ACTIVITIES

- A. Develop a database of the number of children who receive services for social-emotional and behavioral challenges.
- B. Facilitate a focus group to review best practices in early identification and evaluation of young children at risk for social-emotional and behavioral challenges.
- C. In collaboration with mental health providers, early childhood service providers, and families, develop guidelines for identification and evaluation of young children at risk for social-emotional and behavioral challenges.
- D. In collaboration with institutions of higher education, conduct pre-service and in-service training on guidelines and strategies that promote healthy social-emotional and mental health development for children and families.

Milestones:

- Establishment of a database describing the number of children who receive services for social-emotional and behavioral challenges.
- Compilation of best practices in early identification and evaluation of young children at risk for social-emotional and behavioral challenges.
- Guidelines for identification and evaluation of young children at risk for social-emotional and behavioral challenges.
- Evaluative survey results from training sessions on guidelines and strategies that promote healthy social-emotional and mental health development for children and families.

Objective 2.4: Develop early childhood mental health prevention and intervention services for parents/families of young children.

ACTIVITIES

- A. Conduct a survey of all mental health service providers to establish baseline data on the number of providers who serve young children birth to age five.
- B. Facilitate a focus group to develop an early childhood mental health consultation model.
- C. In collaboration with institutions of higher education, conduct pre-service and in-service training on strategies to implement the early childhood mental health consultation model.

Milestones:

- Survey results that describe baseline data on the number of providers who serve young children birth to age five.
- An early childhood mental health consultation model, as recommended by a focus group.
- Evaluative survey results of training on strategies to implement the early childhood mental health consultation model.

Early Care and Education/Child Care

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

ACTIVITY

- A. Develop and implement social marketing campaign, to include all media outlets, on the importance of quality child care and its influence on social and cultural competencies.

Milestone:

- Development of a social marketing campaign on the importance of quality child care and its influence on social and cultural competencies.

Objective 3.2: Implement the Guam’s Professional Development Plan for Early Childhood Professionals.

ACTIVITIES

- A. In collaboration with the Department of Public Health & Social Services, Bureau of Social Services Administration, present Guam’s Professional Development Plan for Early Childhood Professionals to the Guam Certification Commission for review and adoption.
- B. Develop a social marketing campaign on Guam’s Professional Development Plan for Early Childhood Professionals.

Milestones:

- Presentation of Guam’s Professional Development Plan for Early Childhood Professionals to the Guam Certification Commission for review and adoption.
- Adoption of Guam’s Professional Development Plan for Early Childhood Professionals by the Guam Certification Commission.
- Development of social marketing campaign on Guam’s Professional Development Plan for Early Childhood Professionals.

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

ACTIVITIES

- A. In collaboration with the Department of Public Health & Social Services, Bureau of Social Services Administration, facilitate a focus group to develop a quality rating system for center and home-based child care settings.
- B. Develop a pilot program for the implementation of the quality rating system for center and home-based child care settings.
- C. Conduct public awareness presentations to center and home-based child care settings on the quality rating system.
- D. Conduct a survey of center and home-based child care settings which implement the quality rating system to assess its impact.

Milestones:

- Development of a quality rating system for center and home-based child care settings, as a result of collaboration of agencies and a focus group.
- Development of a pilot program for the implementation of the quality rating system.
- Public awareness presentations on quality rating systems and child care settings.
- Survey results on impact of quality rating system on child care system.

Objective 3.4: Continue to provide training to center and home-based providers on achieving ADA compliance.

ACTIVITIES

- A. Develop and conduct an assessment of center and home-based child care settings on level of ADA compliance.
- B. Conduct training for center and home-based providers on achieving ADA compliance.

Milestones:

- Assessment of center and home-based child care settings on level of ADA compliance.
- Evaluative survey results of training on achieving ADA compliance.

Objective 3.5: Increase the implementation of health and safety standards in quality child care settings through the development of a child care health consultation model.

ACTIVITIES

- A. Facilitate a focus group to develop a child care health consultation model.
- B. In collaboration with institutions of higher education, conduct pre-service and in-service training on strategies to implement the child care health consultation model.

Milestones:

- Development of a child care health consultation model, as recommended by a focus group.
- Strategies to implement the child care health consultation model.



Parent Education and Family Support

Objective 4.1: Update and distribute the *Nene Directory* (Directory of Services for young children birth to age five).

ACTIVITIES

- A. Conduct a survey of all current service providers for young children birth to age five.
- B. Facilitate a work group to update the *Nene Directory*.
- C. Publish and disseminate the updated *Nene Directory*.

Milestones:

- Current listing of all service providers for young children birth to age five.
- Updated *Nene Directory*, as a result of a work group.
- Dissemination of updated and published *Nene Directory*.

Objective 4.2: Identify funding source(s) to create and maintain an “All Eyes on Five” website and publication of the *Nene Directory*.

ACTIVITY

- A. Facilitate a network session of all early childhood serving agencies to identify cost-sharing strategies and opportunities for the creation of the “All Eyes on Five” website and publication of the *Nene Directory*.

Milestones:

- Cost sharing strategies and opportunities for the creation of the “All Eyes on Five” website.
- Cost sharing strategies and opportunities for the publication of *Nene Directory*.

Objective 4.3: Support Guam’s newly established Parent Information Resource Center (PIRC) as the Central Resource Center for families of young children birth to age five.

ACTIVITY

- A. Facilitate a network session of all early childhood serving agencies to identify collaboration and networking strategies to support the Guam PIRC.

Milestone:

- Identification of collaborative and networking strategies to support Guam PIRC.

Objective 4.4: Conduct annual interagency “Family Fair” for families of the birth to age five population.

ACTIVITIES

- A.** Facilitate a network session of all early childhood serving agencies to sponsor and participate in the annual “All Eyes on Five” Family Information Fair.
- B.** Conduct the “All Eyes on Five” Family Information Fair to increase the parent/family awareness on the services and supports available for young children, birth to age five, and their families.

Milestones:

- Evaluative survey results of a network session of all early childhood serving agencies to sponsor and participate in the annual “All Eyes on Five” Family Information Fair.
- Exit survey results of participants of the “All Eyes on Five” Family Information Fair.

Objective 4.5: Increase the percentage of parents who participate in available parent trainings to include the varying developmental milestones throughout the lifespan.

ACTIVITIES

- A.** Conduct survey of all early childhood serving agencies to establish baseline data of the number of parent trainings offered and number in attendance.
- B.** Facilitate a network session of all early childhood serving agencies to develop a cross-agency parent training plan to include: 1) Survey of parent training needs, and 2) Public awareness on various parent trainings available.

Milestones:

- Baseline data describing the number of parent trainings offered and number in attendance.
- Development of a cross-agency parent training plan that includes a survey of parent training needs and public awareness on various parent trainings available.

Objective 4.6: Increase the percentage of parents who are actively involved in their child’s learning and development.

ACTIVITIES

- A.** Facilitate network session of all early childhood serving agencies to develop and conduct a parent survey to establish baseline data on the level of parent involvement in their child’s learning and development.
- B.** Facilitate network session of all early childhood serving agencies to develop strategies to increase the percentage of the level of parent involvement in their child’s learning and development.

Milestones:

- Baseline data on the level of parent involvement in their child’s learning and development.
- Strategies to increase the percentage of the level of parent involvement in their child’s learning and development.

Objective 4.7: Develop a family leadership program to include training, mentorship, and advocacy skills that embrace social and cultural competencies.

ACTIVITIES

- A.** Facilitate a focus group to review effective family leadership programs.
- B.** In collaboration with families and early childhood serving agencies, develop a family leadership program model.
- C.** Develop a pilot program for the implementation of the family leadership program model.
- D.** Develop and conduct an assessment of the effectiveness of the family leadership program model and modify if needed.
- E.** Conduct presentations for families and early childhood serving agencies on the family leadership program model.

Milestones:

- A review of effective family leadership programs, as a result of a focus group.
- Development of a family leadership program model.
- Development of a pilot program for the implementation of the family leadership program model.
- Assessment of the effectiveness of the family leadership program model.
- Evaluative feedback by families and early childhood serving agencies on the family leadership program model.

System Sustainability

Objective 5.1: Support the Guam Early Learning Council in the monitoring and implementation of Guam’s Early Childhood Comprehensive System.

ACTIVITIES

- A.** Conduct quarterly meetings for the GELC.
- B.** Review other State ECCS strategies for monitoring and evaluation of the implementation of the seven elements of an ECCS.
- C.** Facilitate a working subcommittee group to review Project Thrive’s Proposed Indicator Set for ECCS and make recommendations to the Guam Early Learning Council on proposed ECCS indicators.
- D.** Facilitate a working subcommittee of the Guam Early Learning Council for the development of a procedural manual/guidelines for the monitoring and evaluation of the implementation of Guam’s ECCS that align with Guam’s proposed ECCS indicators.
- E.** Support the GELC in the implementation of the procedural manual/guidelines, to include Memorandums of Understanding/Agreements (MOU/MOA), for the financing, monitoring and evaluation of the implementation of Guam’s ECCS.

Milestones:

- Meeting notes from quarterly GELC meetings.
- A review of other state ECCS strategies for the seven elements of an ECCS.
- Recommendations of ECCS indicators, based on a review of Project Thrive by a working subcommittee.
- Manual/guidelines for the monitoring and evaluation of the implementation of Guam ECCS.
- Memorandums of Understanding/Memorandums of Agreements.

Objective 5.2: Families, early childhood service providers, and the general public will have an increased awareness and understanding of Guam’s Early Childhood Comprehensive System and the importance of the first five years of life and its impact and trajectory on later life success.

ACTIVITIES

- A. Develop and implement an “All Eyes on Five” social marketing campaign that includes all areas of Guam’s Early Childhood Comprehensive System, to include all media outlets.
- B. Conduct an interagency parent conference to support families in increasing their knowledge, skills, and strategies for supporting the overall health and educational needs of their children to ensure they reach optimal health outcomes and a readiness to learn and to thrive as they enter school, at age five, and continue their development.

Milestones:

- Development of a social marketing campaign that includes all areas of Guam's Early Childhood Comprehensive System.
- Implementation of a social marketing campaign that includes all areas of Guam's Early Childhood Comprehensive System.

Objective 5.3: The GELC will facilitate a financial mapping of all early childhood serving agencies resulting in recommendations for possible braiding and/or blending of early childhood funding streams to ensure sustainability of Guam’s system of services and supports for young children.

ACTIVITIES

- A.** Conduct a financial scan of all available funding sources budgeted for early childhood services and supports.
- B.** Facilitate a focus group to review results of the financial scan and develop recommendations and strategies for braiding and/or blending of early childhood funding streams.
- C.** Facilitate applications for additional funding to support other critical areas of need for all families and young children, including those living in poverty, experiencing domestic violence and child abuse, non-English speaking families, and special needs (e.g. Community Based-Child Abuse Prevention (CB-CAP), Project Launch, Home Visiting Services).

Milestones:

- Results of financial scan.
- Development of recommendations and strategies for braiding/blending of early childhood funding streams.
- Submission of applications for additional funding.

There are five major challenges...

for strengthening Guam’s Early Childhood Comprehensive System. These challenges include: accessibility, accountability, systemic collaboration, data, and training. To address these challenges, the Work Plan incorporates specific actions (activities) to ensure these challenges will be addressed and resolved. The following table shows the specific actions to resolve the challenges organized by the five critical areas and system sustainability.

		5 MAJOR CHALLENGES With Specific Actions For Strengthening Guam's ECCS				
		Accessibility	Accountability	System Collaboration	Data	Training
5 Project Focus Areas (Goal Areas)	Access to Medical and Dental Home and Health Insurance	<ul style="list-style-type: none">• Plan for medical and dental services• Culturally competent social marketing campaign	<ul style="list-style-type: none">• Implementation of developmental screening and medical and dental home models• Evaluation, surveys	<ul style="list-style-type: none">• Pre-service / in-service programs	<ul style="list-style-type: none">• Expand Guam ChildLink	<ul style="list-style-type: none">• Awareness on the importance of continuous health care
	Social-Emotional and Mental Health	<ul style="list-style-type: none">• Developmental screening• Increase number of MH providers• Culturally competent social marketing campaign	<ul style="list-style-type: none">• System of Care	<ul style="list-style-type: none">• System of Care	<ul style="list-style-type: none">• Baseline data of MH providers	<ul style="list-style-type: none">• Pre-service / in-service programs
	Early Care and Education/ Child Care	<ul style="list-style-type: none">• Child Care Health Consultant• ADA Compliance• Culturally competent social marketing campaign	<ul style="list-style-type: none">• Licensure regulations• Quality Rating System	<ul style="list-style-type: none">• Pre-service / in-service programs	<ul style="list-style-type: none">• Updated survey of EC service providers	<ul style="list-style-type: none">• Pre-service / in-service programs• Plan for Professional Development of EC Providers
	Parent Education and Family Support	<ul style="list-style-type: none">• Culturally competent social marketing campaign	<ul style="list-style-type: none">• Family leadership program	<ul style="list-style-type: none">• Cross-agency developed products	<ul style="list-style-type: none">• Baseline data of parent education programs, attendance, training needs	<ul style="list-style-type: none">• Family leadership program
	Sustainability	<ul style="list-style-type: none">• GELC governance	<ul style="list-style-type: none">• Procedural Guidelines• Financial braiding / blending	<ul style="list-style-type: none">• Multi-agency MOA	<ul style="list-style-type: none">• Data sharing / reporting• Expand Guam ChildLink	<ul style="list-style-type: none">• Training on guidelines

Governor’s Early Learning Council

- First Lady Joann G. Camacho, Co-Chairwoman
- Elaine Eclavea, Co-Chairwoman - Project Tinituhon, Guam CEDDERS
- Senator Frank Aguon, Jr. - 30th Guam Legislature
- Judge Arthur Barcinas - Superior Court of Guam
- Mayor Roke Blas, Vice-President - Mayors’ Council of Guam
- Stasia Borja, Parent
- Nerissa Bretania-Underwood, Ed.D., Superintendent - GDOE
- Richard Brown, Chairperson - Guam System of Care Council
- May Camacho, Assistant Superintendent - Division of Special Education, GDOE
- Clare Camacho, Ph.D., Department Chair for Education - Guam Community College
- Pauline Camacho, Director - Guam PIRC
- PeterJohn Camacho, Administrator/CEO - GMHA
- Maria Connelley, Director - Department of Labor
- Doris Crisostomo, Special Assistant on Education - Office of the Governor
- Dina Domalanta, M.D., Pediatrician
- Estela Gapas, Owner - PNG Child Care & Learning Center
- Ruth Leon Guerrero, Fair Employment Officer - One Stop Career Center, DOL
- Cerila Rapadas, Executive Director - Catholic Social Services
- J. Peter Roberto, Director - DPHSS
- Heidi San Nicolas, Ph.D., Director - Guam CEDDERS
- Catherine Schroeder, Director - Head Start, GDOE
- David Shimizu, Ed.D., Director - DMHSA
- Linda Susuico, Chief Human Services Administrator - Division of Public Welfare, DPHSS
- Mayor Carol Tayama, President - Mayors’ Council of Guam
- Jason Tedtaotao, Deputy Director - DMHSA
- Lydia Tenorio, Administrator - BOSSA, DPHSS
- Sarah Thomas-Nededog, Executive Director - Sanctuary, Inc.
- Lagrimas Underwood, Owner - Honey Bear Kids Center
- Speaker Judith Won Pat, Ed.D., - 30th Guam Legislature

FOCUS AREA WORK GROUPS

ACCESS TO HEALTH INSURANCE AND MEDICAL/DENTAL HOME

- Ma. Theresa Arcangel, DPHSS
- Lora Castro, DPHSS
- Doris Crisostomo, Office of the Governor
- Linda DeNorcey, DPHSS
- Darryl Diras, DPHSS
- Estela Gapas, PNG Child Care & Learning Center
- Margarita Gay, DPHSS
- Brihinia Habin, Moylan’s Insurance Net Care
- Brian Que, M.D., Healthcare Provider
- Cathy Schroder, Guam Head Start – GDOE
- Rose Zabala, DPHSS
- Aline Yamashita, Ph.D., Guam CEDDERS (Facilitator)

MENTAL HEALTH AND SOCIAL EMOTIONAL DEVELOPMENT

- Lavina Camacho, DMHSA
- Carmen Quenga, Guam Early Intervention System – GDOE
- Lydia Tenorio, DPHSS
- Cathy Tydingco, Special Education Preschool Program – GDOE
- Elaine Eclavea, Guam CEDDERS (Facilitator)

EARLY CARE AND EDUCATION/CHILD CARE

- Teresita Catahay, DPHSS
- Arlene Cura, Guam Head Start – GDOE
- Jerry Huffer, Adventures in Learning Child Development Center
- Ruth Leon Guerrero, One Stop Career Center – DOL
- Abraham Mora, DPHSS
- Christine San Nicolas, DPHSS
- Lagrimas Underwood, Honey Bear Kids Center
- Mary Kidd, Guam CEDDERS (Facilitator)

PARENT EDUCATION AND FAMILY SUPPORTS

- Lily Acfalle, Catholic Social Services
- Stasia Borja, Parent
- Pauline Camacho, Guam Parent Information Resource Center
- Evelyn Claros, Parent
- Lou Eclavea, Catholic Social Services
- Laura Taisipic, Guam Early Intervention System - GDOE
- Doris Tolentino, Guam Head Start - GDOE
- Liz Borja, Guam CEDDERS (Facilitator)



PROJECT TINITUHON STAFF

- Elaine Eclavea, M.Ed., Project Director
- Aline Yamashita, Ph.D., Project Coordinator
- Elizabeth Borja, M.B.A., Project Research Associate
- Ruth Leon Guerrero, Project Office Technician
- Thilani Pereda, Guam CEDDERS Center Assistant
- Jay-Lynn Mendiola, Guam CEDDERS Student Assistant
- Marcus Finoña, Guam CEDDERS Student Assistant



**OFFICE OF THE GOVERNOR
HAGATNA, GUAM 96910
U.S.A
EXECUTIVE ORDER NO. 2008-03**

**RELATIVE TO ESTABLISHING THE GUAM EARLY LEARNING
COUNCIL FOR GUAM'S EARLY CHILDHOOD COMPREHENSIVE
SYSTEM**

WHEREAS, there exists a need to establish an Early Learning Council to support the coordination and collaboration of agencies and organizations, both public and private, serving young children birth to five, and their families; and

WHEREAS, it is scientifically established that positive social, emotional, physical, language, intellectual, and spiritual/moral experiences for young children, most especially between neonatal to five years of age are necessary and critical for promoting and nurturing the overall developmental needs of a child; and

WHEREAS, research on brain development has clearly indicated that the first years of life are particularly critical to a child's healthy development, readiness to enter school, read at grade level, graduate from high school and succeed; and

WHEREAS, there is strong, scientific evidence that quality health care and education services during neonatal to five years of age has a direct impact on economic development, saving communities money by preventing future expenses for remedial education, incarceration, and cash assistance; and

WHEREAS, the responsibility for providing quality health care and education services has traditionally been the responsibility of organizations at the state/local level requiring definitive vision, clear mission, strong partnerships, and collaboration; and

WHEREAS, programs that address the early health care and education of Guam's youngest children are fragmented, lack coordinated planning, overlap in some instances, leave substantive gaps in other instances; and

WHEREAS, programs providing early health care and education services should be coordinated and structured to maximize efficiency, simplify and expand accessibility to quality health care and educational programs, and provide a maximum return for Guam's taxpayers investments; and

WHEREAS, governmental programs must collaboratively develop and implement effective, efficient and coordinated service delivery to ensure that all of Guam's youngest children are given an equal opportunity to reach their full potential; and

WHEREAS, governance, which comprises traditions, institutions and processes that determine how power is exercised; how constituents are given a voice; how decisions are made on issues of mutual concern; and how quality and accountability are integrated, are vital components of any early childhood comprehensive system; and



WHEREAS, it is critical and beneficial to the territory of Guam's children that issues affecting their well being be considered at the highest level of the Island's Government; and

WHEREAS, Guam has established the VISION that "All of Guam's young children will have healthy minds, bodies, and spirits as the foundation for lifelong success," and the mission "to support each child (birth to 5) in reaching his/her full potential through a health care and education system that is accessible, comprehensive, integrated, and responsive to diverse cultures that is developed in collaboration with families and communities."; and

WHEREAS, Guam, through Project Tinituhon, has established five goals in support of this vision and mission as stated in the Implementation Plan; and

WHEREAS, Guam, through Project Tinituhon, has begun the activities of the Implementation Plan for Guam's Early Childhood Comprehensive System, bringing together key child serving agencies, both public and private in health care and education to be more responsive to the evolving and complex needs of ALL children birth to five and their families; and

WHEREAS, the national legislation, P.L. 110-134 "Improving the Head Start Act of 2007" mandates the establishment of a State Advisory Council on Early Childhood Education and Care for children birth to school entry and Guam Head Start Program is a vital and active participant of Project Tinituhon; and

WHEREAS, continued implementation and sustainability of the Early Childhood Comprehensive System to meet the goals for young children and their families requires strong support and commitment at all levels of the government and community.

NOW, THEREFORE, I, FELIX P. CAMACHO, I Maga'lahaen Guahan, Governor of Guam, by virtue of the authority bested in me, by the Organic Act of Guam as amended and the laws of Guam and entrusted to me by the people of Guam, do order the establishment of the Guam Early Learning Council, whose composition, goals and objectives, and roles and responsibilities for the efficient and effective delivery of services and supports to young children, birth to five, and their families are as follows:

SECTION I. Composition of Council Membership.

- 1) Members representing key child serving agencies including government agencies (directors/agency heads) and private organizations, directly and indirectly involved in supporting the quality health care and education of children birth to five and their families, to develop a coordinated, efficient, and cost-effective Early Childhood Comprehensive System:
 - a. Executive Director of Parent Information Resource Center (PIRC) – Parents/families of young children, including those with disabilities;
 - b. Non-profit organizations providing services and supports to children, birth to five, and their families;
 - c. Private Child Care Providers (infants through preschool);
 - d. Guam Medical Society – pediatricians and family practitioners;
 - e. Department of Public Health and Social Services – Child Care Bureau, Child Welfare;
 - f. Guam Public School System – Head Start, Early Intervention: Part C Preschool Special Education: Part B, Section 619;



- g. Department of Mental Health and Substance Abuse;
 - h. Guam Department of Labor – One Stop Career Center;
 - i. University of Guam CEDDERS;
 - j. Guam Community College – Early Childhood Program;
 - k. Guam Memorial Hospital; and
 - l. Guam Legislative Chairs, including but not limited to, committees on Health, Education, and Human Services.
- 2) Co-chairmanship of the Council will be shared between the First Lady of Guam and the Project Director of *Project Tinituhon*, Guam’s Early Childhood Comprehensive System.

SECTION II: Goals and Objectives of the Early Learning Council.

- 1) The *Guam Early Learning Council* has the following as its goals:
- a. To serve as the required state council for Guam’s Head Start Program;
 - b. To increase supports and services for young children and their families by strengthening cross-agency coordination, involving public and private entities, to ensure delivery of comprehensive services for young children and their families; and
 - c. To expand and refine Guam’s Policy agenda for Early Learning Birth to Five.
- 2) The *Guam Early Learning Council* has the following objectives to support these goals:
- a. Strengthen collaboration among governance entities that oversee and coordinate subsystems;
 - b. Leverage funding streams to maximize resources;
 - c. Develop and implement a mechanism for cross-agency data collection for monitoring and reporting;
 - d. Create cross-agency standards for child and family outcomes;
 - e. Refine professional development structures to ensure appropriately skilled systems workforce; and
 - f. Expand awareness of and access to parent education and family supports.

SECTION III: Roles and Responsibilities


- 1) The Guam Early Learning Council will oversee and ensure the effective and efficient collaboration within Guam’s Early Childhood Comprehensive System and is empowered to:
- a. Make recommendations on the most effective policy direction and methods to improve the coordination, quality, and delivery of quality health care and education services for young children on Guam;
 - b. Critically examine and prioritize funding in support of child and family outcomes;
 - c. Promote and support the acquisition of funding opportunities, through government and private organizations, in support of the overall vision and mission of the Early Childhood Comprehensive System;




- d. Provide input to the Strategic Management Team of Guam’s Early Childhood Comprehensive System to ensure the collaboration and integration of data collection and evaluation, leveraging of resources and funding, and public awareness and education on the importance of early childhood;
- e. Provide the Governor and Legislature a “State of Early Childhood Health and Education on Guam” Brief;
- f. Establish policies and procedures for the efficient and effective decision-making processes in support of their responsibilities; and
- g. Regularly review goals and objectives to ensure they are responsive and relevant to the evolving needs of Guam’s youngest children and their families.

Carry out the responsibilities mandated and outlines in the National legislation, “Improving Head Start for school Readiness act of 2007” (P.L. 110-134), Section 642B and others assigned by the Governor of Guam.

SIGNED AND PROMULGATED at Hagatna, Guam this 9th day of April, 2008.


FELIX P. CAMACHO
I Maga'låhen Guåhan
Governor of Guam

COUNTERSIGNED:


MICHAEL W. CRUZ, M.D.
I Segundu Maga' Låhen Guåhan
Lieutenant Governor of Guam



APPENDIX B: Acronyms

AAP	American Academy of Pediatrics
ASQ	Ages and Stages Questionnaire (developmental screening tool)
ASQ-SE	Ages and Stages Questionnaire-Social Emotional (developmental screening tool)
BOSSA	Bureau of Social Services Administration
CB-CAP	Community Based-Child Abuse Prevention
CEDDERS	Center for Excellence in Developmental Disabilities Education, Research, and Service
DMHSA	Department of Mental Health & Substance Abuse
DPHSS	Department of Public Health & Social Services
ECCS	Early Childhood Comprehensive System
FPWG	Federal Partners Work Group
GDOE	Guam Department of Education
GEIS	Guam Early Intervention System
GELC	Guam Early Learning Council
GMHA	Guam Memorial Hospital Authority
GSOCC	Guam System of Care Council
Guam EHDI	Guam Early Hearing Detection and Intervention
HHS	Health and Human Services
HRSA	Health Services Resources Administration
MCH	Maternal Child Health
PIRC	Parent Information Resource Center
UOG	University of Guam

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