

Guam Project LAUNCH Environmental Scan

April 2015



Table of Contents

Introduction.....	3
Stakeholder Participation and Engagement	4-6
Description of Methodology	7-9
Early Child Policy Summit / Environmental Scan Templates and Online Survey	8
Parent Café / Review of Existing Documents	9
Summary of Findings and Conclusions.....	10-18
State of Young Child Wellness on Guam	11-12
Increasing Immigration and Changing Demographics	12
Systems/Infrastructure Development	13-14
Families’ Needs and Priorities	14-15
Family Support and Parenting Education	15-16
Mental Health and Social Emotional Wellness.....	16-17
Early Care and Education	17-18
Primary Care and Dental	18
Environmental Scan Templates.....	19-41
Family Support and Parenting Education	20-28
Mental Health, and Social and Emotional Wellness.....	29-32
Early Care and Education, and Early Elementary Systems.....	33-38
Primary Care and Dental	39-41

Introduction

Project LAUNCH reflects Guam's unique culture in which children, family life, and relationships are the foundation for healthy individuals and the well-being of our island community. The purpose of Project LAUNCH is to promote the wellness (positive physical, social, emotional, behavioral and developmental health) of young children birth to 8 years of age through systems level change and the provision of health promotion and prevention services. Initially funded in September 2014, this five year grant from the Substance Abuse and Mental Health Services Administration to the Department of Public Health and Social Services (DPHSS) will work to achieve five goals: (1) strengthen infrastructure to improve coordination and collaboration across child-serving systems and the integration of behavioral health and primary care; (2) expand use of evidence-based prevention and wellness promotion practices; (3) increase access to high quality culturally and linguistically competent screening, assessment, and prevention and promotion services; and (4) increase family, provider, and community awareness and knowledge of young child wellness. Woven throughout these goals is a commitment to reducing disparities in access, participation, outcomes, and satisfaction.

Project LAUNCH is an opportunity to build on existing early childhood systems change initiatives and enhance Guam's overall early childhood service delivery system. To better understand the target population, community context, and service system, an environmental scan was conducted from December 2014 – February 2015. The scan provided an opportunity to engage stakeholders around Project LAUNCH, assess strengths and challenges of existing systems change efforts, review data related to the state of young child wellness on Guam, and document available resources and service gaps/duplication. The scan will serve as the foundation for strategic planning for Project LAUNCH and the revision of the Early Childhood State Plan.



Stakeholder Participation and Engagement



Stakeholder Participation and Engagement

For the past ten years, Guam has engaged a range of stakeholders, including families, in advancing young child wellness under the umbrella of Guam's Early Childhood Comprehensive System (ECCS) or Project Tinituhon (the Beginning in the Chamorro language). The goal of Project Tinituhon is to promote the health and well-being of young children by reducing service gaps and fragmentation and improving coordination among public and private early childhood service agencies, organizations, and families. Strategic Management Teams (SMTs) function in both a governance and work group capacity to advance the ECCS across five critical areas: (1) Access to Health Insurance and Medical/Dental Homes, (2) Social Emotional Development and Mental Health, (3) Early Care and Education and Child Care, (4) Parent Education and Family Support, and (5) Sustainability. All five SMTs focus on broad systems issues, strategic planning and decision-making, and are forums for family and provider concerns related to their area of focus. They also provide forums for information sharing, workforce and policy development, and collaborative problem solving.

Policy issues and concerns raised by the SMTs are reported to the Guam Early Learning Council (GELC) which serves as the overarching coordinating/governing body for all of Guam's early childhood programs. The Council is established in statute (P.L. 89-31) and is directly responsible for expanding and refining Guam's early childhood policy agenda.

Members of the SMTs and the GELC include representatives from Guam's key child serving agencies and programs who are directly or indirectly involved in supporting the quality health care and education of young children and their families.

As the first step in conducting the environmental scan, members of the SMTs and GELC were invited to a two-part (December 9, 2014 and January 20, 2015) Early Childhood Policy Summit jointly facilitated by Project Tinituhon and Project LAUNCH. Representatives from the following agencies/programs/groups participated in one or both days of the Summit.

- Autism Community Together (ACT) parent support group
- Support group for families of children with hearing impairments
- Parents of young children and youth who had been served by the system of care
- Office of the Governor
- Office of the First Lady
- Guam Legislature
- DPHSS Chief Public Health Officers
- DPHSS Bureau of Social Services Administration (child welfare)
- DPHSS Bureau of Family Health and Nursing Services (MCH)
- DPHSS Bureau Medical Social Services
- DPHSS Bureau of Public Welfare (CCDF)
- DPHSS Immunization Program
- Private Pediatrician
- Private Child Care Provider
- Guam Memorial Hospital Authority
- Project Kariñu (Guam's early childhood system of care)
- Project Bisita (Guam's MIECHV home visitation program)
- Guam Behavioral Health and Wellness Center Prevention Branch

Stakeholder Participation and Engagement

- University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS)
- Project Tinituhon
- Guam Community College
- Department of Labor
- Department of Education (DOE) Special Education Part B and Part C programs
- DOE Head Start
- DOE Office of Curriculum and Instruction

The December Summit was an opportunity for participants to learn more about Project LAUNCH and discuss the formation of the Young Child Wellness Council (YCWC). After considering several options, a decision was made to embed the YCWC under the GELC with Project Tinituhon's SMTs functioning as workgroups for the five Project LAUNCH Core Strategies as depicted in Table 1.

Table 1: LAUNCH Core Strategy Workgroups

Strategic Management Team/Workgroup	Project LAUNCH Core Strategy
Access to Health Insurance & Medical/Dental Homes	<ul style="list-style-type: none">• Integration of Behavioral Health into Primary Care• Enhanced Home Visitation
Social Emotional Development & Mental Health	<ul style="list-style-type: none">• Screening & Assessment• Early Childhood Mental Health Consultation
Early Care and Education & Child Care	<ul style="list-style-type: none">• Screening & Assessment
Parent Education & Family Support	<ul style="list-style-type: none">• Parent Strengthening & Parenting Skills

To ensure broad-based representation in the environmental scan, additional stakeholders were invited to provide input electronically by completing an online survey, including private sector mental health providers, representatives from the military programs serving young children and their families, and non-profit organizations that are not represented on either the SMTs or GELC. Additionally, parents and caregivers of children receiving services through Project Kariñu, Project Bisita, or I Famagu'on-ta provided input to the environmental scan through their participation in a Parent Café described in the following section.

Description of Methodology



Description of Methodology

Early Child Policy Summit / Environmental Scan Templates

Data collection for the environmental scan was part of a larger process of revising the Early Childhood Policy Agenda for Guam. As such, it was an opportunity to unify stakeholders around a common agenda, strengthen and build relationships, and ensure a broad range of perspectives are reflected in the scan and future strategic planning. Information for the scan was collected through: (1) a two-day Early Childhood Policy Summit; (2) a Parent Café; (3) a fillable template or an online survey; and (4) review of existing relevant documents.

Early Child Policy Summit: Setting the Early Childhood Course for 2015

This two-day event was sponsored by the Guam Early Learning Council (GELC) and Project Tinituhon with additional facilitation being provided by Project LAUNCH. Members of the SMTs and the GELC were invited to participate through a formal letter of invitation. Follow up phone calls were conducted and emails reminders sent out to encourage participation. A total of 32 individuals participated during the December 9th session and 37 on January 20th, representing the various agencies and programs listed in the preceding section of this report. The December 9th session focused on setting the stage for the work ahead through presentations on the importance of early childhood development and young child wellness, an orientation to Project LAUNCH, and an introduction to the environmental scan process. Each SMT also provided an update of key activities and accomplishments since the last report period, followed by a presentation on Culturally and Linguistically Appropriate Services (CLAS) standards and the administration of a Cultural and Linguistic Competency (CLC) self-assessment. Some preliminary data on indicators of young child wellness was shared with participants who then had an opportunity to engage in small group discussions about the data in relation to the priorities identified in Guam's 2013 Early Childhood State Plan. Each small group reported out and reflections from the groups were noted via real-time recording.

Day Two of the Summit focused on an in-depth review of child wellness data and small group activities organized around four topic areas which correspond to the environmental scan topic areas and Project Tinituhon's SMTs: (1) primary care and dental; (2) mental health and social emotional wellness; (3) early care and education; and (4) parent education and family support. Participants were seated by SMT areas and throughout the day engaged in discussions using a series of worksheets to guide their process. During the small group discussions, each group recorded their input on the worksheets or chart paper and later reported out to the large group where responses were collected via real-time recording. The worksheets included:

- *Guiding Questions (by area of focus)*
- *Intersections/Overlap, Gaps & Implications*
- *Analyzing and Drawing Conclusions Guiding Questions*

The *Guiding Questions* by area of focus and *Analyzing and Drawing Conclusions Guiding Questions* were taken from the SAMHSA Project LAUNCH Environmental Scanning and Strategic Planning Guidance.

At the conclusion of the Summit, all input recorded by participants on the worksheets and chart paper were transcribed. This information and the notes from the real-time recording was then organized by themes for further analysis.

Environmental Scan Templates and Online Survey

Prior to Part Two of the Early Childhood Policy Summit, a fillable pdf of the Project LAUNCH environmental scan template was created and emailed to all members of the GELC and SMTs to complete and return prior to the Summit. The intent was that during the Summit, participants would review their templates by topic area and analyze the data for gaps, overlap and duplication, areas where resources could be blended, and areas for new collaboration among partners, including Project LAUNCH. However, only a few individuals met the timeline and others reported difficulty

using the template. Despite not having access to the completed templates during the Summit, participants still engaged in discussions around service gaps and duplication, as well as opportunities for programs to collaborate. After the Summit, an online survey based on the environmental scan template was created using Qualtrics software. The survey link was then emailed to 42 individuals/groups, including agencies/programs represented on the GELC and SMTs as well as mental health providers in private practice, non-profit organizations, family organizations, and U.S. military programs offering services and supports to young children and their families. A series of follow up email reminders were sent and follow phone calls made to encourage potential respondents to complete the survey. A total of 36 surveys were completed, resulting in a response rate of 85.7%. The survey results were then reformatted into the environmental scan template and analyzed to identify gaps/overlaps in services.

Parent Café

For the past few years, families on Guam have been participating in Parent Cafés using the Strengthening Families approach to build family resiliency. In Cafés, parents engage in a series of small group conversations around pre-established questions. At the conclusion of the Café, the moderator “harvests” the results of the conversations and charts any insights participants have gained through the process. This approach has proven to be a culturally responsive strategy and has been well received by families from varying cultures/ethnicities, socio-economic status, and educational levels. To gather additional family input, the Project LAUNCH Evaluator collaborated with Project Kariñu to include two questions relevant to the environmental scan in a Parent Café that was conducted on February 14th. A total of 14 parents/caregivers participated in the Café and 13 staff members participated as table hosts and supported the event. Participants were asked to engage in conversations about:

- What are the strengths of Guam’s programs and services for children and their families?
- What needs to be improved?

Families’ responses were harvested and charted. Additionally, since the theme of the Café was Valentine’s Day, families recorded their individual responses to the two questions on colored hearts which were then collected as additional data sources.

Review of Existing Documents

A variety of existing documents and data sources were reviewed for the scan, including:

- Project Kariñu Evaluation Reports
- Data submitted to the National Evaluation Team for Project Kariñu as part of the System of Care Assessment study
- Guam’s 2009 and 2013 Early Childhood State Plans
- Data from Guam’s Child Death Review Committee
- Data from DPHSS related to children’s health status, maltreatment and contact with child welfare, teen pregnancy, SCHIP
- Guam’s 2012 Epidemiological Profile
- Data from Project Bisita
- Data from EDHI Project
- Data from Department of Education related to screening and referrals for mental health related services and special education and school achievement grades 1 – 3
- Project Tinituhon Reports
- 2010 Guam CENSUS

Summary of Findings and Conclusions



Summary of Findings and Conclusions

State of Young Child Wellness on Guam

State of Young Child Wellness on Guam

Approximately 3,400 babies are born on Guam each year. Nine percent (9%) of Guam's population is under the age of 5 and nearly 9% are between 5 and 9 years of age. Data related to young child wellness was reviewed during the Early Childhood Policy Summit and further analyzed within the context of the 2010 census. As evidenced by the data, young children and their families face many challenges and the following findings will need to be considered when establishing priorities, goals and activities for the Project LAUNCH strategic plan.

- *Disproportionality in Infant Mortality.* From 2011 – 2013, there were a total of 112 infant deaths. Fifty-eight percent (58%) of these infants were of Chamorro ethnicity and 29% were Chuukese. Twenty percent (20%) were Chuukese males. This represents an over-representation of these two ethnic groups. These groups are also reported to be over-represented across service sectors such as special education, juvenile justice, etc.
- *Access to Health Care and Periodic Screening.* Twenty-one (21%) of the total population and 15% of children under the age of 18 have no form of health coverage. About one-third of all babies born on Guam are enrolled in the Medicaid program. The Medically Indigent Program (MIP) provides medical assistance to low-income families who do not qualify for Medicaid. MIP provides a limited benefit package and does not include behavioral health services. Despite the potential of providing periodic screening of children under Medicaid, in 2013, only 200 children under the age of 1 year received at least one periodic screen. Data from 2013 revealed that only 23.2% of children 19 -35 months old received the full schedule of immunizations. LAUNCH can play an important role in promoting young child wellness through the integration of behavioral health into primary care. Strategic planning needs to address the need to increase awareness and access to well-baby checks and regular screening of young children.
- *Child Maltreatment, Foster Care, and Wards of the State.* During 2014, there were a total of 2,195 referrals for maltreatment. Of these, 8.7% were for children under the age of 1 year; 8% were for children ages 1 – 3 years; and 9.3% were for children ages 3 – 5 years. A total of 236 children were in foster care; 14% were under the age of 3 years. For children referred to Project Kariñu, 34.5% were involved in the child welfare system at intake and maltreatment was one of the top five most frequent presenting problems. Of children found eligible for Project Kariñu services, 13% had experienced physical assault and 6.5% sexual assault. Fourteen percent of children receiving services through Project Kariñu are Wards of the State. Project LAUNCH will need to ensure a strong partnership with child welfare and consider ways to promote young child wellness with this vulnerable population and support foster parents in promoting children's development.
- *Children's Access and Participation in Early Care and Education Programs.* Data from March 2014 revealed that the majority (over 75%) of Guam's young children are not accessing and participating in structured early care and education settings. While the precise reasons are unknown, it is likely that families' financial limitations and cultural preferences play a role. During strategic planning, it will be important to address this area of need and find effective ways to increase access, engage families and promote children's development in a variety of settings. This may require "thinking outside the box" and considering options such as mobile preschool or partnering with community programs where families regularly participate. Table 2 presents the number of children enrolled by early care and education setting.

Summary of Findings and Conclusions

State of Young Child Wellness on Guam / Increasing Immigration

Table 2: Children's Participation in Early Care and Education Settings

Early Care & Education Setting	# of Settings	# Children Served
Licensed Child Care Centers	37	1,862
Family Home Providers (CCDF)	4	7
Part C Guam Early Intervention System	In home services	172
Part B Special Education Preschool	4	108
Head Start	27	534
Gifted and Talented Preschool Program	9	126
Private Preschools	Data not available	

- *Family Risk Factors.* Children and families on Guam experience multiple risk factors including poverty, high levels of chronic disease, substance abuse, domestic violence, and suicide. The role of trauma, including historical trauma, and use of trauma screening and trauma informed care is just beginning to gain attention among service providers despite the fact that Guam's people have endured a multitude of traumatic events (e.g., natural disasters, colonization, high rates of military deployment and PTSD, etc.). Data from a December 2014 evaluation report for Project Kariñu, demonstrates that many children with social emotional and behavioral challenges have been exposed to multiple risk factors. Caregivers reported that 28.9% of children had witnessed domestic violence; 47.8% had lived with someone with depression; 18.5% had lived with someone with a mental illness other than depression, 23.8% had lived with someone convicted of a crime; and 28.8% had lived with someone with a substance abuse problem. This data is pertinent to strategic planning specifically around the types of screenings that should be made available, workforce development to include a focus on trauma informed care, and the establishment of strong linkages with child welfare and mental health and substance abuse treatment programs. A continued focus on building child and family resiliency through the protective factors should also be a priority.

Increasing Immigration and Changing Demographics.

The 2010 Census reported Guam's total population as 159,358. Chamorros are the indigenous people of the island and make up approximately 37% of the population. Filipinos are the second most populous group (26%) with Caucasians and other Asians accounting for a small percentage of the population (7% and 6% respectively). Under the Compact of Free Association, residents of the Federated States of Micronesia, the Republic of Palau, and the Republic of the Marshall Islands can live and work in the U.S. This has resulted in ever increasing immigration from these Pacific nations to Guam. During the past year, immigrants from the compact nations totaled 22,161 or nearly 14% of the island's population. This is double the total from the 2010 census with the majority of immigrants from Chuuk state (14,261). Many of these immigrants face tremendous challenges in assimilating to living on Guam and lack adequate housing, employment, and the ability to meet the most basic needs of their children and families. In 2013, 28% of children under the age of 8 who received primary care services at the Northern Community Health Center were Chuukese. As the Northern Community Health Center will be the initial site for Project LAUNCH direct services, Chuukese children and families represent a significant sub-population that will be served through Project LAUNCH. Strategic planning and subsequent service delivery will need to ensure culturally responsive outreach, engagement, and intervention strategies are in place to address this changing demographic.

Systems/Infrastructure Development

Governance. As described in the Section, *Stakeholder Participation and Engagement*, an established advisory/governance structure is in place to support Project LAUNCH's infrastructure development and systems change efforts. As strategic planning and service delivery move forward, the membership of the GELC and/or SMTs may need to be expanded to ensure adequate representation by all key Project LAUNCH stakeholders, including members with ties to the Chuukese community and other sub-populations to be served. Additional training and support may be needed to ensure that the GELC and SMTs fully understand their roles and responsibilities with respect to Project LAUNCH and the YCWC.

Cultural and Linguistic Competency. Over the past few years, there has been an island-wide focus on advancing cultural and linguistic competency. Through Project Kariñu and the Office of Minority Health, training for behavioral health interpreters has been offered locally, as well as training on CLAS standards. In 2013, Project Kariñu sponsored "Cultural Conversations in Behavioral Health" during which representatives from Guam's most common ethnicities discussed and documented cultural views of 10 behavioral health and early childhood concepts to increase cross-cultural understanding. This event was well received and should serve as a model for how to engage "cultural advisors" as part of Project LAUNCH's strategic planning process. CLASP (Culture and Language Access Service Partners), a coalition of agencies, programs, and stakeholders, meets regularly. In 2014, CLASP hosted a public forum on language access equality and is actively pursuing legislation related to language access services. By joining CLASP and partnering with Project Kariñu and the Office of Minority Health, Project LAUNCH can extend the good work of these initiatives into its service delivery and systems level activities.

Workforce Development. Through a shared vision, the braiding of funds, and a commitment of in-kind resources, between October 2011 and September 2014, Guam's early childhood workforce participated in over 35 trainings related to young children's social emotional development and mental health. This included training on: ASQ and ASQ-SE; Incredible Years; Pyramid Model; Strengthening Families-The Protective Factors; Parents as Teachers; DC: 0-3R; Early Childhood Mental Health Consultation; Universal Referral Process, and Wraparound. Staff from across Guam's early childhood agencies/programs participated in these trainings. Further, and there now exists a cross-agency cadre of local trainers qualified to continue building Guam's workforce in the Pyramid Model, Strengthening Families, and ASQ and ASQ-SE. Strategic planning will need to address how to best utilize additional training monies to address other areas of need (e.g. integration of primary care and behavioral health, home visitation, other screening instruments, etc.), how to continue to support and mentor local trainers, and how to develop the infrastructure to link local trainers with agencies/programs and child care providers in need of staff training or consultation.

During the Early Childhood Policy Summit, participants expressed concern over the need to build an early childhood workforce with knowledge and competence in young children's social, emotional, and behavioral health. Of particular concern is that the University of Guam (UOG) plans to eliminate its Early Childhood degree program that currently resides within the School of Education (and Special Education degree program). Guam Community College (GCC) currently offers Associates level course work in early childhood development and no other higher education programs in early childhood are available locally. This has serious implications for workforce development and is likely to hamper efforts to establish universal preschool on Guam. During the Summit, participants discussed the option of expanding to online programs and the need to "bring UOG and GCC" to the early childhood table. Currently, there are representatives from these institutions on the GELC, but Summit participants would like to see more participation and active engagement in key issues from these stakeholders. Summit participants also voiced concern over UOG's Good to Great initiative which is driving the elimination of the early childhood degree program and recommended that

Summary of Findings and Conclusions

Systems/Infrastructure Development / Families' Needs and Priorities

the GELC review the plan. Further, the GELC needs to provide a strong voice about the importance of early childhood development and determine the best strategies to engage the UOG Board of Regents and School of Education around this important issue.

Coordination and Integration of Services. In 2014, the Guam Early Learning Council adopted the Universal Referral and Intake Form and Process. Staff from across Guam's early childhood agencies/programs have received training on the form and process. The form is now being used across agencies/programs and it clearly represents an important step in the coordination and integration of services. However input from families and providers alike, suggest that often the successful coordination and integration of services (and transition between early childhood and services for older children) is largely due to the diligence of the individual providers, rather than a system wide approach and standard operating procedures. Too many children and families report lack of follow up on referrals and frustration with having to start over again when their child "ages out" of a particular program or service. The need to improve coordination and transition between birth – age 5 programs and those serving children over the age of 5, was also noted as a challenge in a 2014 report from SAMHSA after a site visit for Para I Famagu'on, Guam's system of care expansion grant. During the site visit, the Project Officer (Captain Andy Hunt) facilitated a strategic planning session. Many members of the GELC and SMTs participated in this event and one of the priorities noted by the work groups was the need to establish a cross-agency case review team and process as one way to better coordinate and integrate services.

Data and Evaluation. Data collection, evaluation and data sharing/integration present significant challenges. Guam still does not have an electronic birth certificate despite ongoing efforts that span several years. Many programs lack formal data systems, relying on internal spreadsheets and "hand counts." This results in incomplete and inconsistent data for some programs. The Electronic Health Record (EHR) has recently been implemented at the Northern and Southern Community Health Centers and staff at the Central Clinic are currently being trained in its use. To date, the EHR behavioral health module is not in place nor is the hearing screen module. Through the ChildLink system, Guam is able to collect some descriptive data on all babies born at Guam Memorial Hospital and Sagua Managu (Guam's birthing Center) as part of its Early Hearing Detection and Intervention (EDHI) Project. Project Kariñu and Bisita I Familia also have ChildLink databases and are collecting descriptive and some outcome data for children and families they are serving. Presently, none of these systems are integrated, although the ChildLink databases have the capacity to be linked. Federally funded programs (e.g. Project Kariñu, Bisita I Familia, DOE Part C and Part B, and Head Start) have provided some evaluation data useful to the early childhood system. Part of Project LAUNCH's strategic plan will include the development of local capacity for data collection and evaluation through a ChildLink database.

Families' Needs and Priorities

During the February 2015 Parent Café, families identified the strengths of Guam's service delivery system, providing important information about "what works" for families. This includes programs and services that are easy to access, either by being available at various locations around the island (e.g., outreach), through home visitation, by having transportation provided, and/or services available at no cost. Families appreciate staff that they can "relate to," that show kindness and respect, that understand their culture and beliefs, and programs that are culturally responsive. Options are important to families. This includes having a wide range of accessible services and programs available to them because as one parent shared, "*one size does not fit all.*" Families want and need information about available resources and which services/programs will meet their specific needs. Families expressed satisfaction with the support groups that they have participated in, both peer to peer support and provider to parent support and discussed the importance of respite and structured play activities provided by various programs. Lastly, families reported that trainings and Parent Cafés are definite strengths.

Families also provided input about what needs to be improved and several themes emerged. For some families, it is

still difficult to get the help they feel they need. Many factors are related to this: lack of childcare and transportation, programs with long wait lists, and not really knowing where to get help. Some parents have a general sense that they need help, but don't know what kind of help they need. A parent resource center and/or a "one stop" center are two strategies that might help families meet their needs. Also, more trained staff are needed across all programs.

Parents want to be self-sufficient and have their voices heard at all levels. They also want staff to focus on their strengths rather than deficits and feel more outreach and social marketing are needed. Although families noted respectful relationships with staff and cultural responsiveness as strengths, they also felt more could be done in this area across all programs and services.

This is also true for trainings and Parent Cafés; these were reported as current strengths but also as areas where more could be done. Lack of childcare and transportation are barriers to families' participation and they suggested more services be provided in their villages.

Much can be learned from families about what services should be a priority for Project LAUNCH and how best to deliver those services. Project LAUNCH is encouraged to find family friendly and culturally appropriate ways to involve families in its strategic planning process.

Family Support and Parenting Education

A review of the information provided on the Environmental Scan Templates indicates Guam offers a variety of family support and parenting education services. These include: outreach and informational services; educational programs related to child and family health, child development and parenting, and family resiliency; home visitation; respite; care coordination and case management; and advocacy. A strength is Guam's non-profit organizations which provide peer support groups for caregivers of children with disabilities. It appears that there is quite a bit of structured peer support around interacting with schools and the IEP process and less around child development and parenting education.

During the Early Childhood Policy Summit, participants noted that while many programs exist in this area, many are not serving the family as a whole and more services are needed that directly support caregivers. Further, access to services is often dependent upon a child being determined eligible due to the presence of a disability or mental health diagnosis. Differences in eligibility requirements at different ages (e.g., Part C to Part B), programs "closing cases", and/or children "aging out" of programs often leave families who were receiving services with nowhere to go, despite ongoing needs. There is clearly an opportunity for Project LAUNCH to increase access through a public health approach.

The environmental scan also revealed that there appears to be both gaps and duplication in home visitation services. For example, Guam Early Intervention Services, Project Kariñu, and Project Bisita may all be serving the same family and providing home visitation. Clearer protocols for how to coordinate and integrate services across these three (and Project LAUNCH) programs are needed. Participants in the Summit noted the need to revisit current models of home visitation and that evidence-based programs currently in place are "tedious and the paperwork is overwhelming." They expressed the need for a locally developed home visitation program.

The use of Parent Cafés and the Strengthening Families America model has been successful across Guam's early childhood programs and agencies. In February 2015, twenty individuals completed the Strengthening Families Train the Trainer course, increasing Guam's capacity to use this evidence-informed model to build the protective factors and family resiliency. There is a need to increase access to Parent Cafés as a wellness promotion and prevention strategy, possibly through partnering with faith-based organizations, village mayor's offices, and community-based organizations.

Summary of Findings and Conclusions

Family Support and Parenting Education / Mental Health and Social Emotional Wellness

During the Summit, participants recommended increasing opportunities for parent education and the need for more social marketing to spread the word about wellness promotion and prevention supports and to reduce stigma. Issues related to transportation, literacy and language barriers need to be addressed to increase access and participation. Participants also felt a hotline was needed to support families who may be experiencing stress or a crisis and that there was a need for more support for families dealing with domestic violence.

Mental Health and Social Emotional Wellness

Over the past five years, there has been an increasing awareness of the importance of children's social emotional wellness and early childhood mental health. Local capacity to screen, assess, and diagnose young children from birth – 5 years of age has increased significantly and the ASQ and ASQ-SE are now being widely used across early childhood programs.

Project Tinituhon's Island-wide Developmental and Behavioral Screening System (iDBSS) recently launched a pilot program to build system capacity to maximize the identification of children ages birth – 3 years with developmental and behavioral needs and ensure resources are available to address their needs upon referral. The iDBSS is being piloted with primary care providers and child care centers. As of February 2014, eight physicians and 17 child care centers have joined the pilot program. This clearly represents an opportunity for Project LAUNCH to partner on this initiative and expand the scope of the pilot to older children and additional providers.

Identifying appropriate tools and strategies for screening children ages 5 – 8 years in both primary care and educational settings is an area of need as well as screening for maternal depression, trauma, caregiver substance abuse, and autism spectrum disorders.

Mental health interventions for children from birth – 5 years of age are currently provided by Project Kariñu located within the Department of Public Health and Social Services (DPHSS) and by I Famagu'on-ta located within Guam Behavioral Health and Wellness Center (GBHWC) for children 5 years of age and older. Since both Project Kariñu and Project LAUNCH are located within DPHSS, these two initiatives will be able to easily co-locate staff and integrate services to provide a seamless service experience for families from promotion to prevention to mental health intervention. The coordination for children ages 5 to 8 will require improvements in the coordination of services between DPHSS and GBHWC. Both providers and families have reported challenges in coordinating and transitioning children/families across these two agencies. Some efforts have been made to address this, including use of the Universal Referral and Intake Form and process, joint meetings of staff, and joint participation in strategic planning for GBHWC's System of Care expansion grant, but much more work is needed to ensure that children and families do not fall between the cracks.

Project Kariñu is the primary provider of mental health therapeutic interventions for young children. Head Start collaborates with Project Kariñu for mental health assessments and consultation and Project Kariñu staff provide some consultation services in child care centers and elementary schools. However, there are a limited number of staff available to provide this, and other mental health interventions, and federal funding for this program will end September 30th unless it is granted a no cost extension by SAMHSA. Efforts are underway to find local monies to sustain this important program but its future is not guaranteed. The presence of Project LAUNCH reinforces the need for sustaining Kariñu and will increase awareness of the importance of young child wellness and social emotional development and mental health.

GBHWC also provides adult mental health and substance abuse therapeutic interventions and support, as well as the Superior Court of Guam and Family Court. Additional substance abuse treatment and supports are available through Guam's non-profit organizations (i.e., Sanctuary, Salvation Army, GALA, West Care, Oasis, and Light House Recovery

Mental Health and Social Emotional Wellness / Early Care and Education

Center). During the Summit, participants learned that Head Start also provides substance abuse support services to families. Linkages will need to be established with these programs to ensure successful referrals of families served by Project LAUNCH who may need services.

Substance abuse and suicide prevention services are offered through the Prevention Branch of GBHWC and the PEACE project has established partnerships with 14 nongovernmental organizations. GBHWC Prevention/PEACE is now represented on the GELC and there appears to be opportunities for collaboration and new partnerships to promote young child wellness.

During the Summit, participants identified other areas/activities that might be considered during strategic planning under the area of Mental Health and Social Emotional Wellness, including:

- Data inconsistency/inaccuracy across programs, particularly suicide data
- Need for increased community awareness on the importance of health, inclusive of behavioral health
- Outreach to civic groups, grassroots groups, and cultural groups to share information and provide cultural brokering
- Increased understanding of a family systems approach and recognition of the need to address the needs of the entire family, not just the child

Over the past few years, increased attention has been given to supporting young children's social emotional development using the Pyramid Model. Guam now has a cadres of trainers and individuals with skills related to promoting children's social emotional development and for providing early childhood mental health consultation. Project LAUNCH should tap into this resource as it builds its direct service component.

Early Care and Education

As noted under the previous section, *State of Young Child Wellness on Guam: Children's Access and Participation in Early Care and Education Programs*, the majority of Guam's young children do not participate in structure early care and education settings. Children in foster care are not routinely accessing child care and early education settings despite their being at significant risk. Currently, there are 41 licensed child care providers on Guam. Head Start, the Department of Education Special Education Preschool program, the Gifted and Talented Education Preschool program, and a few private faith-based schools offer early education services. Additional programs are available to military personnel through Andersen Air Force Base and the Naval Station. Guam does not have Early Head Start. During the upcoming school year, the Department of Education (DOE) will pilot a voluntary pre-kindergarten program in four elementary schools. Access to the program will be limited to children who reside in the schools' attendance area who will be four (4) years old by July 31, 2015 and a lottery will be held to fill the available slots if too many children are registered at each school. DOE hopes to expand the pilot program to all schools by 2020. However, classroom space, adequate local funding and workforce challenges are anticipated

During the Summit, participants discussed the fact that there is overlap between programs in the types of services they provide although their population of focus may be different due to funding mandates. Most programs also focus on serving low income families. Summit participants identified the need for better coordination; that at times it seems like there are too many services targeting a single family and that most programs experience difficulty with parent follow through.

The need for informal play settings for children who are not enrolled in child care centers or preschools was also identified as a priority. Since transportation is a significant barrier for many families, these informal play settings should be located where high risk families live. The First Lady of Guam has proposed creating a "playgroup on wheels" that can move around the island and serve children in need. This represents another potential partnership for Project LAUNCH.

Summary of Findings and Conclusions

Early Care and Education / Primary Care and Dental

After nearly 30 years, Guam passed new child care center standards which include professional development requirements for providers. During the Summit, it is noted that while professional development for these providers is important, the reality is that once they receive more training, they often leave their positions in the child care centers for jobs within the Department of Education or with the military child development centers. As Project LAUNCH engages in strategic planning, it may want to explore how LAUNCH might collaborate with child care centers to strengthen their workforce to further support young child wellness.

Primary Care and Dental

As previously described under the section, *State of Young Child Wellness on Guam*, there are many challenges and needs related to primary care and dental which should guide planning for Project LAUNCH activities for improving young child wellness and the integration of behavioral health into primary care. During the Summit, participants noted additional challenges. They discussed the general inadequacy of the medical and dental services, primarily due to lack of resources. This impacts individual children and families who find it difficult to schedule appointments and also sets the stage for potential outbreaks of preventable diseases. There is limited access to PPD tests despite Guam's vulnerability and recent occurrence of active TB cases and appointments for routine immunizations are difficult to schedule. Dental services are extremely limited and children with special needs are actually being sent off island for dental services. This creates additional stress and financial challenges for the family and makes follow up difficult. During the Summit, participants discussed the possibility of offering primary care and dental services in collaboration with the "playgroup on wheels" which is being proposed by the First Lady. Summit participants identified the following priority areas related to primary care and dental:

- Nutrition for young children (and the elderly)
- Access to primary care and dental services, including well-baby checks, immunizations and family planning
- Improved linkages within the Community Health Centers and between DPHSS programs
- Increase number of primary care and dental providers at the Community Health Centers

Environmental Scan Templates



Family Support and Parenting Education

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Early Prenatal Counseling Classes bi-monthly, referrals.	Department of Public Health & Social Services/ Medical Social Services	Patients and/ or families who are experiencing social, emotional, psychological or financial problems related to their illness, disabling condition, disability and its incapacitating effects or high-risk pregnancy including counseling, medical consultation, referral and crisis intervention.	Did not respond	Did not respond
Care coordination/supportive counseling/evaluation services.	Guam Department of Education/ Division of Special Education/ Emotional Disabilities Program	All students with disabilities, ages birth through 21 years.	Did not respond	Federal
Parents Empowering Parents of Children with Disabilities is a Non Profit Parent Organization that provides training, advocacy and support for parents of children with disabilities. PEP, Inc. offers direct and group services and training to parents for their children as well as young adults in the future planning of their lives. We collaborate with multiple agencies in the Parent Training we offer several times a year. We serve a diverse cultural group of parents and seek to work with Guam's diverse cultural groups. We serve all disabilities.	Parents Empowering Parents of Children with Disabilities, Inc.	Parents of children with disabilities	To build capacity on Guam by empowering parents and their children to be the decision makers and change agents in all areas of their lives.	PEP, Inc. functions on donations from the community and fundraising. All persons are volunteer force at this time.

Family Support and Parenting Education

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Family preservation services enable families to build self-sufficiency and preserve family unity. Services include teaching family support, parental skills, cleaning the home, budgeting, applying for public benefits, transportation and employment assistance.	Department of Public Health & Social Services, Bureau of Social Services Administration	Families on Guam	Provide family preservation services to prevent out of home placement for children who are victims of abuse/neglect and preserve the family unity.	Title XX, Consolidated Block Grants (\$92,960.00).
Parent Training on early childhood development, intervention strategies and community resources for military families and dependents.	Educational and Developmental Intervention Services, Naval Hospital Guam	Children up to 3 years of age who may have a developmental delay, disability, or medical condition which may affect their development disability with parents in the Military community.	Enhance family's ability to support early childhood development.	Dept. of Navy, Bureau of Medicine
Parent & familial support; parenting education	Down Syndrome Association of Guam	Families of children with Down syndrome	DSAG is a non-profit organization whose objectives are to: 1) increase awareness of Down syndrome and other developmental disabilities on Guam and throughout Micronesia; 2) provide practical assistance to families of individuals with Down syndrome and other developmental disabilities; 3) to improve educational and vocational opportunities of individuals with Down syndrome and other developmental disabilities	Donations

Family Support and Parenting Education

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
icareguam provides Family Peer Support Group services.	icareguam	Parents of Guam's child and adolescent with mental health needs.	Parents have slowly begun to take ownership of this support group - icareguam will provide parent leadership trainings in grant year 3. In addition, icareguam provides trainings on topics requested by the parent group.	Para I Famagu'on (icareguam) SOC Expansion Implementation Grant
Emergency housing for homeless families with case management services, transportation, and food assistance; protective housing for child and women victims of abuse or neglect, with case management services, transportation, and meals; respite services for caregivers of individuals with disabilities or terminally ill, to provide caregiver a break from caregiving; food and clothing assistance through a food pantry.	Catholic Charities of the Diocese of Agana dba Catholic Social Service	Homeless families, children and women of abuse or neglect	Assist families to stabilize situations and develop a service plan that will lead to permanent housing and self-reliance while having access to basic needs of food, clothing and shelter.	Government contracts from Department of Public Health and Social Services and Guam Behavioral Health and Wellness Center, approximately \$1.4M
Parent Trainings, Parent Mentors, Resource and Information Center	SPED Parent Services	Parents of Children receiving special education services.	Did not respond	Federal Grant
Parent training, home visits	DOE ECSE Preschool	Parents of eligible children ages 3-5	Provide supports to families on strategies to use to support their child's development.	Part B funds / no specific amount

Family Support and Parenting Education

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
We are a parent support group for individuals or family member in the spectrum of Autism.	Autism Community Together (ACT)	Families of children with Autism.	To let other parents know that they are not alone with the challenges he/she may be facing with their child or family member.	Donations from the Community.
Clothing, Shoes, Baby Gear, Diapers and Wipes, Pregnancy and Parental Classes, Dress for Success	Guam's Moms Helping Moms	Guam Moms	To assist and guide low income and struggling families, lead them into a path of self-stability.	None
Parenting Skills	Sanctuary, Incorporated	Adults age 18 years and older that focuses on the issues of parenting and provides the opportunity to discuss the frustrations they face caring for their children.	Provide parents with the skills to strengthen family communication and relationships.	Fee for Service: \$5.00 registration fee plus \$5.00 per session 10 Week Class total fee: \$50.00
Service member and family support, transition assistance, family life education, financial readiness, personal and family readiness, spouse employment, etc.	Airman & Family Readiness Center	Service members and their families in the Military.	Assist Commanders in their responsibilities for the health and welfare of the military community. Support mission readiness by helping individuals and families adapt to the changes and demands of military life.	Appropriated and Non-appropriated funds
Parenting Groups	Betty Frain Ph.D. IMFT	Children and families	Resilience of children and families.	Insurance payments

Family Support and Parenting Education

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Childhood immunization education service	Guam Immunization Program	All children birth -18 years of age.	To ensure parents properly immunized their children according to the immunization Schedule.	100% Federally Funded
New Family Orientations; Home Visits; Peer Family Support Groups; Strengthening Families Parent Cafes ;Parent-Child Play Dates; Family Respite Play Dates; Emergency Respite Child Care; Family Activities and Trainings; Family Incentives to include gas coupons, stipends, promotional items; Food and Community Donations for Needy Families; Sugar Plum Tree Project (Community-based organization that provides seasonal gifts to needy children); Flex Funds; Parent Information Resources to include – Nene Directory, Project Kariñu website, Community Outreach activities; Home visiting services; Culturally & Linguistically Appropriate services to include interpreter services; Family Service Plan.	DPHSS, BFHNS/ Project Kariñu	Families with children birth to 5 years with social, emotional, and behavioral concerns	To provide family-driven and culturally competent family support and activities that reflects System of Care Values and Principles.	SAMHSA – Grant Award from September 30, 2014 – September 29, 2015 Total Award Amount: \$1,000,000.00
Suicide Prevention and Early Intervention	PEACE (Prevention Education and Community Empowerment)	Guam's Community	To train community-based caregivers, such as parents and youth, health and human services providers, educators, law enforcement and other first responders, and the community at large in suicide prevention and early intervention skills.	Garrett Lee Smith Memorial Grant/ SAMHSA-CMHS

Family Support and Parenting Education

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
One-on-one support, advocacy, resources and training for parents/families of children with disabilities.	Guam's Positive Parents Together, Inc.	Parents of children with developmental, physical, and emotional disabilities.	To improve the lives of parents, families and children with disabilities.	Donations
The Special Supplemental Nutrition Program for Woman, Infants and Children (WIC) serves as an adjunct to health care for pregnant, post-partum and breastfeeding women and children from birth to 4 years of a who are determined to be at nutritional risk by providing specific nutritious foods, nutrition education and serving as a gateway to refer at-risk clients to other health services such as primary care and immunizations.	Guam WIC Program	Women who are pregnant, breast feeding or post-partum, infants and children up to age 5.	Improved Birth Outcomes, Improved Savings in Health Care Costs, Improved Diet and Diet-Related Outcomes, Improved Infant Feeding Practices, Improved Immunization Rates via Referrals, Improved Medical Care Utilization, Improved Cognitive Development and Improved Preconception Nutritional Status.	USDA/FNS: FY2014 - Food Funds = \$6,681,487; Nutrition Services Administration (NSA) Funds = \$2,750,480; Total Grant = \$9,431,967
Home visiting services; Do follow-up home visits to MCH clients after they give birth to ensure the health of the mother and baby - Family planning counseling, Immunizations; TB priority visits - Provide skin test screening to all household contacts of the TB patient; Visit the homes of children with special health care needs to ensure that their health needs are being met; Coordinate Community-based Outreaches throughout the year.	DPHSS/ Island-Wide District Nursing Services (Home Visiting)	Individuals, families, and communities throughout the Island of Guam	District Nursing Services: Provides comprehensive community health nursing services to individuals, families, and communities throughout the island of Guam	Local funding, MCH, and OPA funding and > \$1,000,000 per budget period. (These funding at matched with MCH funding @ 60%, Local Funding @ 40%.

Family Support and Parenting Education

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Women's Health Clinic - Provides family planning counseling; Adolescent Health Clinic – Family planning counseling (Free for minors); Provide Outreach presentations for Health Fairs, Schools, and other interested agencies;	DPHSS/ Family Planning Program (FP)	Guam's community	Family Planning Program: To improve the reproductive and general health of the people of Guam, To increase general understanding of the value of family planning services for improved health, social, and economic status	OPA and \$280,000 per budget period. 100% federally funded grant
Women's Health Clinic - Provide prenatal and postpartum care, family planning counseling and cancer screening (PAP Smear, breast exam); Child Health Clinic – Perform baby-well checkups, school physicals; Adolescent Health Clinic – Family planning counseling, physical exams; Early Prenatal Care Classes – educate pregnant women on the importance prenatal care, proper nutrition and other issues related to pregnancy.	DPHSS/ MCH Program / CSHCN Program	Mothers and children	MCH Program: To improving the health of all mothers and children. CSHCN Program: To improve the access for clients with integrated services and provide funding for children with special health care needs.	HRSA/MCHB and > \$700,000.00 quarterly but it pays 60% while the Government of Guam pay 40% of the budget
To provide evidence-based home visitation services to improve outcomes for children (birth - 8 years) and families who reside in at-risk communities; Strengthen and improve the programs and activities carried out under the Maternal and Child Health Program; To improve coordination of services for at-risk communities; To identify and provide comprehensive services to improve outcomes for families that reside in at-risk communities.	DPHSS/ Project Bisita I Familia (PBIF)	Children (birth – 8 years of age) and families who reside in at-risk communities	Project Bisita I Familia Program: To cultivate positive parent-child bonding/attachment and lasting relationship; To motivate parents to support their child's health, growth and development; To enhance parental self-sufficiency and confidence; Prevent child abuse and neglect; To enhance the school readiness of children; To improve coordination of services with other agencies.	HRSA/MCHB funding and \$1,000,000 per budget period. 100% Federally Funded

Family Support and Parenting Education

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
No services but focus on enhancing the data capacity of the MCH and CSHCN Programs by improving existing and establishing new data linkages and surveillance systems, which are outlined in the Title V Block Grant Health System Capacity Indicator #9A.	DPHSS/ State Systems Development Initiative Grant (SSDI)	Mother and children on Guam in high risk populations	The ultimate goal is to improve the health status of mothers and children on Guam by targeting high-risk populations, by mitigating risk factors that result in negative health outcomes, and by reducing health disparities among sub-populations within the state, particularly between Chamorro and FSM citizens.	HRSA/MCHB and funding of \$800,000/year for 3 years
Family Support Group; Family Counseling	Guam Behavioral Health & Wellness Center, Children & Adolescent Services Division/ I Famagu'on-ta	Children ages 5 to 17 (up to 21 if still in school) with emotional, behavioral and mental health challenges and their families.	Enhance knowledge & skills to understand serious emotional & behavioral issues relating to child.	Local & Federal Funding

Family Support and Parenting Education

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
<p>Family Needs Assessments, Family Partnership Agreements, Home visits, transportation as needed to appointments, outreach activities such as registration, community projects, homeless count, Governance (Center Level Parent Groups and the programs Policy council). Parent child activities to include parent activities funding, parent conferences, fitness fair parent café's, on site trainings (center level) in topics such as: stress management, positive behaviors, what to do when your child gets sick, EFNEP, and other topics of interest to the families at that center, parent orientation, parent child days, parent teacher conferences to include joint discussion of child needs especially in the area of school readiness, referrals, family literacy, pedestrian safety, etc. (the list goes on) Parent volunteers are encouraged and supported (classroom and office)</p>	Guam Head Start Program	Children ages 3 – 5 years who meet income requirement or have a disability	<p>The program uses the OHS Parent, Family, Community, Engagement Framework as the basic guidelines. The grant goals are:</p> <p>The Program will improve the quality of services to support positive family outcomes.</p> <p>Objective 1: The achievement of Family Partnership Agreements will increase by 5% each year.</p> <p>Objective 2: At a minimum, 75% of parents each year will have attended at least one program event, parent training or workshop.</p> <p>Objective 3: There will be at the minimum 50% of families attending Parent Teacher Conference each year.</p> <p>The Guam Head Start Program's Parent, Family and Community Engagement Goals:</p> <ol style="list-style-type: none"> 1. Family Well-Being: Families will practice safe and healthy lifestyles that support achieving their educational, financial and wellness goals. 2. Positive Parent-Child Relationships: Promotion of positive relationships throughout the program that will foster the growth and development of children and families. 3. Families as Learners and Lifelong Educators: Families will learn and apply skills to provide learning opportunities at home with their children that work towards kindergarten readiness. <p>There are 3 other goals for families within the framework which the program addresses too.</p>	<p>The grant is the primary source of funds with the in-kind supports of families and community partners. While funds have been designated for parent activities, the holistic approach of the program has various components overlapping in services and using the funds. The specific amounts tentatively set aside for just family engagement is:</p> <ul style="list-style-type: none"> • Supplies for parent specific activities: \$6,000 • Parent Activity Funds: \$15/child: (8010) These funds have specific regulations and is used at the center level • Parent Training: conferences, parent café's, \$14,000

Mental Health, & Social and Emotional Wellness

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Supportive counseling and referrals to Behavioral Health & Wellness Center for more therapeutic counseling and treatment.	Department of Public Health & Social Services/ Medical Social Services	Patients and/ or families who are experiencing social, emotional, psychological or financial problems related to their illness, disabling condition, disability and its incapacitating effects or high-risk pregnancy including counseling, medical consultation, referral and crisis intervention.	Promote social and emotional wellness.	Did not respond
Supportive Counseling	Guam Department of Education/ Division of Special Education/ Emotional Disabilities Program	All students with disabilities, ages birth through 21 years.	Did not respond	Federal
Respite services for caregivers of individuals with disabilities or those terminally ill from birth to 59 years at 16 hours monthly.	Catholic Charities of the Diocese of Agana dba Catholic Social Service	Caregivers of individuals with disabilities or those terminally ill from birth to 59 years; adult day care services for elderly age 60 and older.	Minimize stress of caregiving	Government contract with DPHSS, GBHWC: \$800,000
Counseling	Oasis Empowerment Center/ Empower Together	Women with life-controlling problems such as addiction, codependency, and the wounds of abuse and homelessness.	Did not respond	DOJ/ GBHWC/ THP
Parent Training, Resource and Information Center	SPED Parent Services	Parents of children receiving special education services.	Did not respond	Did not respond

Mental Health, & Social and Emotional Wellness

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Direct and consultation services to the child	DOE ECSE Preschool	Parent of eligible children ages 3-5	To assist services providers with strategies in working with their student. Direct services to the child based on identified goals	Part B / no specific amount
Pregnancy and Parental Guidance	Guam's Moms Helping Moms	Guam Moms	Class that assists and guides expecting mothers and parents	None
Individual and Family Therapy	Betty Frain Ph.D. IMFT	Guam's children and families	Increase the well-being of children and families	Insurance
Currently working on hiring two nurses through cost allocation between two programs but the requirement and service have not been established at this time.	Department of Public Health & Social Services	Children with Social/ Emotional needs that attend day care centers registered with DPHSS.	To meet the Social/ Emotional needs of children identified at the respective child day care centers.	Department of Health & Human Services Administration for Children & Families Child Care Development Block Grant/ \$4.3 million (2 years)
Wraparound; Mental Health Clinical Service; Screening provided using - Ages & Stages Questionnaire, Version 3 (Measures Developmental Milestones); Ages & Stages Questionnaire, Social-Emotional which measures the child's overall social-emotional well-being	DPHSS, BFHNS/ Project Kariñu	Families with children birth to 5 years with social, emotional, and behavioral concerns	Required to use these two complimentary screeners for Project Kariñu clientele in order to determine their level of need and appropriate service	SAMHSA – Grant Award from September 30, 2014 – September 29, 2015 Total Award Amount: \$1,000,000.00
Early Intervention, Referral and Follow-up (EIRF) To Treatment	PEACE (Prevention Education and Community Empowerment)	Guam's Community	To raise community awareness and timely access to effective behavioral health programs and services (includes prevention, alcohol and other drug treatment and mental health promotion).	SAMHSA (Substance Abuse and Mental Health Services Administration) - Substance Abuse Prevention and Treatment (SAPT) Block Grant

Mental Health, & Social and Emotional Wellness

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
To children & adolescents: residential & day treatment, therapeutic group home, respite, crisis response, psychiatric and therapy; medication and behavior management; transition to adulthood; vocational	Latte Treatment Center, L.L.C.	Children and youth with severe behavioral and emotional problems.	Provide integrated mental health treatment services that prepare clients to move back to their homes and communities as soon as reasonably possible, teach clients the skills they need to more effectively function in their natural environments to closely approximate naturally occurring situations	Via contract with GBHWC and SCOG referrals via court order
One-on-one support, advocacy, resources and training for parents/families of children with disabilities.	Guam's Positive Parents Together, Inc.	Parents of children with developmental, physical, and emotional disabilities.	To improve the lives of parents, families and children with disabilities	Donations
Individual, family & group counseling	Guam Behavioral Health & Wellness Center, Children & Adolescent Services Division/ I Famagu'on-ta	Children ages 5 to 17 (up to 21 if still in school) with emotional, behavioral and mental health challenges and their families	To address and work on issues affecting the functioning and well-being of the child on the individual, family and group level	Local
SE screenings, observations, referrals, mentoring within the classroom, trainings for staff and parents. This category in Head Start falls under Health and under Education services.	Guam Head Start Program	Children ages 3 – 5 years who meet income requirement or have a disability	There is no specific goal for this area, but it is imbedded within the Health and Developmental performance standards of HS.	The program has direct services and supply funds for Health, disabilities services if needed.
Individual, Marriage, & Family Therapy	American Medical Center, L.L.C.- Mental Health	Individuals with Mental Health Needs	To enhance the social and emotional well-being of individuals and provide opportunities for positive mental health development.	Private insurance and self-pay

Mental Health, & Social and Emotional Wellness

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Individual, Marriage, & Family Therapy	Oasis Empowerment Center/ Empower Together	Women with life-controlling problems such as addiction, codependency, and the wounds of abuse and homelessness.	Learning how to Love our kids on purpose, learning how to teach your children how to make wise decisions, setting limits, alternatives to arguing with children.	HUD 100%
Parent Training; Family Therapy	Latte Treatment Center, L.L.C.	Families of children and youth with severe behavioral and emotional problems	Build local capacity by training families to implement an integrated program that helps clients to function in their home, school and community and to maximize their growth; help families understand their child's diagnosis and how to best manage their behaviors.	Via contract with GBHWC and SCOG referrals via court order

Early Care & Education, & Early Elementary Systems

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Referrals to DOE social workers and outreach programs	Department of Public Health & Social Services/ Medical Social Services	Patients and/or families who are experiencing social, emotional, psychological or financial problems related to their illness, disabling condition, disability and its incapacitating effects or high-risk pregnancy including counseling, medical consultation, referral and crisis intervention.	Proper linkages to the education system to address the educational needs of clients.	None
Early Intervention Services for military family and dependents. Evaluation, Intervention, Transition, Direct services, Consultation, Monitoring, Speech Therapy, Occupational Therapy, Physical Therapy, Early Childhood Special Instruction	Educational and Developmental Intervention Services, Naval Hospital Guam	Children up to 3 years of age who may have a developmental delay, disability, or medical condition which may affect their development disability with parents in the Military community.	Enhance family's ability to support early childhood development in social/emotional, communication, cognitive, adaptive and motor skills.	Dept. of Navy, Bureau of Medicine

Early Care & Education, & Early Elementary Systems

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Early Childhood Education	Guam Department of Education	Eligible children (3 – 5 years)	The Guam Department of Education's Early Childhood Education (ECE) encompasses all programs and services for children from kindergarten through grade three. The Early Childhood Education programs include addressing students that are second language learners; teaching to the K-3 Content Standards & Performance Indicators and the Language Arts/English & Math Common Core State Standards; and assessing students at their developmental level.	Funding for Teachers
Play techniques, developmental screening, information & Referral	American Medical Center, L.L.C.- Mental Health	All Children	To enhance the social and emotional well-being of individuals and provide opportunities for positive mental health development.	Private Insurance/ Self-Pay
Protective sheltering for abuse/neglected children; emergency housing for homeless families with children; with case management services, transportation and food/ clothing assistance.	Catholic Charities of the Diocese of Agana dba Catholic Social Service	Abuse/neglected children; Homeless families with children	Provide sheltering and case management services to stabilize situation and develop service plan, to include continuity of school attendance while in a shelter setting.	Government contract with DPHSS, \$1M
Parent Training, Information and Resource Center	SPED Parent Services	Parents of children receiving special education services	Did not respond	Did not respond

Early Care & Education, & Early Elementary Systems

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Specialized instruction from the service provider to the child, consultation and monitoring by the SpEd preschool teacher to the parent, general ed/ typical child care setting	DOE ECSE Preschool	Parent of eligible children ages 3-5	Provide strategies and opportunities for the child to develop age appropriate (pre-readiness skill)	Part B/ no specific amounts
Education & Training available to employees working at DPHSS registered day care centers.	Department of Public Health & Social Services	Employees working at day care centers registered by the Department of Public Health & Social Services (DPHSS).	To provide quality care and service to children enrolled at the DPHSS registered day care centers.	Department of Health & Human Services Administration for Children & Families Child Care Development Block Grant/ \$4.3 million (2 years)
Attendance at IEP meetings, classroom (child care, head start, preschool, and kindergarten) observations, submits clinical reports for school-aged children, assessments for Head Start and SpEd services; Assistance for the following prior to entry into the education system: hearing examinations, immunizations, orthopedic services; Assistance at/for/with: Special Kids Clinics, Assistance for uniform vouchers, medical insurance, nutritional programs, housing, with getting transportation services, court hearings; Peer Family Support Group Meetings, Parent Cafes, School Readiness for both child and parent/caregiver; Basic parenting skills	DPHSS, BFHNS/ Project Kariñu	Families with children birth to 5 years with social, emotional, and behavioral concerns	To provide family-driven and culturally competent family support and activities that reflects System of Care Values and Principles.	SAMHSA – Grant Award from September 30, 2014 – September 29, 2015, Total Award Amount: \$1,000,000.00

Early Care & Education, & Early Elementary Systems

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
One-on-one support, advocacy, resources and training for parents/families of children with disabilities.	Guam's Positive Parents Together, Inc.	Parents of children with developmental, physical, and emotional disabilities.	To improve the lives of parents, families and children with disabilities	Donations
Provide Home Visiting activities to enhance the school readiness of children; Provide Home Visiting activities to cultivate positive parent-child bonding/attachment and lasting relationship; Provide Home Visiting activities to motivate parents to support their child's health, growth and development; Provide Home visiting activities to enhance parental self-sufficiency and confidence	DPHSS/ Project Bisita I Familia (PBIF)	Children (Birth – 8 years) and families who reside in at-risk communities	To provide home visiting activities to Prevent child abuse and neglect.	HRSA/MCHB and \$1,000,000 annually
Day Care, Hourly Care, and Enrichment Program	Andersen Child Development Center	Children of military dependents.	To build partnerships with our families while ensuring quality child care and education while military members perform their duties.	Parent fees based on income and hourly cost

Early Care & Education, & Early Elementary Systems

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Under education the program has specific school readiness goals, individualized education in the classroom for all students, parent engagement within the classroom (center level parent groups, parent signatures on lesson plans and field trips, determination of goals for their child etc), Health and Safety monitoring in the classroom and on the playground. Integrated curriculum and learning through play. The program refers to SPED and participates in child find. The program is developing the Practice Based Coaching for staff protocols and systems.	Guam Head Start Program	Children ages 3 – 5 years who meet income requirement or have a disability	<p>The program has school readiness goals and grant program goals,</p> <ul style="list-style-type: none"> • Social Emotional Development: Children will develop independence in a range of activities, routines, and tasks • Approaches to Learning: Children will express themselves creatively through various modes of learning; demonstrate initiative, curiosity, persistence, attentiveness, and cooperation through play. • Language and Literacy: Children will express their wants and needs: demonstrate and recognize the letters of their name and the alphabet through labels, print, and writing. • Cognitive and General knowledge: Children will explore their environment through observations, manipulation, asking questions, making predictions, and developing comprehension skills: demonstrate skills related to problem solving using numbers, patterns, and use prediction sequence to compare and relate: recall prior knowledge to solve a problem: understand and develop an awareness of their environment and the people around them • Physical development and health: Children will recognize and apply basic safety practice in the area of hygiene and recognize health and safety rules and routines by: developing health awareness and skills: demonstrating healthy practices during hand washing, tooth brushing, and the use of the toilet independently: develop awareness that their bodies need rest and exercise: recognize the five basic food groups that help their bodies to grow and be healthy <p><i>(continued on page 38)</i></p>	The program has a training and technical assistance grant to support staff development in all component areas. The grant amount is \$45,994. These funds are broken down for OHS specific trainings and \$24,600 for staff development for all staff. \$1,394 is for supplies for training and staff resources. The tracking system for education costs the program \$9,000/ year as does the program tracking system which includes education, health, mental health, family services, monitoring.

Early Care & Education, & Early Elementary Systems

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
			<p><i>(continued from previous page)</i></p> <p>Grant goals:</p> <p>The Program will improve the quality of services and supports for child outcomes in being ready for Kindergarten (school readiness)</p> <p>Each year the program will at least meet the average CLASS scores in the three domains and each dimension based on the previous year's OHS findings as a means to measure classroom quality.</p> <p>The program will provide supports and training to the teaching staff on strategies to improve children's progress from entry to transitioning ready for kindergarten.</p>	
Early Childhood Education Program	Guam Department of Education	Eligible children ages 3 - 5	The Guam Department of Education's Early Childhood Education (ECE) encompasses all programs and services for children from kindergarten through grade three. The Early Childhood Education programs include addressing students that are second language learners; teaching to the K-3 Content Standards & Performance Indicators and the Language Arts/English & Math Common Core State Standards; and assessing students at their developmental level.	Funding for Teachers
Child Care Services to parents who work receiving public assistance or within an acceptable eligible income bracket.	Department of Public Health & Social Services	Parents who receive public assistance.	To provide quality child care services to participants in an effort to improve their financial situation to increase their income and no longer require public assistance therefore promote self-sustain ability.	Department of Health & Human Services Administration for Children & Families Child Care Development Block Grant/ \$4.3 million (2 years)

Primary Care & Dental

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Referrals to primary care and dental services within the Dept. of Public Health & Social Services and the community.	Department of Public Health & Social Services/ Medical Social Services	Patients and/ or families who are experiencing social, emotional, psychological or financial problems related to their illness, disabling condition, disability and its incapacitating effects or high-risk pregnancy including counseling, medical consultation, referral and crisis intervention.	Promote positive health behaviors.	None
Monitoring from school Health Counselor	DOE ECSE Preschool	Parent of eligible children ages 3-5.	To provide monitor child health and give guidance and refer families to the services available in the community.	Part B funds/ no specific amount
Childhood immunization service	Guam Immunization Program	All children birth -18 years of age.	To ensure every child by the age of 5 years has been properly immunized.	100% Federally Funded
Referral and follow-up to CRCHC for Dental Assessment & Service.	DPHSS, BFHNS/ Project Kariñu	Families with children birth to 5 years with social, emotional, and behavioral concerns.	Healthy teeth that last a lifetime and to lower other medical risk factors such as heart attack.	Did not respond

Primary Care & Dental

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Dental Services; The Dental Program provides basic dental care to children under 17 years old. This includes oral exams, prophys, fluoride, sealants, x-rays, restorations and extractions. They also conduct the Guam Fluoride Varnish Program in which they apply fluoride varnish to children under 6 years old who attend Head Start Centers, daycares and immunization outreaches. They participate in the WIC Immunization Outreach that takes place once a month at the NRCHC and apply fluoride varnish to children under the WIC Program.	DPHSS Dental Program	Children below the age of 17 years and emergency dental care to senior citizens over the age of 55 years.	To educate parents and children on the importance of good oral hygiene and proper nutrition on the prevention of caries and the importance of good oral health to overall health.	Healthy Futures Fund
Sharing of stories and past experiences.	Guam's Positive Parents Together, Inc.	Parents of children with developmental, physical, and emotional disabilities.	To better the navigating experiences for parents, families and children with disabilities in their health care needs	Donation
Provides Tooth Brushes and Tooth paste to the children when the Dental Program goes out for Fluoride Varnish or Dental Screening in the Day Care Centers and Head Start Program.	DPHSS/ MCH Program / CSHCN Program	Children below the age of 17 years and emergency dental care to senior citizens over the age of 55 years.	To assist with the Dental to help improve the dental health within the MCH Population.	MCH Program/ >\$2,000

Primary Care & Dental

Service Provided	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
The Southern and Northern Region Community Health Centers provide primary healthcare, acute outpatient care, and preventive services to the community. Family practitioners, pediatricians, internists, nurse practitioners, and other health professionals provide a full range of essential primary care services such as: Prenatal and Postpartum Care, Well Baby Care, Child Health and Immunization, Adolescent and Adult Health Care, Family Planning Services, just to name a few.	DPHSS / Bureau of Primary Care Services (NRCHC and SRCHC)	Underserved, indigent, and uninsured populations who are most in need of assistance and least able to find it.	The Bureau of Primary Care Services aims to reduce health disparities by providing comprehensive primary health care to the underserved, indigent, and uninsured populations who are most in need of assistance and least able to find it.	Federal Program Income, Healthy Future Fund, Compact Impact Funding / \$5.9 million for both centers
Wrap around System of Care	Guam Behavioral Health & Wellness Center, Children & Adolescent Services Division/ I Famagu'on-ta	Children ages 5 to 17 (up to 21 if still in school) with emotional, behavioral and mental health challenges and their families.	Link child to services as needed based on CANS/ CASII assessment.	Local
The students must meet the requirements of DOE for entry. Health services provide the following screens: vision, hearing, developmental, behavioral screening, immunizations, lead, dental, BMI nutritional, and physical. Coordinates services for dental, medical, nutritional, and mental health needs. Dental exams and fluoride varnish is provided in the classroom 2 x / year. Tracking and follow-up on child and family needs. Home visits and site visits as necessary. Parent and staff training in health and wellness areas. Transports families as needed to appointments. Monitors health and safety in the classrooms and with staff.	Guam Head Start Program	Children ages 3 – 5 years who meet income requirement or have a disability	To ensure families and students receive the screens within the timeframe required by the grant, and to assist families in receiving the necessary health interventions needed.	The program has direct services and supply funds for Health, disabilities services if needed. Costs are integrated within the program. CHILD Plus provides the program tracking system.

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For More Information About the Environmental Scan, contact:

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