

SPF SIG GRANTEE QUARTERLY REPORT

Instructions

Please use this format to report SPF SIG accomplishments achieved in this quarter only. The QRF is divided into the following sections:

Sections A-D ask for updated information about grant management, organizational structure, and Advisory Council and State Epidemiological and Outcomes Workgroup (SEOW) accomplishments.

Section E asks about your progress in achieving systems change in the state-wide delivery of prevention services related to each component of the Strategic Prevention Framework (SPF) and asks you to report on your progress meeting the SPF SIG “benchmarks”

Section F asks about allocation of resources to underage drinking.

Section G asks about procedures to ensure cultural competence as you implement the SPF SIG steps.

Section H asks about technical assistance you requested and received.

COMMON QUESTIONS

Q: Who should complete the report?

A: The SPF SIG Project Director should use this MS Word template to complete the report and should attach it to an e-mail (along with a paper copy) to:

William Reyes
SAMHSA / OPS / Division of Grants Management
Room 7-1095
1 Choke Cherry Road
Rockville, MD 20857

william.reyes@samhsa.hhs.gov

The report should also be sent electronically (no hard copies) to the CSAP Project Officer assigned to your state and to Dave Robbins at david.robbins@samhsa.hhs.gov.

Q: Who can answer questions about specific report items?

A: Questions should be directed to the CSAP Project Officer assigned to your state. In addition, we have provided a section where you can note comments or concerns. Your comments are most welcome. They will help us to develop an efficient reporting process that is minimally burdensome.

SECTION A: Grantee Information

Name of SPF SIG Grantee: <u>Office of the Governor</u>	Award Number: <u>5 U79 SP11183-03</u>
	Phone Number: <u>671-477-9079~83</u>
Mailing Address: <u>790 Gov. Carlos G. Camacho Road</u> <u>Tamuning, GU 96913</u>	Agency Name: <u>Department of Mental Health and Substance Abuse</u>
Name of Person Completing Form: <u>Helene Paulino</u>	
Title: <u>Special Projects Coordinator/Project Director</u>	Work Phone Number: <u>671-477-9079~83</u>
Email Address: <u>helene.paulino@mail.dmhsa.guam.gov</u>	Fax Number: <u>671-477-9076</u>
Date Report Completed: <u>10 / 31 / 2007</u>	

Check appropriate box to choose reporting period

Reporting Period	Reporting Period Dates	Due Date
<input type="checkbox"/>	October 1, 2006 - December 31, 2006	February 28, 2007
<input type="checkbox"/>	January 1, 2007 - March 31, 2007	April 30, 2007
<input type="checkbox"/>	April 1, 2007 - June 30, 2007	July 31, 2007
<input checked="" type="checkbox"/>	July 1, 2007 - September 30, 2007	October 31, 2007

SECTION B: Staffing Information

Was there a loss of any key staff since last reporting period?	If Yes, please include their name and title below.	If yes, what are your plans for filling the position(s)?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____	_____

Were there any NEWLY hired staff during this reporting period?	If yes, please include their name and title below.	Name of Organization they represent.
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____	_____

Please attach a current list of SPF SIG staff.

SECTION C: SPF SIG Advisory Council

Were there any NEWLY appointed members of the SPF SIG Advisory Council during this reporting period?	If yes, please include their name and title below.	Name of Organization they represent.
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>Eddy Reyes</u>	<u>Business Community</u>

Were there any members of the SPF SIG Advisory Council who left during this reporting period?	If yes, please include their name and title below.	Name of Organization they represent.
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>John Payne</u> <u>Guadelupe Camacho Kaible</u> <u>Chelsa Muna-Brecht</u>	<u>Catholic Social Services</u> <u>Guam Public School System</u> <u>Mothers Against Drunk Driving</u>

Please attach a current list of SPF SIG Advisory Council members.

Please use the categories listed below when answering this question. If you select “other,” please describe the type of committee your Advisory Council has formed.

Were there any NEW committees formed during this reporting period?	If yes, what are they called?	What is the function of each NEW committee?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____	_____

Examples of types of committees:

- Legislative Affairs
- Funding
- Evaluation
- Partner Communities
- Youth Involvement
- Public Relations
- Data Collection
- Training
- Prevention Strategies
- Other

1. How many times has your Advisory Council met this reporting period?
 Please check one: Zero One Two Three Four or more times

Please remember to attach a copy of the minutes for each Advisory Council meeting held during this reporting period.

SECTION D: State Epidemiological and Outcomes Workgroup (SEOW)

Were there any loss of SPF SIG SEOW members during this reporting period?	If yes, please include their name and title below.	Name of Organization they represent.
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>Guadelupe Camacho Kaible</u>	<u>Guam Public School System</u>

Were there any NEWLY appointed SPF SIG SEOW members during this reporting period?	If yes, please include their name and title below.	Name of Organization they represent.
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____	

Please attach a current list of SEOW members.

1. How many times has your SEOW met this quarter?

Please check one: Zero One Two Three Four or more times

2. Please discuss the SEOW’s activities and accomplishments during the reporting period.

a) The SEW held its quarterly meeting on 10 July 2007. At the meeting the members endorsed the final draft of the 2006 Epi Profile Update for presentation to the PEACE Advisory Council. On July 28, 2007, the SEW Lead presented the updated epidemiological data for Guam to the PEACE Council; the PEACE Council approved the Guam Substance Abuse Epidemiological Profile, 2006 (1st Update). The updated Epidemiological Profile is being disseminated to local, regional and national government agencies as well as distributed and presented to Guam's community organizations, the media and other key stakeholders. The document is also available online at www.peaceguam.org.

b) As part of the PEACE Staff capacity building on Guam's data, the SEW core team conducted a series of meetings to familiarize the PEACE Staff with the updated Epi Profile, the Staff were then guided and mentored through their understanding of the Epidemiological Profile document for communicating the data effectively to a variety of community audiences. The PEACE Staff were guided in the development of PowerPoint presentations that highlighted relevant and key findings within the updated Epidemiological Profile.

c) The PEACE Staff presented the data highlights during the second annual PEACE conference "PEACE Builds Community Capacity" held on September 6 and 7, 2007. During this two-day event, Guam's community organizations learned about Guam's substance abuse problems thru presentations of the most up-to-date data and were given the opportunity to provide feedback and ask questions on the Epidemiological Profile. Throughout the conference, the PEACE Staff collected conferees' questions on Guam's data; PEACE

Research and Statistical Analyst prepared the answers which were forwarded to PEACE Conference attendees and made available online at www.peaceguam.org. The PEACE Staff also shared the updated data on the various radio and television shows in which they promoted the second annual PEACE Conference.

d) Following the approval and release on the updated Epi profile, Guam's facts sheets on tobacco, alcohol and inhalants have been updated and disseminated to Guam's community thru various community outreach activities including the 2nd Annual PEACE Conference and the Basic Tobacco Intervention Skills Certification conducted on September 21, 2007. The Staff is collaborating with other partners to translate the fact sheets in the language relevant to PEACE's target demographics (Chamorro and Chuukese).

e) The SEW Chair, Dr. Annette M. David and the Department of Public Health and Social Services (DPHSS) revisited the MOU to cover the inclusion of key NSDUH questions required for the NOMs as a State module of the Behavioral Risk Factor Surveillance System (BRFSS) for 2008. In addition, the SEW Chair secured verbal agreement from DPHSS for incorporating the selected NSDUH questions into the remaining periods of the current data collection cycle of the BRFSS. A revised MOU between DMHSA-PEACE and DPHSS is being processed. DMHSA put forth two Requests for Proposals on June 11, 2007 to obtain the services of an independent research firm to: conduct a survey using selected questions from the NSDUH and determine the baseline prevalence of illicit drug use among adults in the general population of Guam for 2007; and strengthen the current data on the perception of risks, harms, and attitudes toward substance abuse among youth in the general population using questions from the NSDUH and determine the baseline information on youth's perceptions regarding the prevention of substance use. Two proposals were received by the July 20th deadline in response to each RFP with one offeror selected to conduct both surveys. It is anticipated that work will begin October 2007.

f) On September 17 and 18, 2007, the SEW Lead, two PEACE Staff and four SEW Members attended a training on GIS conducted by the University of Guam. GIS will enable the mapping of key variables (such as proximity of alcohol and tobacco outlets to schools, sites of alcohol-related car crashes, and density of these outlets per village as compared to village consumption rates), this will augment the SEW's capacity to move up to the next level of data gathering and analysis.

As applicable, consider the following:

- Coordination with Advisory Board
- Developing a set of indicators to describe the magnitude and distribution of the State's/Tribe's alcohol, tobacco, and other drug-related consequences and use patterns
- Organizing substance use-related data indicators into a State/Tribal profile
- Contributing to decisions to allocate resources to target populations and/or priority areas based on an analysis of substance use-related data indicators
- Contributing to decisions regarding the selection and implementation of effective prevention strategies that address data-driven priorities
- Tracking substance use-related data indicators over time
- Using ongoing data regarding changes in substance use-related consequences and patterns of consumption to assess progress and improve prevention efforts.

3. What are the challenges that the SEOW faces related to the goals of the SPF SIG?

a) The SEW continues to work towards filling data gaps, such as the lack of a systematic mechanism to delineate illicit drug use in the general adult population. DMHSA and DPHSS will continue to collaborate on the inclusion of adult illicit drug use questions into the 2008 BRFSS. In the meantime, for 2007, PEACE will continue to pursue a contractual agreement with an independent research firm with the experience and expertise for conducting two

methodologically sound surveys using selected key questions from NSDUH. Another major gap stems from Guam's failure to conduct the BRFSS from 2004-2006. Hence, data on adult tobacco and alcohol use is limited to data from 2003 and earlier. The SEW Lead and PEACE Research and Statistical Analyst provided feedback to CDC regarding strategies to ensure that the BRFSS is conducted annually.

b) The need to standardize reporting formats across all relevant sources continues to be addressed. SEW is working with the Superior Court of Guam-Juvenile Drug Court, Sanctuary, Inc. and the Department of Youth Affairs in an effort to standardize data collection instruments for court involved youth.

c) Another challenge is to maintain the interest and continued participation of the SEW members given their responsibilities and diverse organizational priorities. The workgroup has been successful thus far in obtaining consistent and continuous member feedback and input on data collected, analytical methods, and future updates for enhancing the Guam Substance Abuse Epidemiological Profile through the use of an electronic mail group. It is PEACE's goal to sustain the work of the SEW throughout and beyond the life of PEACE.

4. Please discuss any support and technical assistance that might facilitate your SEOW efforts to identify and utilize data for planning, implementation, and ongoing monitoring. No T/TA needs identified during this reporting period.

SECTION E: Progress Implementing the Strategic Prevention Framework (SPF)

PROGRESS IN MEETING SPF SIG BENCHMARKS

Has your SPF SIG Plan been submitted to CSAP for review and approval?	Has your SPF SIG Plan been approved by CSAP?	Has your SPF SIG sub-recipient funding mechanism been submitted for approval?	Has your SPF SIG sub-recipient funding mechanism been approved by CSAP?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, date of submission: <u>11 / 17 /2006</u>	If yes, date of approval: <u>01 / 08 /2007</u>	If yes, date of submission: <u>01 / 26 /2007</u>	If yes, date of approval: <u>01 / 30 /2007</u>
If no, projected date of submission: <u>__ / __ /200__</u>	If no, projected date of approval: <u>__ / __ /200__</u>	If no, projected date of submission: <u>__ / __ /200__</u>	If no, projected date of approval: <u>__ / __ /200__</u>

1. Does your State/Tribe have a project evaluation plan in place? Yes No ;
 If yes, has the State/Tribe established baseline outcome measures? Yes No ;
 If yes, have sub-recipient communities established baseline outcome measures? Yes No

For each component (step) of the Strategic Prevention Framework (SPF), please report or as applicable UPDATE your *accomplishments* and any *obstacles* encountered during *this reporting period*.

SPF Step 1: Profile population needs, resources, and readiness to address needs and gaps.

1. Please list the **accomplishments** you achieved **during this reporting period** related to Step 1:

a) On July 28, 2007, the PEACE Council approved the updated Guam Substance Abuse Epidemiological Profile. The updated Epidemiological Profile has since been disseminated to local, regional and national government agencies as well as distributed and presented to Guam's community organizations, the media and other key stakeholders. This Profile update was presented during the plenary session of the second Annual PEACE Conference held September 6, 2007. Conferees then had the opportunity to become more familiar with the data on alcohol and tobacco (the two substances of priority for PEACE) and ask questions about their priority of interest during breakout sessions with smaller groups. The Epidemiological Profile was also distributed in both printed and electronic format to all attendees; it is also available online at www.peaceguam.org;

b) As stated in Section D, #2, an RFP process was initiated to contract an independent research firm that will conduct two surveys to determine the baseline prevalence of illicit drug use among adults and the perception of risks, harms, and attitudes towards substance abuse among youth in the general population of Guam. Proposals were submitted by the RFP closing date on July 20, 2007; an evaluation team evaluated the proposals and selected one qualified offeror. Upon a successfully completed procurement process, the selected offeror is anticipated to begin work in October 2007. The two surveys are intended to address the data gaps for the current year; it is anticipated that the Department of Public Health and Social Services will include the NSDUH survey key questions starting with the 2008 BRFSS;

c) As stated in Section D, #2, the SEW Lead, two PEACE Staff and four SEW Members attended a training on GIS conducted by the University of Guam on September 17 and 18, 2007. GIS will enable the SEW to graphically picture Guam's data such as proximity of alcohol and tobacco outlets to schools, sites of alcohol-related car crashes, and density of these outlets per village as compared to village consumption rates. This will augment the SEW's capacity to move up to the next level of data gathering and analysis and will facilitate the communication of data to Guam's community.

2. Please list the **obstacles** you encountered **during this reporting period** related to step 1.

a) Work continues on improving data collection through 1) the standardization of data instruments, and 2) collaboration with other agencies to capture needed data, particularly when the data is sourced through surveillance mechanisms that are the official responsibilities of other agencies for regular and consistent implementation, such as the BRFSS.

b) The second phase of the capacity building project in the Mayors' offices will be to centralize Guam's nineteen villages resident-database at the Mayors' Council of Guam, located in Hagatna, for which PEACE will continue to provide needed T/TA. The challenge in the next phase of this

project lies in the limited personnel and financial resources within the Mayors' Offices to develop capacity building strategies that can be sustained.

As applicable, consider the following:

- Functioning of the State Epidemiological and Outcomes Workgroup (SEOW)
- Assessment of the magnitude of substance abuse and related mental health disorders in the State/Tribe
- Assessment of risk and protective factors associated with substance abuse and related mental health disorders in the state
- Assessment of community assets and resources
- Identification of gaps in services and capacity
- Assessment of readiness to act
- Identification of priorities based on the epidemiological analyses, including the identification of target communities to implement the Strategic Prevention Framework
- Specification of baseline data against which progress and outcomes of the Strategic Prevention Framework can be measured
- If the state was already engaged in needs assessment efforts prior to award, use of the SEOW to enhance and supplement the current process and its findings
- Monitoring of communities to ensure they accurately assess their substance abuse-related problems using epidemiological data provided by the State/Tribe, as well as other local data
- Ensuring that communities also assess community assets and resources, gaps in services, and capacity and readiness to act.

SPF Step 2: Mobilize and/or build capacity to address needs.

1. Please list the **State/Tribe-level accomplishments** you achieved **during this reporting period** related to step 2.

a) The SEW Core team conducted a series of capacity building training sessions among the PEACE Project Staff to enhance their thorough understanding of the updated Epidemiological Profile and to communicate this information effectively and with ease to various audiences. PowerPoint presentations have been developed and used during the 2nd Annual PEACE Conference on September 6, 2007. Following an overview of Guam's data, conferees chose to attend presentations on the data of PEACE priority needs: alcohol and tobacco among youth and adults. 34 participants attended the workshop on alcohol data while 27 attended the workshop on tobacco. Conferees stated that the workshops gave participants the opportunity to become more familiar with the data and ask questions about their priority of interest. The Epidemiological Profile was also distributed in both printed and electronic format to all attendees and is available online at www.peaceguam.org. The presentations on Guam's data will be used in upcoming village-based presentations scheduled throughout the PEACE satellite offices and other sites throughout Guam; target audiences will include community organizations who have expressed an interest in being a part of future coalitions established among the PEACE Sub-grantees.

b) PEACE conducted two Council meetings during this reporting period: on July 28 and September 26, 2007 (Meeting minutes attached) and communicates regularly with the PEACE Council members electronically and by telephone.

The Science-based Sub-Committee met on August 9 and August 23, 2007 (meeting minutes attached) to 1) review the SAMHSA guidance document in selecting and identifying evidence-based interventions, 2) review the two lists of SAMHSA-NREPP Reviewed interventions and

Legacy Programs that were generated using criteria of cultural competence to Guam's populations and addressing PEACE priority needs, 3) review evidence-based programs existing on Guam. Further discussions will take place during the next Sub-Committee meeting scheduled on October 18, 2007.

c) On July 31, 2007, 14 people participated in a media focus group (3 youth, 7 adults and 4 young adults) conducted by PEACE to solicit community's feedback on PEACE's overall media strategies, gain a better understanding of which media is most frequently viewed and listened to by specific target audiences, and explore innovative and meaningful ways to develop future prevention media campaigns. The results of this community's feedback will be used to develop and produce media products with a message relevant to PEACE target populations.

d) PEACE held its second Annual Conference titled "PEACE Builds Community Capacity" on September 6 and 7, 2007. PEACE invited Guam's non-profit community organizations (village, school, faith, ethnic and civic-based) interested in planning and implementing evidence-based prevention and early intervention programs on Guam. The conference aimed to help participants increase their understanding of the SPF process and Guam's substance abuse data, acquire the skills and knowledge to successfully apply for PEACE funding opportunities and start building partnerships and forming coalitions.

Throughout the two days, PEACE Staff and guest speakers presented thru plenary and workshop sessions on the topics of: SPF 5-step process, updates of the Epidemiological Profile, Guam SPF SIG Comprehensive Strategic Plan including PEACE's four substance use priorities, basics of grant writing, community readiness, logic models, evaluation and cultural competence. At the end of the conference, participants received the skills and knowledge they need to respond to PEACE Request For Proposals, which was announced to the community on September 12, 2007 and closed on October 15, 2007.

PEACE Staff invited various community organizations and key stakeholders (village Mayors, Council Members) to the conference via e-mails, telephone, mail, and personal contacts. The conference was also promoted via a comprehensive media campaign (attached Conference report) that included Public Services Announcements (Print, Radio and TV), PEACE Staff appearances on multiple radio and television shows, the use of the internet (www.peaceguam.org, www.healthychoicesguam.org, www.dmhsa.guam.gov) and text alerts to mobile phones.

On day one, 125 community participants were present while on day two, 83 attended the conference. The participants represented 73 different organizations.

Throughout the conference, participants feedback and testimonials were filmed; they will be included in an orientation video on the SPF 5-step process to be presented at the village level in Guam's communities.

e) Throughout August and September 2007, PEACE Staff and PEACE Evaluation Team participated in a series of conference call on NOMs facilitated by West CAPT. The purpose of the calls were to gain a better understanding of the NOMs and offer SPF SIG grantees the opportunity to clarify the NOMs and share information with each other.

f) Two Communications students from the University of Guam began an internship on July 31, 2007 under the supervision of PEACE's Public Information Officer; each intern will complete 100 hours. From July to September, they have 1) assisted in developing the PEACE Conference media campaign, 2) assisted in updating ATOD fact sheets including Guam's newest epidemiological data, 3) initiated and managed PEACE mobile text and e-mail alerts, 4) assisted in initiating partnership with the Micronesia Language Institute and the Department of Chamorro Affairs to translate PEACE resources (fact sheets) in languages relevant to PEACE target audience, 5) received training on the SPF 5-step process and one intern was trained on the Basic Tobacco Intervention Skills Certification.

g) One PEACE Staff attended the National Prevention Network Research Conference from September 17-19, 2007. The conference offered workshops on the topics of social branding, alcohol advertising and youth, NREPP evidence-based interventions and information on the Communities That Care program, which may be piloted with Guam's community.

2. Please list the **State/Tribe-level obstacles** you encountered **during this reporting period** related to step 2.

a) Although not a major obstacle, the PEACE staff must remain focused on the importance of maximizing the Council members' and other stakeholders' time and to ensure that their interest, availability, expertise and guidance in PEACE efforts are used well because of their busy schedules and other pressing priorities.

b) Due to a limited number of participant slots, not all the PEACE staff have been successful in registering for the online courses offered by the Western CAPT. As other trainings are offered, the Staff will continue to pursue these opportunities.

As applicable, consider the following:

- Engagement of stakeholders across the State/Tribe as a complement to parallel engagement activities occurring within the target communities that are selected for implementation activities
- Convening leaders and stakeholders
- Building coalitions
- Training state stakeholders, coalitions, and service providers
- Organizing agency networks
- Leveraging resources
- Engaging stakeholders to help sustain the activities.

3. Please list the **community-level accomplishments** you achieved **during this reporting period** related to step 2.

a) PEACE Staff actively participated in the conducting of the 13th Annual Youth Swimming and Water Safety Instruction Program organized by the Prevention and Training Branch staff of the Department of Mental Health and Substance Abuse, in partnership with the Youth For Youth Organization and supported by the Guam Chamber of Commerce. The annual program offers positive alternatives to drug use activities as well as ATOD prevention workshops which were led by the PEACE Staff. This six-week program served 200 youth, ages 5-15, and ended on July 27, 2007.

b) PEACE continues to collaborate with village mayors' offices, community agencies and government agencies to conduct prevention outreach activities in the community.
- As part of activities conducted in celebration of Suicide Prevention Month, PEACE participated in an exhibit of its prevention resources during the suicide prevention forum held at the University of Guam on September 12, 2007 (100 participants);
- On September 22, 2007, at the First Hawaiian Bank Primera Health Expo, PEACE exhibited its substance abuse prevention resources (200 participants);
- September 24, 2007, 2nd Annual National Family Day Celebration joining CASA, PEACE displayed its substance abuse prevention resources - (45 participants - 30 adults -15 youths);
- On September 29, 2007, FAST Program conducted an outreach at a public high school, PEACE collaborated with the Prevention and Training Branch Staff to display its resources and conduct discussions on ATOD with the participants: parents, students and teachers (42 youths and 19 adults).

c) As a part of T/TA to the community, a grantwriting workshop was offered through a collaborative effort with a private business community foundation thus facilitating community organizations' successful application for PEACE funding. 17 PEACE conferees attended a 2-day grant-writing workshop, held September 14-15, 2007. The workshop provided the fundamental tools to writing grant proposals under the guidance of an experienced trainer, knowledgeable about the SPF Process.

d) On September 21, 2007, the PEACE Staff and SEW Lead collaborated with DMHSA Prevention and Training Branch, DPHSS, the American Cancer Society, the National Cancer Institute's Cancer Information Center, U.S. Naval Hospital, and a private insurance provider to train 53 participants from Guam, American Samoa, Federated States of Micronesia, Palau, Commonwealth of the Northern Mariana Islands from various public and private sectors on Basic Tobacco Intervention Skills Certification. It is anticipated that another training will be scheduled in November 2007 targeting the Guam Public School System and other key stakeholders that will become part of Guam's network for tobacco prevention and cessation.

e) PEACE staff continues to maintain communications with the PEACE Council members and Guam's community via phone calls, e-mails and online at www.peaceguam.org and www.healthychoicesguam.org. All new resources, PEACE conference presentations and photos, as well as resources on coalition building basics and information that will help community organizations apply for PEACE RFP have been posted online.

4. Please list the **community-level obstacles** you encountered **during this reporting period** related to step 2.
There have been no obstacles during this reporting period.

As applicable, consider the following:

- Engagement of stakeholders within the target communities that are selected for implementation activities
- Convening leaders and stakeholders
- Building coalitions
- Training community stakeholders, coalitions, and service providers
- Organizing agency networks

- Leveraging resources
- Engaging stakeholders to help sustain the activities.

SPF Step 3: Develop a comprehensive strategic plan.

1. Please list the **accomplishments** you achieved **during this reporting period** related to step 3.

The Evaluation Team for PEACE, with input from the PEACE Staff, revised the evaluation component and plan of action initially described in Guam SPF SIG Comprehensive Strategic Plan (2006-2009). Revisions include an Evaluation Plan Logic Model which clearly maps out the priority areas to be tracked, the resources to engage, and the expected outputs and short to long-term outcomes for PEACE. The revised Evaluation Plan is attached to this report.

2. Please list the **obstacles** you encountered **during this reporting period** related to step 3. (If you have made efforts to revisit, adjust, revise or refine your strategic plan, please indicate this in your response.)

There have been no obstacles during this reporting period.

As applicable, consider the following:

- Use of data from the State/Tribe needs assessment in the development of the SPF SIG plan
- Identification of the priorities that will be targeted in the State's/Tribe's SPF SIG
- Articulation of a vision for prevention activities to address critical needs
- Description of necessary infrastructure development and/or evidence-based policies, programs and practices (or a process for selection) to be implemented within the broader service system with timelines for implementation
- Identification/coordination/allocation of resources and sources of funding for the plan
- Identification of appropriate funding mechanism(s) to allocate resources to targeted communities
- Identification of any training required
- Establishment of key policies and relationships among stakeholders
- Involvement of public and private service systems in creating a seamless continuum of planning and services
- Inclusion of plans for sustaining the infrastructure and services that are implemented
- Identification of key milestones and outcomes against which to gauge performance, thereby allowing for system improvement and accountability of all parties involved
- Inclusion of plans for making adjustments based on on-going needs assessment activities

SPF Step 4: Implement evidence-based prevention programs, policies, and practices.

APPLICABLE AFTER CSAP APPROVES THE SPF SIG PLAN.

1. Please list the **accomplishments** you achieved **during this reporting period** related to step 4.
 - a) Guam's PEACE process is not at Step 4 as of this reporting period. Of the Request For Proposals issued in February 2007 for sub-granting PEACE funding, one proposal was selected as best qualified offeror by an evaluation team. Upon review by the Attorney General's Office, the contractual agreement submitted was not approved, thus closing the procurement process on this proposal. To maximize Guam's organizations successful

application to the re-issuance of an RFP, PEACE conducted its 2nd Annual Conference as stated in Section E, Step 2; and simplified the Scope of Services component in the RFP. PEACE announced the RFP on September 12, 2007, seeking the services of community-based organizations that will plan and implement evidence-based prevention and early intervention programs on Guam to address at least one of the four substance use priorities. It was announced in print ads, promoted on radio talk shows and online on www.peaceguam.org, www.healthychoicesguam.org, and www.dmhsa.guam.gov. Once the RFP closes on October 15, 2007, an evaluation team will review and select the best qualified offeror(s).

b) The PEACE Science-based Sub-Committee met twice on August 9 and 23, 2007. The Council members first reviewed the guidance document provided by SAMHSA in selecting and identifying evidence-based interventions. Sub-Committee Members then reviewed two lists of interventions generated from the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP) and a list of programs currently available on Guam. The first NREPP list contained six reviewed interventions; the second contained twenty-one NREPP Legacy Programs. The criteria used to generate the two lists are: substance abuse prevention, alcohol (underage, binge drinking), environmental strategies, tobacco/smoking, Asian American, Native Hawaiian or other Pacific Islander. Sub-committee Members voted on the top ten interventions deemed to be most relevant for addressing the PEACE priorities and potential adaptation to Guam's community. This initial selection of ten NREPP listed interventions will be further discussed at the next Sub-Committee meeting scheduled on October 18, 2007.

2. Please list the **obstacles** you encountered **during this reporting period** related to step 4.

a) A major obstacle that PEACE faced during this reporting period was the lengthy bureaucratic processes and unanticipated delays posed by the Attorney General's Office in providing its decision on the proposed contractual agreement. The non-approval of the selected applicant to the RFP issued on February 2007 delays furthermore the sub-granting of PEACE funds and the implementation of services at the community level. PEACE re-issued an RFP on September 12, 2007.

b) A challenge is to maintain the continued participation of the Sub-Committee members given their responsibilities and diverse organizational priorities; thus electronic mail is being used to facilitate communication and sharing of information among the Council Members and PEACE Staff.

As appropriate, consider the following:

- Selection of evidence-based
 - Policies
 - Programs
 - Practices
- Evidence that selected programs are proven to be effective in research settings and communities (e.g., NREP programs)
- Adaptations are:
 - Culturally competent
 - Preserve core program elements.
- Monitoring the development and implementation of community-level strategic plans.

SPF Step 5: Monitor, evaluate, sustain, and improve or replace policies/programs/practices that fail.

1. Please list the **accomplishments** you achieved **during this reporting period** related to step 5.

For this period, the lead evaluator worked on refinements to the existing Evaluation section of the Guam SPF SIG Comprehensive Strategic Plan (2006-2009). A substantive addition to this document was a Logic Model of the Evaluation Plan, which ensures that the program's goals and objectives, the resources needed, the activities conducted, and the program's capacity to effect change are all useful components that are meaningfully linked and aligned with one another. Comments were solicited from the project staff and the final draft integrated their suggestions into the document.

In an effort to monitor and evaluate the ongoing activities of the program, the evaluation team facilitated a day-long retreat (August 2007) for the entire Prevention and Training Branch staff, comprised of personnel funded by SPF SIG, SAPT Block Grant and Government of Guam. Intended to be an exercise in critical self-reflection, the retreat focused largely on discussions that explored areas of strengths and weaknesses vis-à-vis grant implementation. A revisit of the grant's timeline (as originally proposed) occurred in the morning, and this activity identified both facilitating and hindering factors that impacted on implementation processes. Productive dialogue occurred, with substantive participation from the project staff. As a direct consequence of this exercise, several strategies for improvement were identified, namely:

- (1) Training needs were pinpointed and prioritized,
- (2) Readiness of the staff to conduct training at the community level was ascertained,
- (3) Continuous review of the program's timeline was highlighted, and
- (4) Regularly-scheduled staff retreats were made an integral part of the program's evaluation component.

A process evaluation tool, which was adapted from a JBS instrument used during the National Grantees meeting in Bethesda in July 2007, was distributed to the project staff during the same retreat. This process assessment tool covered three major components of program implementation, namely, leadership, capacity, and process. A preliminary analysis of the survey findings was later used to facilitate discussion on areas that needed attention and improvement. The robust discussion that ensued proved to be very fruitful vis-à-vis the identification of training and skill gaps of the staff, realignment of program activities, and refining of other grant

processes that were considered valuable contributors to greater program efficiency and productivity.

At this retreat, it was also decided that the same evaluation tool will be distributed to members of the PEACE Council (i.e, the advisory group) and the State Epidemiological Workgroup (SEW) in order to compare the various perceptions that would provide the insights necessary to improve ongoing grant implementation processes, as necessary and appropriate.

Because of the data collection challenges encountered regarding this instrument (see discussion in Obstacles below), the integrated survey findings from the three groups (i.e., project staff, PEACE Council, SEW) will be reported in the next quarterly report.

2nd Annual PEACE Conference

On September 6 & 7, the 2nd annual PEACE conference was held at the Marriott Hotel with about 150 participants from the community. A pre/post survey instrument was developed by the evaluation team for this purpose. Significant changes in knowledge and moderate changes in participants' attitudes regarding prevention, as seen in the survey results, confirm the value of monitoring and evaluation in the SPF SIG process. The attached discussion of the survey findings report what these changes mean in terms of the program implementation processes as a whole. See attachments, Table 1 and Table 2.

Overall responses to the conference in terms of quality and substance are documented in Table 3; see attachment. The verbatim qualitative responses are also appended in Table 4.

2. Please list the **obstacles** you encountered **during this reporting period** related to step 5 The systematic effort to collect data from members of the PEACE Council and SEW remains a challenge. Although the value of the process evaluation tool was highlighted in a formal meeting and subsequent follow ups through phone and email communication with these groups, barriers to an efficient conduct of the survey include reasons like heavy workload, lack of time, and length of the instrument. The evaluation team will consider all these hindering factors and address them in due time. Meanwhile, the effort to collect completed instruments from the two groups will continue through the valuable assistance of the SPF SIG project staff.

As applicable, consider the following:

- Monitor and evaluate all SPF SIG activities
- The development and implementation of community-level evaluation and performance
- Assess program effectiveness
- Ensure service delivery quality
- Identify successes
- Encourage needed improvement
- Promote sustainability of effective policies, programs and practices.

Please report your progress on collecting and reporting National Outcome Measures (NOMs). As a reminder, the NOMs requirements for Cohorts I and II and for Cohort III are listed below:

Demographic and substance abuse prevalence data are incorporated into the updated Epidemiological Profile, sourced from various surveillance systems, since Guam does not participate in the NSDUH.

For this reporting period, PEACE has yet to sub-grant to community organizations. Work has begun on addressing the gap in adult illicit drug use data for the general population through the RFP processes for contracting an independent research firm that will develop and implement a research study utilizing pertinent NSDUH questions. Another RFP was announced to seek the services of an independent Research Firm that will develop a survey using questions from the NSDUH to strengthen the current data on the perception of risks, harms, and attitudes toward substance abuse among youth in the general population.

The NOMs protocol for Cohort I and II are as follows:

State Level NOMs: Demographics, Cost, and Evidence Based Practices provided by the State. All other NOMs will be generated from the National Survey on Drug Use and Health (NSDUH) or archival data collected unless the State requests and receives approval for using data from an alternative source.

Community Level NOMs: These will be collected from the sub-recipient community organizations (via the state/funded community) that are funded under the SPF SIG state project. Sites will collect relevant community NOMs measures as selected by the community and approved by the State and will map data from these community measures to the NOMS prevention domains and report them to CSAP.

Program Level NOMs: NOT REQUIRED FOR THESE COHORTS

The NOMs protocol for Cohort III is as follows:

State Level NOMs: Demographics, Cost, and Evidence Based Practices provided by the State. All other NOMs will be generated from the National Survey on Drug Use and Health (NSDUH) or archival data collected unless the State requests and receives approval for using data from an alternative source.

Community Level NOMs: These will be collected from the sub-recipient community organizations (via the state/funded community) that are funded under the SFP SIG state project sites. The sites will collect relevant community NOMs measures as selected by the community and approved by the State and will use NOMs items from CSAP's standardized community survey that can be collected and supported from community funds and report the data to CSAP.

Program Level NOMs: Programs will measure the relevant NOMs given their purpose as selected by the program and approved by the State and will utilize NOMs items from CSAP's standardized program survey. The Data will be reported to CSAP.

SECTION F: Underage Drinking

Please report all Underage Drinking related activities and accomplishments that were undertaken or completed in this reporting period:

<i>UAD ACTIVITIES IN THIS REPORTING PERIOD</i>	<i>NOTED RESULTS OF UAD ACTIVITIES</i>
<p><u>As part of the 2nd Annual PEACE Conference's topics addressed was Guam's updated epidemiological data on alcohol among youth. It is expected that this information will be used by participants in their application for PEACE RFP.</u></p>	<p><u>37 participants attended the workshop on Guam's data on alcohol. 92% of attendees stated that they will use the information gained from this workshop.</u></p>
<p><u>To promote the PEACE Conference "PEACE Builds Community Capacity", a comprehensive media campaign was conducted. Throughout the various radio and television shows, the PEACE Staff raised the audience's awareness on Guam's underage drinking problem by sharing facts on alcohol including the updated data found in the Guam Substance Abuse Epidemiological Profile (Updated).</u></p>	<p><u>Audience reached: community-at-large. Additionally the local media covered the conference thru articles and editorials in their newspapers, magazines, TV news reports and on their websites.</u></p>
<p><u>Exhibits on Underage Drinking Prevention and awareness on other substances were conducted throughout various community settings from July to September 2007, as stated in Section E, Step 2.</u></p>	<p><u>Exhibits reached about 100 participants at a forum on suicide prevention held at the University of Guam; 200 participants at a health fair organized by a private business; 45 participants (30 adults, 15 youths) at a health fair organized by a community organization; and 61 participants (42 youths and 19 adults) at an outreach event held at a public high school.</u></p>
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Please respond to the following questions about the SPF SIG and non-SPF SIG resources your state is dedicating to underage drinking:

1. Is underage drinking a Statewide/Tribal, SPF SIG priority?

Yes No

2. Are SPF SIG non-monetary resources dedicated to underage drinking?

[SPF SIG non-monetary resources include in-kind support, such as training and technical assistance, information dissemination, program materials, staff allocation, and implementation assistance to support interventions aimed at reducing underage drinking. Can also include inter-agency collaboration (e.g., with Enforcing Underage Drinking Laws (EUDL) project staff), but excludes sub-grantee awards.]

Yes No

3. Are non-SPF SIG State/Tribal non-monetary resources being utilized to address underage drinking?

Yes No

4. Are SPF SIG grant funds being utilized to address underage drinking?

Yes No

5. Are non-SPF SIG State/Tribal grant funds being utilized to address underage drinking?

Yes No

6. Please estimate the proportion of your SPF SIG grant funds (and provide estimated dollar amounts to date for this grant year) being utilized to address underage drinking.

Currently, the problems of alcohol use and abuse across all ages are placed as a priority for prevention efforts on Guam and is supported by SPF SIG funding and other funding sources. One PEACE-funded FTE is designated as the lead Alcohol Abuse Prevention Initiatives Program Coordinator. PEACE prevention activities inclusive of media have consistently encompassed underage drinking prevention education and awareness.

In addition, the CSAP approved SPF SIG Comprehensive Strategic Plan, allocates 25% of funds available for community organizations to plan and implement the SPF process specifically for addressing adverse behaviors associated with the high rates of alcohol use among youth, ages 10 to 21.

SPF SIG grant funds allocated for Fiscal Year 2007 to address underage drinking were 15% \$223,060.39 were spent to date for this grant year

Example: the epidemiology profile for State X clearly indicates that alcohol-related injury deaths as a result of DWI crashes are the highest priority consequence.

The state is required to allocate no less than 85 percent of the total SPF SIG award to community partners to target priority problems and target populations.

Because the problem is so great, the state decides to allocate all of those funds to target DWI crashes of individuals in the 15-24 year old age group by implementing interventions that address drinking and driving. Underage drivers (ages 15-21) represent approximately 65 percent of 15-24 year olds in the state. Therefore, the percentage of the SPF SIG award allocated to underage drinking is 65 percent of 85 percent, or 55 percent of the award.

Section G: Cultural Competence

1. How did you insure cultural competence-related activities were infused into your activities in this reporting period? Please give examples of State/Tribe and community-level activities.

a) 125 attendees at the 2nd Annual PEACE conference represented 73 different organizations: village, school, faith, ethnic-based non-profits, government agencies, private business and were representatives of Guam's diverse ethnic population Chamorro (45%), Filipino (14%), Caucasian (13%), Chuukese (4%), Asian (4%), Pohnpeian (2%) and others. The conference presentations and workshops were designed to appeal to a diverse audience; and presenters, as participants' feedback stated in their evaluations, listened to and responded to questions and comments presented to them.

Additionally throughout the conference the talents of traditional chanter, healer, dancers were featured, this was an opportunity to showcase their involvement in promoting healthy lifestyle and alternative activities for Guam's youth. The conference was also inclusive of Guam's youth who performed skits on the topic of substance abuse prevention and were participants as well.

b) The current membership (to include new appointees) of the PEACE Council, SEW, Project Staff and community partners reflects the diversity and connectedness with Guam's cultural groups and are provided varied opportunities for involvement in the planning, implementation and decision-making processes throughout the SPF process.

c) All prevention materials and activities, such as media campaigns, educational brochures and pamphlets, and the documentary and SPF 5-step orientation video are developed with community stakeholders' input and take into account the targeted populations described in the Guam Substance Abuse Epidemiological Profile. The involvement of multiple organizations and ethnic community stakeholders in the development of the Media Campaign and products ensures cultural competence and effectiveness. With respect to the "youth culture", PEACE media productions are posted online in one of the medium most viewed by Guam's youth and young adults: at www.myspace.com/yfyguam and www.youtube.com/yfyguam. Additionally, feedback from the targeted audiences is sought via media focus group and surveys administered during community events, participants input will serve in the development of future media campaigns.

d) Forums held to solicit opinions and guidance from cultural experts include the bi-monthly meeting of the PEACE Council and guest attendees, and islandwide public activities and exhibits at which the community-at-large attends. Official PEACE reports and other program findings and updates are posted on the established websites: www.peaceguam.org, www.healthychoicesguam.org and www.dmhsa.guam.gov.

If applicable, consider the following:

- Meetings
- Document development, including policy statements
- Information dissemination
- Training

- Technical assistance
- Data collection

Section H: Technical Support

List each SPF SIG milestone for which training/TA was requested.	Training/TA Delivery Mechanism (i.e. face-to-face, phone, internet, etc)	Training/TA provider (i.e. CAPT, SPO, PIRE, other)	Was Training/TA provided in a timely and effective manner? If no, please give a brief explanation.
<p><u>Prevention T/TA priorities have been identified and expressed to CSAP and their contractors during an onsite systems review held on Guam in January 2007.</u></p> <p><u>Proposed action steps have been taken by CSAP to address training and technical support needs reflected in the Needs Assessment document, relative to prioritizing these needs, identifying potential consultants and proposed dates for implementation.</u></p> <p><u>Although the document has yet to be finalized, the identified topic areas include:</u></p> <ul style="list-style-type: none"> <u>- TA in implementing evidence-based practices, policies and programs: 1) establish selection criteria, 2) establish process for community planning and implementation, 3) establish an evaluation process and program outcome as evidence-based practices, policies and programs are implemented.</u> <u>- TA in developing a comprehensive evaluation and monitoring plan that guide the accomplishments for the following: 1) develop internal and external evaluation process and tools, 2) determine resources allocations for implementing evidence-based</u> 	<p><u>Face-to-face</u></p>	<p><u>JBS International</u></p>	<p><u>The CSAP onsite overall prevention systems review held in January 2007 was timely and the results of the face-to-face discussions with the CSAP team and key prevention stakeholders continue to be addressed during this reporting period.</u></p>

Please take a few minutes to review the report to make sure you have answered all questions that apply to you.

Thank you for completing this form!