



EDDIE BAZA CALVO
Governor


RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

Memorandum

September 30, 2015

To: Rey Vega, Director
Guam Behavioral Health and Wellness Center

From: Governor Eddie Baza Calvo 

Subject: Endorsement of Guam's Focus on Life – Territorial Plan For
Suicide Prevention, Early Intervention, and Postvention
(FY 2016 – FY 2020)

As stated in Executive Order No. 2011-03 issued by the Office of the Governor, the Governor's PEACE Council and Guam's State Epidemiological Outcomes Workgroup (SEOW) will be retained with the appointment of key organizational members. The members will serve to guide and advise the Office of the Governor and the Office of the Lt. Governor in strategic prevention framework processes that involve assessment, capacity building, planning implementation, and evaluation steps to ensure that substance abuse prevention, mental health promotion and suicide prevention work is data-driven, culturally relevant, effective and sustainable.

The *Focus on Life* Suicide Prevention and Early Intervention Plan, as submitted by Guam Behavioral Health and Wellness Center (GBHWC) (formerly known as the Department of Mental Health & Substance Abuse), addresses the strategic prevention framework processes. This five-year plan is comprehensive, strategic, and clearly describes the necessary steps that we, the leaders of this territory, the youth services organizations in the public and private sector, and the island's residents must be actively involved in to stop suicide on Guam.

The Office of the Governor has reviewed and officially endorses the Focus on Life Suicide Prevention and Early Intervention Plan (2016-2020) for the Territory of Guam.





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

EXECUTIVE ORDER NO. 2011-03

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

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

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

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

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

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



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

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

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

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

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



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

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

A handwritten signature in black ink, appearing to read "E. Calvo", written over a horizontal line.

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

COUNTERSIGNED:

A handwritten signature in black ink, appearing to read "R. Tenorio", written over a horizontal line.

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





Suicide Prevention, Early Intervention, Postvention and Referrals Plan for Guam FY 2016 thru FY 2020

The Guam Behavioral Health and Wellness Center (GBHWC), formerly known as the Department of Mental Health and Substance Abuse was created by Public Law 17-2 1 and serves as the island's single state agency mandated to provide essential mental health and substances abuse prevention and treatment services to Guam's people relative to carrying out its stated vision and mission:

Vision: *A healthy island community.*

Mission: *Our mission is to provide culturally respectful behavioral health services that support and strengthen the wellbeing of persons served, their families, and the community.*

Problem Statement:

Guam continues to endure a disturbingly high rate of suicide among its youth and adult population. In 2012, suicide was the seventh leading cause of death on Guam with approximately one suicide death every two weeks. Youth and young adults are at a particularly high risk of dying from suicide. On average, from 2000 to 2014, there were 26 suicide deaths per year. Age adjustment to the standard U.S. 2000 population results in a significant increase in the suicide death rate. The latest age-adjusted suicide death rate for the U.S. is derived from 2013 mortality statistics, and is 13.0 per 100,000 people. The 2013 age-adjusted Guam death rate from suicide is 19.3 per 100,000, which is almost 50% higher than the national rate.

The total numbers of suicide deaths and suicide rates per year from 2008 to 2014, disaggregated by sex, show that suicide deaths on Guam occur predominantly among males, who outnumber suicide deaths among females with a ratio of 6:1. That is, 85% of deaths by suicide on Guam happen among males.

Deaths by suicide on Guam occur predominantly among young people. Cumulatively from 2000 to 2012, 20% of suicide deaths occurred in those aged 10-19, and 37% of deaths happened among those aged 20-29 years. Altogether, close to 60% of all suicide deaths in Guam from 2000-2012 occurred in those younger than 30 years. Suicide deaths are highest for Chamorros, followed by Chuukese.

Nearly one in five (19%) of those who died of suicide from 2008-2012 left direct evidence (suicide note) of intention to commit suicide; about one in eight (11%) left indirect evidence of intent.

In 2014, Alcohol is implicated in 27% of all suicide-related incidents. Other drugs of abuse are involved in 3% of suicides. A history of mental illness is implicated in 17% of suicide-related incidents, and about 7% of suicide-related incidents are repeat attempts. These serve as red flags that indicate a heightened risk for suicide.

These data indicate that there exist windows of opportunity to successfully intervene to prevent suicide among Guam's young people. For example, the information on intention to commit suicide demonstrates that if community members were better trained

to pick up on intention to commit suicide, it may be possible to intervene before a suicide death occurs. Other population-based suicide prevention strategies that would likely result in positive outcomes in Guam; include preventing alcohol and drug abuse and early detection and treatment of severe emotional distress and mental illness.

State and Community-Level Prevention:

The Governor's PEACE Council and the Guam's State Epidemiological Outcomes Workgroup (SEOW) has been retained to guide and advise the Office of the Governor and the Office of the Lt. Governor in strategic prevention framework processes that involve assessment, capacity building, planning, implementation and evaluation steps to ensure that substance abuse prevention, mental health promotion and suicide prevention work is data-driven, culturally relevant, effective and sustainable. Executive Order No. 2011-03 was signed January 31, 2011 by Governor Edward J.B. Calvo and Lt. Governor Raymond S. Tenorio. This Council will help to guide and advise GBHWC staff and PEACE partners, as they facilitate opportunities to strengthen Guam's capacity to create a healthier island community following a strategic prevention framework (SPF) process for establishing evidence-based programs, practices and policies that build upon the strengths and resources of the people of Guam.

The Guam Behavioral Health and Wellness Center shall remain the lead Government of Guam entity for substance abuse and suicide prevention with the administration of Substance Abuse and Mental Health Services Administration (SAMHSA) grants and as other resources are attained.

Current Services:

The Prevention and Training (P&T) Branch within GBHWC's Division of Clinical Services continues to set suicide prevention and intervention as a priority area for which services throughout Guam's community is provided. Over the past 21 years, and more recently with GBHWC's receipt of Garrett Lee Smith Memorial Grant funds awarded by SAMHSA, educational and training programs have been implemented with youth serving agencies in the public and private sector, as well as with community-based organizations, parent and youth groups. Accomplishments to date include:

1. Establishment of a supportive network among survivors of suicide;
2. Establishment of the Governor's PEACE Council and a State Epidemiological Outcomes Workgroup (SEOW) for Guam's Strategic Prevention Framework/State Incentive Grant (SPF/SIG) and Partnerships for Success (PFS) efforts;
3. Development of the Guam's Substance Abuse Epidemiological Profile (2007 and updates), Profile on Suicide on Guam (2009 and updates) and merging into one Guam Epi Profile (2011 and updates);
4. Establishment of prevention coalitions as part of Guam's Strategic Prevention Framework processes to build community-based prevention and early intervention capacity;
5. Development of Guam's pool of certified trainers in ASIST (Applied Suicide Intervention Skills Training), SafeTALK (Suicide Alertness for Everyone-Tell, Ask, Listen and Keepsafe), Connect Suicide Post-Vention, Suicide Prevention Tool Kit for Primary Health Care Providers, LifeLines Trilogy for Suicide Prevention, Intervention and Postvention, Team Awareness and SAPST (Substance Abuse Prevention Skills Training);
6. Establishment of a GBHWC's 24/7 Crisis Hotline (647-8833);

7. Increased awareness and utilization of the National Suicide Prevention Lifeline 1-800 273-TALK;
8. Development of suicide prevention electronic and print resources for use in training trainers and educating the community-at-large on recognizing signs and symptoms, conducting effective intervention and making appropriate referrals for treatment;
9. Development and implementation of mass media campaign strategies and maintenance www.peaceguam.org
10. Established network with Asia and Pacific Islander members affiliated with the World Health Organization (WHO);
11. Establishment of a partnership with the University of Guam's Isa Psychological Services Center and I Pinangon - Campus Suicide Prevention Program, Guam Memorial Hospital Authority and the Department of Education for the conduct of ASIST, SafeTALK, CONNECT Suicide Postvention and Lifelines Trilogy, Screenings and Referral for Alcohol and Depression, and/or counseling services; and
12. Provide training services in ASIST, Connect, SafeTALK, Suicide prevention and early intervention awareness to military personnel including the Guam Army National Guard, Navy and Air Force.

GBHWC's Prevention and Training Branch Supervisor serves as Principal Investigator for Guam's Partnerships for Success Grant (FY 2014 – FY 2018); members of the P&T Branch have taken the lead for the initial development of Guam's Suicide Prevention and Early Intervention Plan (FY '07 thru FY '11). As a collaborating partner with the World Health Organization - Western Pacific Regional Office (WHO-WPRO), GBHWC Prevention and Training Branch contribute to the Suicide Trends in At-Risk Territories (START) Study and collect relevant data from Guam's data gatekeepers to include the Guam Medical Examiner's Office. Wherever feasible and dependent upon the readiness of the existing personnel resources and infrastructure all aspects of START's four main program components will be considered and implemented:

1. **Monitoring of Suicide Deaths and Attempts** (including deliberate self-harm) – Data based on fatal and non-fatal suicidal behavior will be gathered, as well as standardized monitoring forms will be developed and implemented.
2. **Randomized-Controlled Trial with Suicide Attempters** (the brief intervention project) – Persons who have attempted suicide will be monitored as well as information gathered on circumstances surrounding and preceding death of suicidal persons.
3. **Psychological Autopsy Cross-Cultural Study;** and
4. **Follow-up of Medically Serious Suicide Attempters**

The implementation of START on Guam aids in the increase in suicide awareness and the need for a more comprehensive development of suicide prevention, early intervention and postvention policies, programs and practices. Accurate and standardized monitoring procedures will enhance Guam's knowledge of risk and protective factors in suicidal behaviors.

Suicide Prevention and Early Intervention Framework:

For the period of October 2015 through September 2020 Guam’s Plan for Suicide Prevention and Early Intervention will be led by the Prevention and Training Branch of the Guam Behavioral Health and Wellness Center. It is anticipated that a Focus on Life (FOL) Taskforce will be created as a sub-committee under the auspices of the Governor’s PEACE Council to oversee the pursuit of the following goals, and will promote the strategic use and dissemination of data for informing and guiding Guam’s substance abuse prevention and behavioral health promotion policy and program development, decision-making, resource allocation and capacity building:

Goal 1 – Strengthening Guam’s data collection, analysis and surveillance system for monitoring and reporting the rates of suicide attempts and suicide, as well as preventable injuries and risk-taking behaviors on Guam.

Goal 2– Strengthening Guam’s workforce, recruitment and capacity building process within the public, private and community-based entities for responding effectively to the community’s identified needs for suicide prevention, early intervention and referral, treatment and follow-up services, inclusive of the development and implementation of Guam’s Crisis Response Team.

Goal 3– A sustainable Comprehensive Strategic Youth Suicide Prevention and Early Intervention Plan endorsed by Guam’s Executive, Legislative and Judicial Branches of Government, established state and community level Councils, community-based youth service organizations and survivors of suicide. This plan shall establish, update, and strengthen agreements, policies, and procedures for suicide prevention, intervention, postvention, and referrals among government agencies and community organizations.

Goal 4 – Successful collaboration and implementation of culturally and linguistically appropriate evidence-based prevention policies, programs and practices among Guam’s key stakeholders and advocates for suicide prevention.

Goal 5 – Process and Outcome Evaluation measurements that demonstrate effectiveness in the reduction of preventable injuries and suicide attempts on Guam.

The following notional chart depicts the anticipated timeline for meeting the identified Goals for Guam’s *Focus on Life* - Youth Suicide Prevention and Early Intervention on Guam:

Focus on Life Schedule (Notional) Project Steps:	FY 2016 (10/1/15 – 9/30/20)				
	Year One	Year Two	Year Three	Year Four	Year Five
Goal 1 – Assessment					
Establish the Focus on Life Taskforce under the PEACE Council and initiate quarterly meetings.	X	X	X	X	X
Retain Evaluation Lead Consultant	X	X	X	X	X
Convene Quarterly Meetings of State Epidemiological Outcomes Workgroup (SEOW)	X	X	X	X	X
Strengthen Suicide Surveillance and Monitoring System for Assessing Current Data Collected, Identifying Gaps in Systems	X	X	X	X	X

Strengthen standardized data collection instrument and reporting system for Guam.	X	X	X		
Maintain official partnerships with WHO-WPRO Collaborating Centre for Research and Training in Suicide Prevention	X	X	X	X	X
Strengthen formal partnerships with PIMHnet (Pacific Islands Mental Health Network)	X	X	X	X	X
Conduct ongoing research on current suicide prevention legislation established on Guam and in other areas that may be appropriate for Guam.	X	X	X	X	X
Continue Implementation of START – Component 1– Retention of a Mortality Data Base and Register for Attempters		X			
Update annually and disseminate Guam’s Substance Abuse Epidemiological Profile and Profile on Suicide on Guam	X	X	X	X	X
Evaluate and Report on Project Process and Outcomes of Goal 1	X	X	X	X	X
Goal 2– Capacity Building					
Continue to Assess and Respond to current workforce knowledge and capacity building needs within the public/private sector as well as among Guam’s community of survivors.	X		X		X
Conduct monthly suicide prevention, intervention and postvention trainings.	X	X	X	X	X
Identify and respond to critical training needed among health and mental health services providers in the areas of assessment, screening, case management and counseling and facilitate the provision of such.	X	X	X	X	X
Update current Manual for training educators in Guam’s public and private school systems, as well as in youth-serving agencies in both government and community-based organizations.		X	X	X	X
Initiate the planning process for the implementation of START – Component 2.		X			
Update and schedule the conduct of needed T/TA with the assistance of key International, National, Regional and Local Experts (i.e. SPAN USA, WHO-WPRO, SPRC, SAMHSA, and PIMHnet)	X	X	X	X	X
Support community of survivors; empower individuals and families in prevention, early intervention and postvention strategies and accessing treatment services.	X	X	X	X	X
Provide needed training and technical assistance services among gatekeepers for the continued collection, analysis and reporting of suicide –related data.	X	X	X	X	X
Evaluate and Report on Project Process and Outcomes of Goal 2	X	X	X	X	X
Goal 3 - Planning					
Strengthen Focus On Life’s Evaluation Component highlighting what will be measured and evaluated as a result of all stakeholders’ planning and implementation processes and anticipated outcomes.	X	X	X	X	X
Assess project status, levels of accomplishment, and resources developed and sustained.	X	X	X	X	X
Modify Project Plan as necessary to reflect current resources and needs of suicide prevention, early intervention, treatment and follow-up services among providers, survivors of suicide, and other advocates.	X	X	X	X	X

Conduct ongoing assessment of current workforce knowledge, skills and capacity within the public/private sector as well as among Guam's community of survivors.	X		X		X
Continue to respond to critical training and resources needed in order to effectively build knowledge, skills and capacity for all aspects of suicide prevention, early intervention and postvention planning, implementation, monitoring and evaluation.		X	X	X	X
Continue to conduct relevant technical assistance/training of identified community key leaders and other key stakeholders, to include Crisis Hotline/Youth Helpline volunteers.	X	X	X	X	X
Develop and/or strengthen legislation, program Policies & Procedures that support the planning and implementation of suicide prevention resources (i.e. research, workforce development, prevention and treatment services).	X		X		X
Initiate the planning process for the implementation of START – Components 3 & 4.			X	X	X
Update and schedule the conduct of needed T/TA with the assistance of current International, National, Regional and Local Experts and partners, as well as new partnerships. (i.e. SPAN USA, WHO-WPRO, SPRC, NIMH, SAMHSA).			X	X	X
Re-establish and maintain a Survivors of Suicide Support Group that is empowered to advocate for themselves, for the development and implementation of policies, programs and practices that are culturally and linguistically appropriate and effective in prevention, early intervention and postvention strategies, and for accessing treatment services.	X	X	X	X	X
Include in Prevention & Training Branch's Media Campaign strategies that are effective in eliminating the stigma surrounding mental illness and suicide and one that promotes understanding that suicide prevention is a data-driven priority and is a preventable public health problem.		X	X	X	X
Continue collection, analysis and reporting of suicide and deliberate self-harm data and the strengthening of Guam's surveillance and monitoring systems and capacity building.	X	X	X	X	X
Evaluate and Report on Project Process and Outcomes of Goal 3	X	X	X	X	X
Goal 4–Implementation					
Conduct critical suicide prevention, early intervention and postvention training and education, as well as develop necessary resources to strengthen the current knowledge, skills and capacity among community key leaders, prevention and treatment service providers, survivors, and other key stakeholders.	X	X	X	X	X
Advocate for establishing legislation that supports strategic data-driven priority planning, implementation and sustaining of suicide prevention resources (i.e. research, workforce development, prevention and treatment services).	X	X	X	X	X
Continue implementation of START – Components 4 ; Implement START – Component 5.				X	X
Provide comprehensive and strategic training and technical assistance throughout the Guam community, to include service to survivors and all electronic and print media partners.			X	X	X
Maintain supportive network with and for Survivors of Suicide Support Group and other prevention advocates	X	X	X	X	X

Strengthen and maintain utilization of Guam's Crisis Hotline	X	X	X	X	X
Develop and Implement Guam's Crisis Response Team in relation to suicide behaviors	X	X	X	X	X
Maintain Media Campaign strategies and www.peaceguam.org website and in collaboration with other health initiatives and campaigns that promote positive mental health, illness management and recovery.	X	X	X	X	X
Continue collection, analysis and reporting of suicide and deliberate self-harm data and the strengthening of Guam's surveillance, monitoring systems and capacity building.	X	X	X	X	X
Evaluate and Report on Project Process and Outcomes of Goal 4	X	X	X	X	X
Goal 5- Evaluation					
Improve evaluation tools and processes for use by program administrators, staff and community partners to measure process and outcome activities in the implementation of all identified goals and objectives.	X	X	X	X	X
Develop a feedback mechanism and tools that are "user friendly" for service providers, community stakeholders and survivors.	X	X	X	X	X
Conduct Evaluation-focused training for all project stakeholders.	X	X	X	X	X
Consolidate all Evaluation Reports for each year's end of project activities.	X	X	X	X	X
Highlight Guam's project accomplishments, lessons learned and determine the way forward for sustaining <i>Focus on Life</i> efforts.	X	X	X	X	X

Sustained funding for comprehensive suicide research, strategic plan development and implementation is critically lacking on Guam. Opportunities for continued funding and leveraging of suicide prevention and mental health promotion resources will continue to be pursued to support full development and implementation of Guam's *Focus On Life* Plan.

Focus on Life
1st Stakeholder's Meeting

Thursday, March 26, 2015

Pacific Star Hotel

Notes below feature participant feedback from discussions and activities.

Meeting Notes:

1. Focus on Life Background

- a. Data Highlights
 - i. Need: Screening in primary care; focus prevention strategies at family level
- b. FOL Goals and Objectives (Feedback from Stakeholders)
 - To educate
 - To understand
 - To build support systems
 - Figure out what works and what doesn't work
 - To bring suicide to 0
 - To change life—help the young people
 - Increase resources
- c. Stakeholders not present: Invite youth from youth clubs, Guam Coalition for Violence Prevention

2. "S" Word Activity - Reasons we don't talk about suicide:

- a. Opens up other problems, people (person at risk) think they are a burden, perceptions, unexpected, language, fear, cultures, stereotyping, labels, judgment, family secrets, religion, trainings to help, difficulty expressing pain, hope, taboo, hard to confront issues, open conversations, shame, awkward/uncomfortable, guilt, glamorizing, don't know of help/services, liability, self-worth, pride (person at risk and family/caregivers), not understanding, social status, superstition, scary, silence "we don't talk about it," employment/job status, gossip, bullying (cyber/social media), "what do we bring to the table?"

3. Group Discussion - Resource Mapping Activity (see Resource Mapping)

- a. Resources from the group were categorized into themes within each area of focus

4. Group Discussion - Gaps & Needs Activity (see Gaps & Needs identified by stakeholders within disciplines)

5. Flower Garden

- a. YRBS Respondents:
 - i. High School = 1431 (78% response rate)
 - ii. Middle School = 1504 (77% response rate)
- b. Stakeholders to invite: Youth from youth clubs, Guam Coalition for Violence Prevention, Guam Coalition Against Sexual Assault and Family Violence (Phone: 479-2277), GPD's Victim Assistance Unit (Phone: 475-8620), Immaculate Heart

of Mary Church (Phone: 477-9118), parents invite PTO – Parents Empowering Parents representative, Mayor’s Council of Guam, Catholic Schools’ representative (Cynthia Agbulos), Archdiocese – Family and Youth Ministry, Capuchin representative (Fr. Eric Forbes), Parish DRE’s (Director of Religious Education), Alcohol industry, Insurance company representatives, other survivors of suicide, DOA Health Insurance Negotiators

- c. Additional microphone
- d. Data includes - MVA, MVP, Other “accident” per Medical Examiner office or other authority
- e. Develop app for youth
- f. GFD EMTs – want training for warning signs and/or refresher course
- g. Screening tools for GMH, primary care

Resource Mapping

PREVENTION:

Theme:	Resources:
<p>Formal Supports (organizations /services)</p>	<p><u>Education:</u> DOE counseling services to students, workplace programs (needs to increase), community-based events and projects, positive behavior intervention supports (PBIS) – framework for dealing with school climate, teaching positive character building, service learning</p> <p><u>Law Enforcement:</u> Guam Police Department,</p> <p><u>Social Services:</u> GBHWC, I'Famagu'on-ta, DISID disability groups, support services coping with your disability, support groups for individuals with disabilities and family members (parents-siblings), Needs Assessment report – PFS-FSM community, Oasis substance abuse treatment, Parents Empowering Parents, parenting workshops, Sanctuary, Harvest, Erica's House, catholic schools, Oneop, private practice providers, I'Pinangon Suicide Prevention UOG campus, work place programs, Lighthouse Recovery Center, Island Girl Power youth/adult programs, support group (PEACE), PTSD program at Veteran's Affairs Vet Center, Self Advocacy In Action group, support groups, National Guard (SafeTALK, ASIST, Postvention)</p> <p><u>Other:</u> GUARNG resiliency skills annual mandatory suicide prevention training.</p>
<p>Informal Supports</p>	<p><u>Education:</u> Groups of informal supports</p> <p><u>Law Enforcement:</u> Interpersonal relations (patrol officer through public contact), promoting student health</p> <p><u>Social Services:</u> Group activities/positive outlets to be yourself, have fun, environment/climate to talk about suicide</p> <p><u>Other:</u> Connecting advocate to be called for assistance when needed based on experience, personal references, friends, peers, family, FSMCC follow up with refer clients, provide safe environments through sports (individual and team), spiritual counseling, interpersonal relationships with community, positive life skills, cultural competitions</p>
<p>Policies</p>	<p><u>Education:</u> Healthy Futures Fund (HFF) - \$289,100 for programs that promote student health</p> <p><u>Law Enforcement:</u> GPD Interpersonal Relationship (public contact)</p> <p><u>Social Services:</u> Island Girl Power Family Enrichment Center facility open for others</p> <p><u>Other:</u> Building programs in private schools</p>
<p>Outreach/Awareness</p>	<p><u>Education:</u> Outreach events (e.g. YFY Conference, Sanctuary Too Cool To Do Drugs Conference), suicide prevention at schools</p> <p><u>Social Services:</u> Suicide prevention media campaigns, suicide awareness presentations in schools, Island Girl Power, church community, outreach program/awareness</p> <p><u>Other:</u> Outreaches at malls (table top displays), Waves (GBHWC, sex assault, child abuse), forum,</p>
<p>Trainings</p>	<p><u>Education:</u> DOE-approximately 125 personnel who have completed ASIST-SafeTALK training</p> <p><u>Healthcare:</u> ASIST</p> <p><u>Law Enforcement:</u> GFD-EMT trained as advocates for patients, mandatory training (Safe-Talk/ASIST/Connect)</p> <p><u>Social services:</u> Postvention, ASIST, SafeTALK (PEACE)</p> <p><u>Other:</u> LGBT sensitivity, suicide awareness workshops</p>
<p>Miscellaneous</p>	<p>Diversify the help to help the language barrier, education of social services, creating connections between resources (e.g. Stakeholder's Meeting)</p>

Resource Mapping (continued)

INTERVENTION:

Theme:	Resources:
Counseling Services	Education: DOE-students, Student Procedural Assistance Manual Social Services: 1'Pinangon, ISA Psychological Services, Law Enforcement: Military EAP's
Formal Groups	Healthcare: GBHWC Adult and Children's Inpatient Unit, GBHWC Crisis Intake after hours, clinical supervision or field staff Social Services: 1'Famagu'on-ta, GALA, Inc.,
Gatekeepers	Education: Community events and projects (sing/dance/chant) Social Services: Self-help groups, Peer Education Program (LGBT and SA gatekeepers)
Resources	Other: Church pastors, family, FSMCC Counseling families and church goers, friends, peers, screening, church pastors, Ask Care Escort, home/clinical setting 911, Crisis Hotline, ASIST, National Suicide Hotline
Trainings	Law Enforcement: Military ASIST/ACE, Healthcare: Staff training on depression screening of community-based patients, SafeTALK, ASIST Social Services: List of ASIST trained individuals (for accessibility), GUARNG 24-hour Crisis Hotline for Soldiers and families, gatekeeper trainings, Ask Care Escort

POSTVENTION:

Theme:	Resources:
Formal Supports:	Healthcare: GBHWC crisis incident debriefing, GBHWC Adult/children's inpatient units, VA (PTSD), EAP
Informal:	Family, friends, peers, support, Island Girl Power community garden, healing/therapy
Counseling/ Support Groups:	Education: DOE crisis debriefing, DOE counseling services Healthcare: GBHWC Crisis debriefing, grief and Loss counseling/support program Social Services: Survivors support group, suicide support group, clinical prevention follow up via counseling
Capacity Building/ Training:	ASIST, SafeTALK, Connect Education: DOE-approximately 46 personnel trained in Postvention

REFERRALS:

Theme:	Resources:
Counseling Services:	Healthcare: GBHWC, School and GMH referrals to GBHWC, PTSD referrals to VA and Vet Center, Policies and procedures to refer patients with risk indicators for mental health assistance/support, community program collaborations for service referral Law Enforcement: GPD Social Service: PEACE, VARO, Healing Hearts, ASIST trained, Inafa Maolek conflict resolution referrals, VARO, Hotlines (24 hours), Friends, families, peers, sent to spiritual leaders, FSMCC counseling then refer to appropriate resources and organizations,
Informal supports	Friends, families, peers, sent to spiritual leaders, FSMCC counseling then refer to appropriate resources and organizations,
Support Groups:	Faith-based, FOL support group
Miscellaneous:	Social Services: FOL resource directory, FOL hotline, peacequam.org resources, existing services

Current Resources

	1. First Responders	2. Youth Serving Organizations	3. Youth/Adult Serving Organizations	4. Primary/Behavioral Healthcare Providers
Training & Program Development	<ul style="list-style-type: none"> GPD: Victims' Advocate Military (Army Guard): open to all military GPD: JIS (Juvenile) thru processing 	<ul style="list-style-type: none"> AmeriCorps GREAT: Gang Resistance Education Adult/Youth Probation 	<ul style="list-style-type: none"> Sanctuary AmeriCorps Program GPS Family Preservation Services (home based support service/referral) 	<ul style="list-style-type: none"> Faith based trained in suicide prevention, intervention, postvention
Professional Support	<ul style="list-style-type: none"> GFD, DYA: Chaplain Military: Chaplain and psychological staff DYA: clinical professionals 	<ul style="list-style-type: none"> Peer Mediation 	<ul style="list-style-type: none"> Consult/refer to psychological specialist in Micronesian studies IMFT: Counseling Sessions 	<ul style="list-style-type: none"> Community of MH/PH professionals Primary Care providers Home visits by providers
Community Support	<ul style="list-style-type: none"> Military: smart phone app "Guard Ready" GFD: initial identification for services needed when responding to a crisis 	<ul style="list-style-type: none"> Girls Empowerment Center 14-17 Church Youth Group 	<ul style="list-style-type: none"> GALA peer educators 	
Cultural Factors			<ul style="list-style-type: none"> Indigenous leaders 	<ul style="list-style-type: none"> Cultural Practices

Resources Needed From Within

	1. First Responders	2. Youth Serving Organizations	3. Youth/Adult Serving Organizations	4. Primary/Behavioral Healthcare Providers
Training & Program Development	<ul style="list-style-type: none"> GPD, DYA, GFD, Military: Mandatory Training Executive/Management Level training 	<ul style="list-style-type: none"> Required training for teachers, coaches, etc. Training One-Stop 	<ul style="list-style-type: none"> Suicide component in parenting skills group Resource Directory that is comprehensive and easy to find Traditional living programs Outreach/canvassing to homes Helpline that is culture specific Culturally sensitive interventions 	<ul style="list-style-type: none"> Trained personnel Professional development for Medical/First Responders for high risk behaviors

	1. First Responders	2. Youth Serving Organizations	3. Youth/Adult Serving Organizations	4. Primary/Behavioral Healthcare Providers
Capacity Building & Resource Allocation	<ul style="list-style-type: none"> Funding 	<ul style="list-style-type: none"> Funds (used for right purpose) Capacity Building (curriculum at UOG) 	<ul style="list-style-type: none"> Funding Court System: More therapists Available private practitioners IFAM: need more social workers Increase community advocates Supply interpreters for limited English plans (or CLC) More foster homes /transition homes Transportation for physical interventions 	<ul style="list-style-type: none"> Local Funding Budget Priorities
Policy & Procedures		<ul style="list-style-type: none"> Strengthen Referral Process/Follow up Standardize Consent Policies and screen tools 	<ul style="list-style-type: none"> Sanctuary: policy for postvention 	<ul style="list-style-type: none"> Established curricula within UOG/GCC/PIU Policies: Decision Tree
Additional Research			<ul style="list-style-type: none"> Updating data and identifying priorities 	<ul style="list-style-type: none"> More research on needs and risk factors for Micronesian communities
Organizational Collaboration			<ul style="list-style-type: none"> Reinforce involvement of families (media, DOE, parent support groups) 	<ul style="list-style-type: none"> CLAS
Cultural Factors	<ul style="list-style-type: none"> Behavior Changing 			

Supports Needed from Outside

	1. First Responders	2. Youth Serving Organizations	3. Youth/Adult Serving Organizations	4. Primary/Behavioral Healthcare Providers
Training & Program Development	<ul style="list-style-type: none"> Mayors to be trained Clergy to get trained Senior NCO's to be trained 	<ul style="list-style-type: none"> Trained facilitators 	<ul style="list-style-type: none"> Coalition active in suicide prevention (raise awareness of services) Support group for those who have attempted 	<ul style="list-style-type: none"> Professional development for other professionals (FR) for high risk behavior

	1. First Responders	2. Youth Serving Organizations	3. Youth/Adult Serving Organizations	4. Primary/Behavioral Healthcare Providers
Capacity Building & Resource Allocation		<ul style="list-style-type: none"> Funds for community organizations 		<ul style="list-style-type: none"> Insurance support for mental health treatment (Government Insurance Negotiations) (Insurance Representatives)
Policy & Procedures	<ul style="list-style-type: none"> Legislature: Strengthen and solidify policy and training Cross agency policy (All Stakeholders) 	<ul style="list-style-type: none"> Standardized Consent Policies and referral forms Policy and advocacy Weave health into all public policies Medical community into GBHWC 	<ul style="list-style-type: none"> Government policies, SOP's, funding for data collection on attempts and LGBT profile Reassessment of current policies/resources 	<ul style="list-style-type: none"> Coordinated plan for all agencies with regard to suicide prevention, intervention, postvention, referrals (MOU)
Organizational Collaboration	<ul style="list-style-type: none"> Community Support 	<ul style="list-style-type: none"> Community collaboration Increase political support 	<ul style="list-style-type: none"> More community networking More Government networking (Guam, CNMI, FSM, RMI) Involve faith based communities Media to help promote awareness of services 	

Challenges

	1. First Responders	2. Youth Serving Organizations	3. Youth/Adult Serving Organizations	4. Primary/Behavioral Healthcare Providers
Training & Program Development	<ul style="list-style-type: none"> Who gets trained to do the work that doesn't get done Universal system of prevention 			<ul style="list-style-type: none"> Village outreach Enhance wellness programs to be more holistic Training in the villages
Capacity Building & Resource Allocation	<ul style="list-style-type: none"> Lack of Funding Money not directed for suicide prevention Awareness of resources 	<ul style="list-style-type: none"> Lack of funding 	<ul style="list-style-type: none"> Funding (not qualified, discontinued, limited) Lack of staff/manpower/service provider Public/after hours transportation 	<ul style="list-style-type: none"> Insurance support for outreach/home visits Under funded APS and CPS Transportation challenge Government budget priorities PC providers for screening (SBIRT)
Policy & Procedures		<ul style="list-style-type: none"> Legal Challenges 	<ul style="list-style-type: none"> Policy Restriction on confidentiality 	<ul style="list-style-type: none"> Behavioral health co-ops
Additional Research				<ul style="list-style-type: none"> Report back (progress challenges, what has changed)

	1. First Responders	2. Youth Serving Organizations	3. Youth/Adult Serving Organizations	4. Primary/Behavioral Healthcare Providers
Organizational Collaboration	<ul style="list-style-type: none"> Lack of communication Support from the TOP 	<ul style="list-style-type: none"> Political Will Religious Resistance Medical Profession Resistance 	<ul style="list-style-type: none"> Lack of knowledge/awareness 	<ul style="list-style-type: none"> Involve decision makers (government, senators, Mayors' Council of Guam) Federal/Local government support of use of cultural progression
Cultural Factors	<ul style="list-style-type: none"> Language barrier 	<ul style="list-style-type: none"> Language and cultural norms Counter message of assisted suicide Glamorization Natural Disaster Social Media 	<ul style="list-style-type: none"> Cultural barriers Stigma/taboo/not acceptable 	<ul style="list-style-type: none"> Cultural practices/tradition for engaging community

Focus on Life
Garret Lee Smith Youth Suicide Prevention
2nd Stakeholders' Meeting: Policies and Protocols
Wednesday, June 24, 2015
Pacific Star Hotel, Tumon

Notes below feature participant feedback from discussions and activities.

Meeting Notes:

FOCUS: Policies & Protocols

1. Welcome and Introductions

- a. Participants include: GBHWC, DOE, Archdiocese of Agana, Legislature, VARO, I'Pinangon, Guam Amateur Baseball, YFYLG, Island Girl Power, Sanctuary, Inc., Inafa' Maolek, Department of Corrections, Guam Army National Guard, FSM CLAG, DPHSS, DYA, Compassionate Friends, GPD, Southern Christian Academy, Pa'a Taotao Tano

2. Recap of 1st Stakeholder's Meeting (held March 26, 2015):

- a. 6 participants attended last stakeholder's meeting; many new stakeholders (invited based on suggestions from previous meeting)

3. Crisis Response and Referral Processes

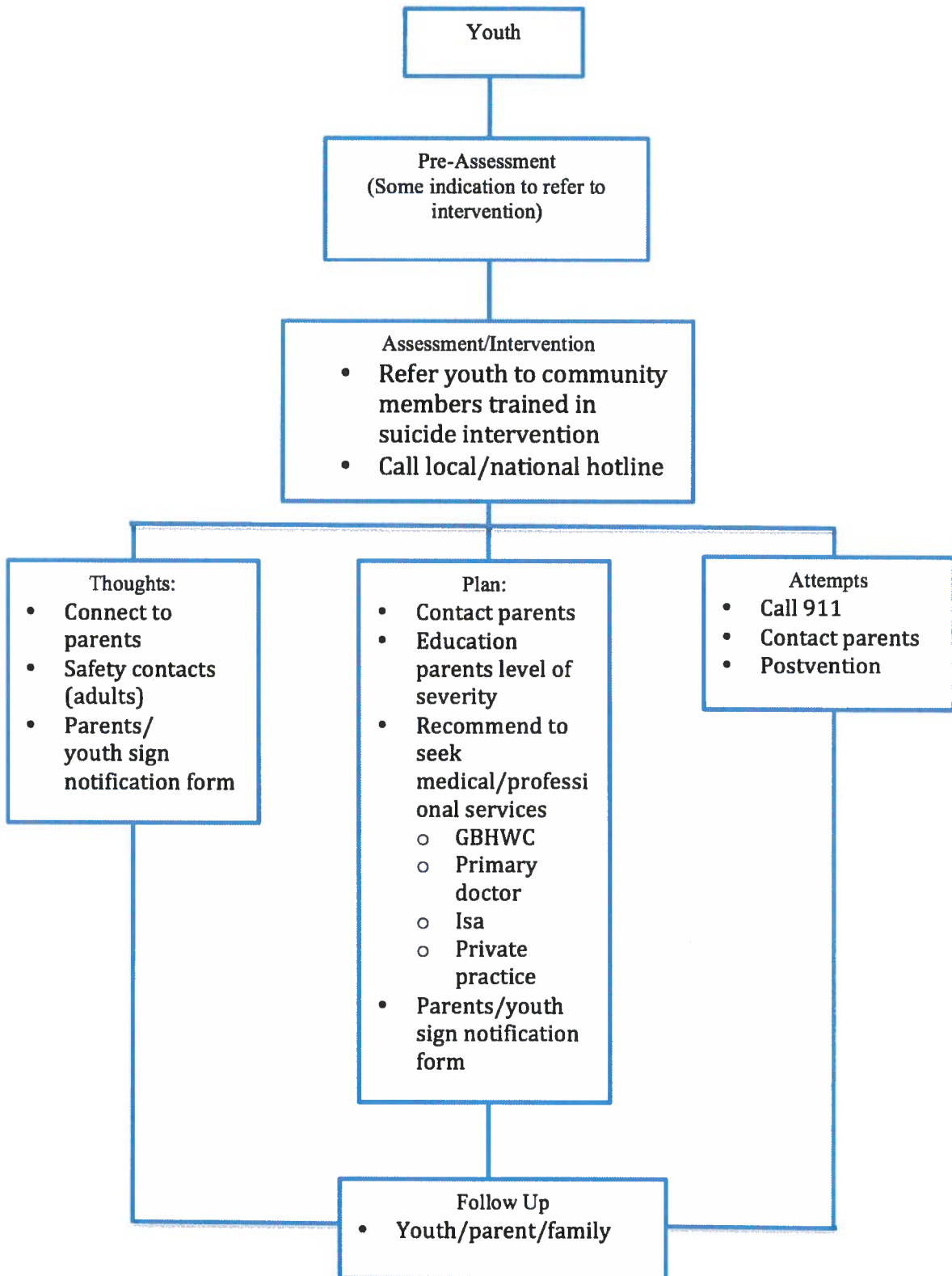
- a. GBHWC Crisis Response Team by Sylvia Quinata, Counseling Services
 - i. Currently 6 teams; respond after a suicide death; Gather details and incorporate treatment based on needs of survivors of suicide
 - ii. Mission: Mental health and substance abuse treatment in addition to other programs/services: **PEACE, Healing Hearts, Child Adolescent Services Division, Clinical Services-Community Support Services, Counseling Services, New Beginnings, Drug & Alcohol Treatment, Intake, Emergency Services & Crisis Hotline, Nursing Services, Professional Support** (psychiatry/psychology), Residential Recovery Program
**bold includes programs that mobilize for Crisis Response Teams*
 - iii. Duties of team: Mobilize to provide debriefing to individuals affected by traumatic death (including but not limited to suicide, sudden accidental death, layoff in workplace, community crisis); provide support at home, school, and/or workplace
 - iv. Protocol:
 - 1. Call department
 - a. 24-hour Crisis Hotline: 647-8833
 - b. Reception desk (8a-5p): 647-5440/5325
 - 2. Annie Unpingco will notify GBHWC to mobilize team with I'Famagu'on-ta and PEACE
 - 3. Francis will contact referee
 - 4. Team will conduct assessment
 - 5. Mobilize
 - v. Q & A:

1. Currently working on translators to response to non-English speaking callers; Cultural and Linguistic Services and Partners with AG's office working on written policies to include language interpreters to identify and create funded positions in government for every government service provider; open access to community
 2. Crisis Hotline contracted with non-profit organization until September: system does not currently allow for call forwarding
 3. Takes a lot for individual to reach out; need for outreach; "one way link" or disconnect between needs and resources; not just electronically due to access
 4. Be creative about: Cultural skill of asking for help and resiliency skills; island families want to work in-house and youth rather problem solve and reach out via texting and Whatsapp; need to put outreach within the community and amongst peers due to cultural stigma; Will these communities want to talk about it?
- b. GPD by Officer Michael Jay Lender
- i. Mostly respond after-the-fact; gather information and provide contacts for services; have responded prior to
 - ii. Persons-In-Need of Service (PINS) case: Can put individual on involuntary 72-hour hold at GBHWC (determined based on information from referee)
 - iii. No written policies or protocol for suicide
 1. Will take PINS individual to GBHWC
 2. To prepare, send GPD officers to ASIST (PEACE office) when available so that we can recognize individuals at risk for suicide and respond accordingly; trained individuals share at briefings before shift and trainings at precincts
 3. Victims Assistance services usually respond to victims of sexual assault
 - iv. Q & A:
 1. Data on attempts, deaths
 - a. Data under reported
 - b. Anecdotally, large percentage of FSM
 2. GPD required to give individual medical attention if injured prior to being incarcerated; currently no staff psychologist due to budgetary constraints
 3. Question on voluntary psychologists/therapists: No pro-bono therapists; currently officers can only go to therapy voluntarily through insurance
 - a. Available chaplains that officers can go to
 - b. Recommendation: Cost-share with GFD for full-time therapist
 4. FSM ministers provide support to male and females in prison?

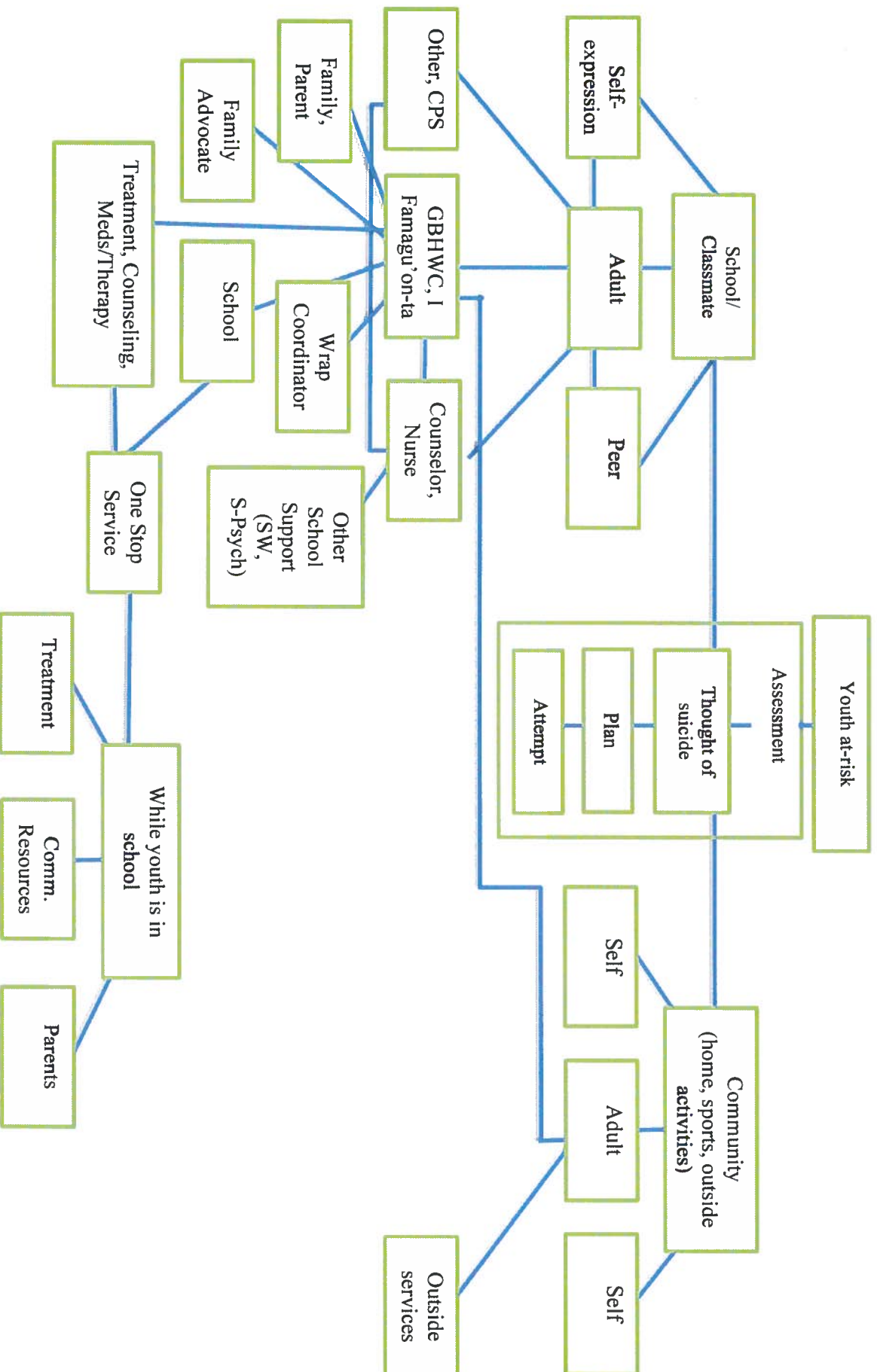
- a. Faith-based supports provided at DOC at request of prisoners
 - 5. Critical need to fund full-time staff psychologist to provide support for first responders
 - 6. Officer asking participants to notify Police Chief to request for staff psychologist – include in FOL Strategic Plan
- c. GDOE – Nicole, Student Support Services Division
 - i. 3-school-level services provided: psychological, section 504, truancy prevention
 - ii. 3 district-level services provided: standard operation procedures, liaison for GBHWC (ASIST, Safetalk, Connect trained), professional development for school counselors, administrators, staff monthly
 - 1. Collaborating with I’Famagu’on-ta
 - 2. Want to include GPD and FSM community
 - iii. Student Procedural Assistance Manual (SPAM) (2011) – Chapter 14 (currently under review; see new proposed changes in GDOE ppt)
 - 1. Suicide Chapter Outline:
 - a. Includes parts for students who are not in serious, immediate danger, those in serious, immediate danger, and relationship of the suicide intervention procedures to the child abuse and neglect referral and coordination procedures (determine if attempt related to abuse and respond accordingly with CPS)
 - b. Suicide Incident Notification Forms for suicide attempts, CPS form
 - iv. Q & A:
 - 1. Cases where parents request to not use ambulance due to costs?
 - a. Response: Policy is to use ambulance, however at discretion of school administrator
 - 2. Issue with type of insurance especially high-deductible insurance for GovGuam employees; limiting access to necessary medical services
 - a. Recommendation: Ensure every insured person has basic needs (reasonable, necessary treatment) to include coverage for reasonable number of visits (~3) to psychological /therapeutic services; include at next insurance negotiation; mental health focus
 - b. These families end up going to public health services, thus overloading public health services
 - 3. How to manage social media: use tools on current social media outlets to reach out to youth at-risk (Facebook, Instagram, Twitter)
 - 4. Needs:
 - a. To continue collaboration among agencies to increase response time;

- b. Define “immediate danger” collectively
 - 5. Suicide prevention trainings for teachers? Use staff development days?
 - a. ASIST is difficult because it is 2-day training, however counselors, nurses, and teachers are working to get trained in SafeTALK, ASIST, Connect
 - b. Now have DOE trainers for SafeTALK
 - c. Currently trainings are not mandated; however included in Vision 2020 with focus on counselors and nurses
 - d. Recommendation: Suicide prevention trainings prior to person becoming certified as a teacher or hired as a teacher with DOE; perhaps include during teacher training at UOG (e.g. bullying prevention course for soon-to-be teachers)
 - 6. Headstart; support provided for special education at charter schools (still figuring out relationship with charter schools)
- 4. Group Work: Decision Tree** (*see protocols*)
- a. Youth (Education)
 - b. Youth (in community setting)
 - i. Pre-assessment=somebody; Facebook post; some indication to get someone to refer to Intervention
 - ii. Parent notification form: Form to assign accountability to parents and organization/community members
 - 1. Recommendation: Include youth on form
 - iii. Healing/coping strategies for grief after suicide death: Things that are in sync with culture but do not glamorize suicide (i.e. floating lanterns with message).
 - iv. Recommendation: Include youth in drafting protocol
 - c. Law Enforcement/First responders: DOC & DYA
 - d. Clinical service providers
- 5. Flower Garden**
- a. Social media: youth education; address negative/positive effects of posts and tweets
 - b. Safe-messaging
 - c. Suicide safe
 - d. Clay Hunt Act for dealing with suicidal veterans; what statistics, resources, and services are given to suicidal veterans?
 - e. ASIST training (or other trainings) specifically for faith-based youth groups
- 6. Next Steps: Pathways to action**
- a. Next meeting: July 15
 - Draft protocol for individual at-risk for suicide and work with respective organization to review/revise. Bring protocol back to 3rd Stakeholder’s Meeting on 7/15

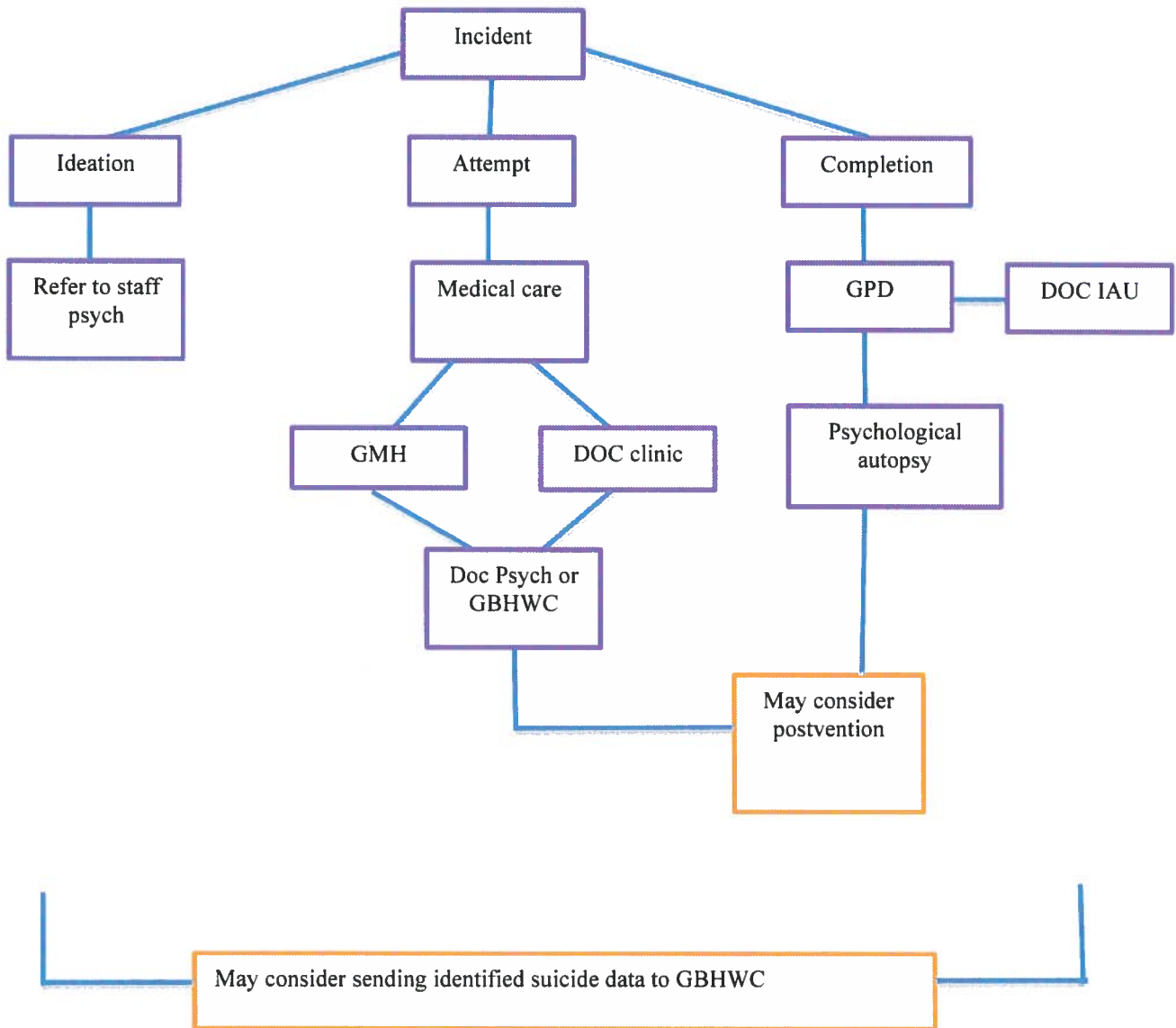
**Youth-Serving (Community Setting)
Protocol**



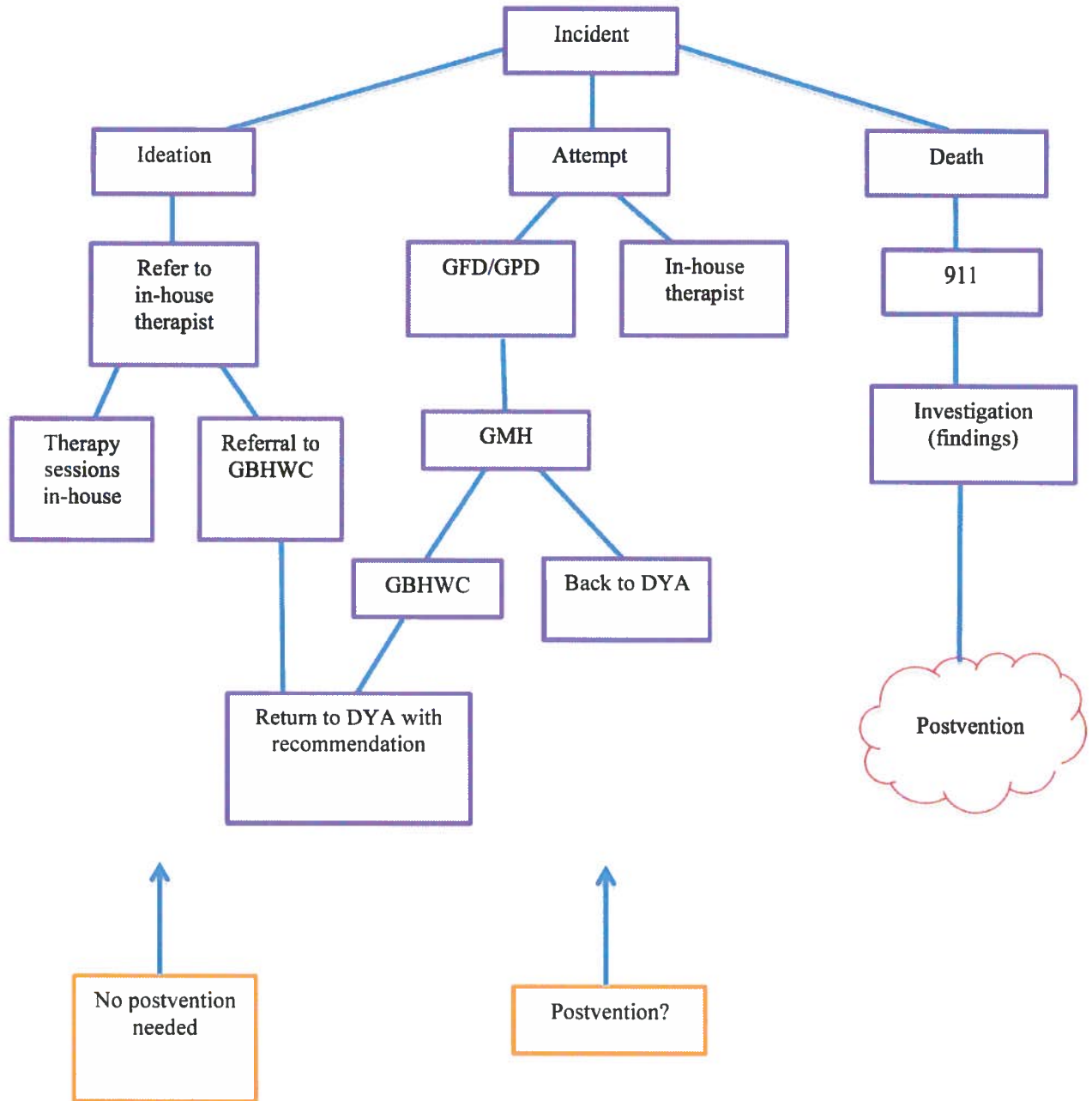
Youth-Serving (Education) Protocol



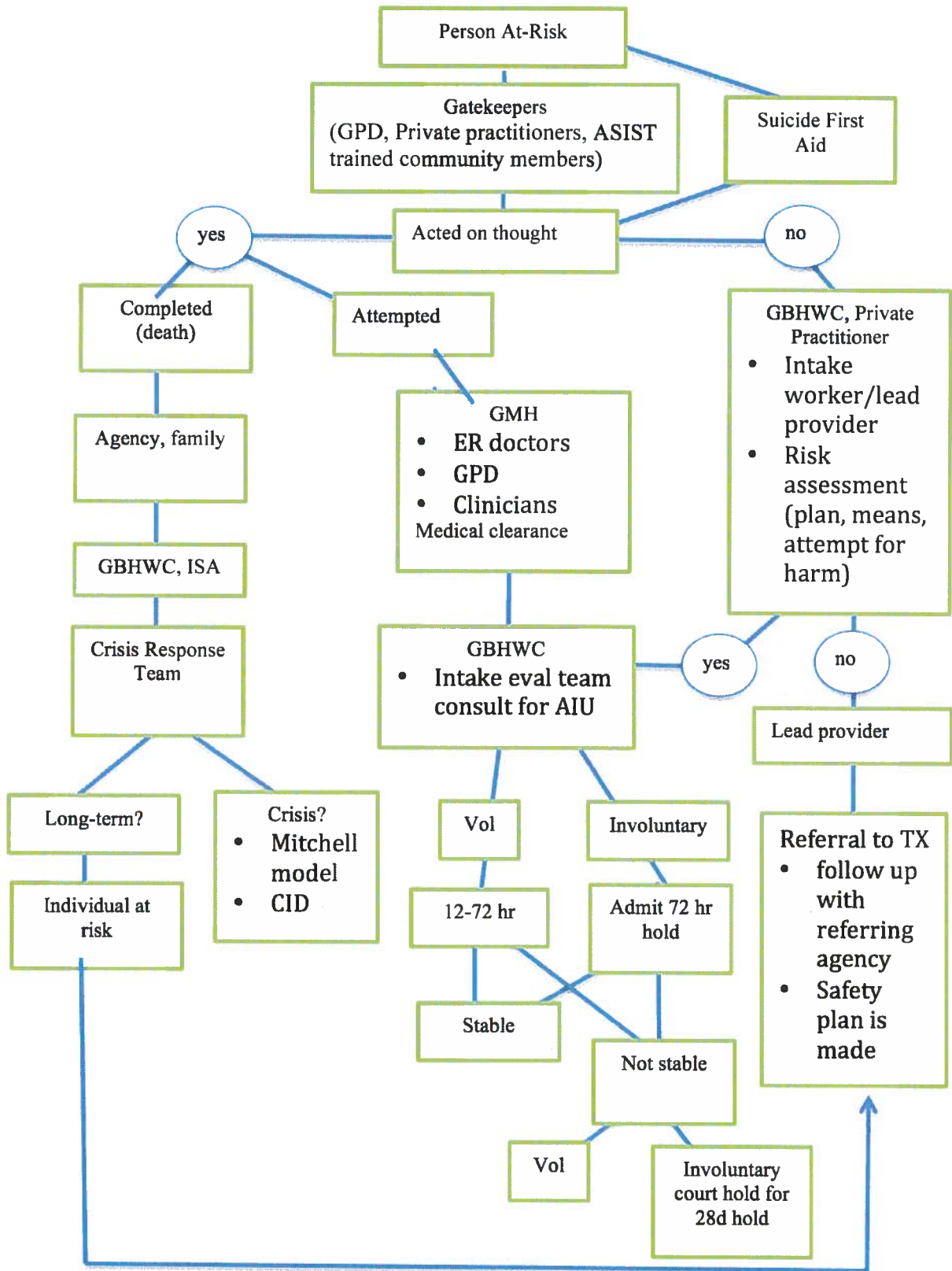
**Law Enforcement/First Responders
DOC
Protocol**



**Law Enforcement/First Responders
DYA
Protocol**



Healthcare Protocol



Focus on Life
Garret Lee Smith Youth Suicide Prevention
3rd Stakeholders' Meeting: Pathways To Action
Thursday, July 30, 2015
Pacific Star Hotel, Tumon

Notes below feature participant feedback from discussions and activities.

Meeting Notes:

FOCUS: Policies & Protocols

1. Welcome and Introductions

- a. Participants included: GBHWC, DOE, Archdiocese of Agana, I'Pinangon, Guam Amateur Baseball, Island Girl Power, Inafa' Maolek, Guam Army National Guard, GFD, DYA, GPD, DISID, DPHSS, FSM, Pa'a Taotao Tano and Community representation.

2. Recap of 2nd Stakeholder's Meeting (held June 24, 2015):

- a. Review of FOL Goals and Objectives:
 - 1) Establish, strengthen and maintain FOL Task Force (Sub-committee of PEACE Council).
 - 2) Strengthen Guam's suicide-related data collection, monitoring and surveillance system.
 - 3) Establish and/or strengthen policies, practices and programs that support workforce development and well-being.
 - 4) Develop and Implement Guam's Crisis Response Team
 - 5) Establish, update, and/or strengthen agreements, policies and procedures for suicide prevention, intervention, postvention, and referrals among Guam's Government agencies and community organizations.
 - 6) Identify and earmark local funding to support and sustain Focus on Life goals and strategies.

Comments/Feedback from participants regarding FOL Goals and Objectives:

- Continue discussions regarding healthcare on Guam for Insurance FY16 coverage: healthcare package for wellbeing & seeking help services. Building upon existing wellness coverage, allow employees free mental health care for x amount of sessions before co-payment or deductibles kick in. (Reference Goal 3).
- Government of Guam Insurance negotiations team member will bring this up during negotiations meeting scheduled for July 30 for consideration in FY16 (Reference Goal 3).
- Standardized Data Collection spreadsheets and tools needed for Stakeholders across agencies and organizations (Reference Goal 2)
- DOE training policy to allow for training to include one-to-one aides and other DOE staff in direct contact with students. (Reference Goal 3)
- Government of Guam agencies and organizations to have policy

write-up for mandatory trainings (ASIST, safeTALK, Connect, Lifelines and Team Awareness) (Reference Goal 3 and Goal 5)

- b. Link back to last meetings closing:
“I want...” and “I will...” activity:

Comments/Feedback from participants:

- “I want a system of self-care/Insurance wellness for care providers.” “I will seek further support for this.”~Christine Camacho, GBHWC
- “I want more resource materials.” “I will contact GBHWC for additional resources.”~Dr. Hope Cristobal, Private Practice
- “I want to update my agency’s SOP’s (SPAM).” “I will forward for draft for feedback to stakeholders.”~Nikki Monforte, GDOE
- “I want to use trainings to help students.” “I will get trained in all gatekeeper trainings soon.”~Austin Terlaje, Inafa Maolek
- “I want to know if there are any current suicide prevention policies within my organization.” “I will check with Inafa’ Maolek on our current policy.”~Raeleen Pangelinan, Inafa Maolek
- “I want to get more families involved in suicide prevention for soldiers.” “I am currently, and will continue, working on this in the Guam Army National Guard.”~Deana Esplana, GUANG
- “I want the upcoming fire cycle to have the ASIST training incorporated into the Fire Academy.” “I will have discussions for this for next cycle.”~Jaque Santos, GFD
- “I want to make time to take suicide prevention trainings as a cabinet member.” “I will encourage other cabinet members to make time as well and to incorporate into policies also.” ~Director Servino, DISID
- “I want to bring in grassroots for trainings and awareness and sit with them to ask “How did that make you feel?” after participating in FOL trainings.” “I will prioritize time to sit and chat with them after each training they attend.”~Juanita Blaz, IGP

3. Group Work: Action Plan

Participants were placed into three (3) working groups and tasked to develop an action plan on two (2) goals (FOL Goals and Objectives) to include action step(s) person(s) responsible and timelines, .

GROUP A: Isabella Fagota (Community Representative), Juanita Blaz (Island Girl Power), Moraël Escalona (I’ Pinangon), Dr. Patricia Taimanglo (Department of Corrections), Darleen Caasi (I’ Pinangon), Austin Terlaje (Inafa Maolek), Remy Malig (GBHWC/P&T), Renee Mesa (Island Girl Power), Debbie Duenas (GBHWC/P&T)

Assigned with Goals 1 and 2:

- 1) Establish, strengthen and maintain FOL Task Force (Sub-committee

- of PEACE Council).
- 2) Strengthen Guam's suicide-related data collection, monitoring and surveillance system.

Group B: Ben Servino (DISID), Tim Santos (GPD), Jacques Santos (GFD), Brad Hewitt (GABA), Sylvia Quinata (GBHWC), Christine Camacho (GBHWC), Mark Perez (DOC), George Hauk (FSM), Vicente Villoria (IGP), Michelle Sasamoto (GBHWC/P&T)

Assigned with Goals 3 and 4:

- 3) Establish and/or strengthen policies, practices and programs that support workforce development and well-being.
- 4) Develop and Implement Guam's Crisis Response Team

Group C: Nikki Monforte (DOE), Rowena Torres-Morada (GBHWC/I Famaguonta), Lila Lujan (Archdiocese of Agana/BBMCS), Rebecca Respicio (DYA), Melissa San Nicolas (DPHSS), Therese Arriola (Pa'a Taotao Tano), Dr. Hope Cristobal (Private Practice), Deana Esplana (Guam Army National Guard), Rosemarie Camacho (Guam Army National Guard), Raeleen Pangelinan, Helene Paulino (GBHWC/P&T)

Assigned with Goals 5 and 6:

- 5) Establish, update, and/or strengthen agreements, policies and procedures for suicide prevention, intervention, postvention, and referrals among Guam's Government agencies and community organizations.
- 6) Identify and earmark local funding to support and sustain Focus on Life goals and strategies.

4. Group Work: Group Presentations

Group A:

Goal 1: Establish, strengthen and maintain FOL Task Force (Sub-committee of PEACE Council).

Action Steps	Who is responsible?	Projected Timelines
<p>Develop Task Force: Bringing in partners that deal with the target population which is males (18-30 y/o Chuukese, Chamorro and Japanese tourists.</p>	<p>Partners (to be comprised of representation from): GPD, GFD, DOE, DOL, AHRD, GHURA, GCC, UOG, NCD, Judicial Court System (Probation Office), Medical Practitioners, Shelters / Recovery Centers, Life Coaches, Youth programs, Wellness Programs, Healthcare service providers,*Survivors of Suicide. *Insurance Providers *Faith-based, *Cultural Groups *Worksite Wellness Coaches, *Guam Memorial Hospital</p>	<p>3 Months to develop Task Force and Data Collection Template: October 2015</p>

Group A:

Goal 2: Strengthen Guam's suicide-related data collection, monitoring and surveillance system.

Action Steps	Who is responsible?	Projected Timelines
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<p>Develop & Implement suicide-related Data Collection, Monitoring, and reporting system (change from surveillance system):</p> <p>Have a Biopsychosocial Database (standardized) using an electronic template: flexible to each agency's terminology.</p> <p>Database to be updated quarterly (at the least). Designated persons in charge to be receiver of data collection will:</p> <ul style="list-style-type: none"> • Remind agencies to update template. • Analyze and disseminate information/data. • Provide qualitative and quantitative data with cultural perceptions on suicide to be more sensitive. 	<p>Designated Person(s) in charge to be Receiver of Data: GBHWC</p>	<p>3 Months to develop Task Force and Data Collection Template: October 2015</p>
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<p>Data template to be organized into sections:</p> <ol style="list-style-type: none"> 1) Behavioral: Isa, Latte Treatment, GBHWC, Rays of Hope, Private Practices, I' Pinangon 2) Medical: *Guam Memorial Hospital, GBHWC, GMC, Private Practice, DPHSS, Veterans Clinic. 3) Law Enforcement/Correctional: DYA, DOC, GPD, Probation 4) Judicial: Courts, AG's Office, Guam Legal Services, OPG 5) Educational: DOE, UOG, GCC, JP Torres, Special Education, Charter Schools 6) Community: Mayors' Council, Non Profit Organizations, Sanctuary, LGBT Community, IGP, Service Providers 7) Faith-based: Catholic Services, Oasis Empowerment, Lighthouse Recovery, Salvation Army 8) Military: Air Force, Army, National Guard, Navy, Marines, Veterans. 	<p>Designated Person(s) in charge to be Receiver of Data and create data template: GBHWC</p>	<p>3 Months to develop Task Force and Data Collection Template: October 2015</p>
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Group B:

Goal 3: Establish and/or strengthen policies, practices and programs that support workforce development and well-being.

Action Steps	Who is responsible?	Projected Timelines
<p>1) Meet with Director or Agency Head to inform of program regarding suicide workgroup (GBHWC, GPD, GFD, etc.)</p> <p>2) Present packet as draft form</p> <ul style="list-style-type: none"> • Identify roles • Revision of existing policies/trainings • Review and revise existing policies and trainings <p>3) Develop presentation to Cabinet Members</p> <p>4) Meeting of Cabinet Members (Director Servino (DISID) and Director Vega (GBHWC))</p> <p>5) Review of internal policies and MOU's - Identify challenges, find common ground, draft MOU and finalize draft.</p>	<p>Director Servino and Dr. Vega with GBHWC Prevention and Training to make presentation to Government Cabinet Members.</p> <p>Meeting of Cabinet Members.</p> <p>Stakeholders to review internal policies and MOU's</p>	<p>Develop presentation Draft: August 17, 2015 (GBHWC P&T)</p> <p>Meeting: August 28, 2015</p> <p>Review of policies and MOU's: August 12, 2015</p>

<p>FOL, NCD, One Nation, Wellness: Campaign</p> <p>Leveraging existing worksite wellness campaign. Example: Cards with benefits, discounts to include gym, restaurants, spas, salons theatres etc. from NCD, Guam Chambers, Rotary and GHRA.</p> <p>Trainings, events, outreaches, insurance negotiations meetings for individual counseling sessions with reasonable co-payments.</p> <p>Gatekeeper trainings to be incorporated into policies for new hires and existing law enforcement academies.</p> <p>Employee Assistance Program (EAP) Internal policies surrounding trauma or grief support/proposal to law makers.</p>	<p>POC: Nash Guerrero (GBHWC), Pat Luces (DPHSS)</p> <p>Director Servino (DISID)</p> <p>POC's: Tim Santos (GPD), Mark Perez (DOC), Jaques Santos (GFD).</p> <p>PEACE Council, Director Vega (GBHWC), Senator Dennis Rodriguez and Senator Frank Aguon</p>	<p>By January 2015</p> <p>Next Fiscal Year</p> <p>August 12, 2015</p> <p>December 2015</p>
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Group C:

Goal 5: Establish, update, and/or strengthen agreements, policies and procedures for suicide prevention, intervention, postvention, and referrals among Guam's Government agencies and community organizations.

Action Steps	Who is responsible?	Projected Timelines
Develop a standard framework for suicide policies and procedures/agreements across Government of Guam agencies, community organizations and system of care councils.	Director Ben Servino	August 2015 Cabinet Meeting
Ask for P&P's/Agreements from GovGuam agencies.	Government Representative and GBHWC	6 months
Obtain Executive Order for suicide P&P's/Agreements and invitation to NGO's and Private Sector.	GBHWC to Chair	12 months
Identify components for suicide standard framework (definition, gatekeeper trainings, referral systems, tools, screening, funding, etc.)		
Law: GPD, GFD, DYA, DOC, Courts.		
Health: DPHSS, GBHWC, GMH, DISID.		
Education: DOE, UOG, GCC		
Legislative: Speaker, Vice Speaker and Chair of Health.		
Community: NGO's, Media, Private sector (Insurance companies, Private schools and Private clinics.		

Write and adopt a standard framework document and specific agency policy and procedures. Provide Public Awareness Campaign.	GBHWC and All Agencies	24 months
Expansion and implementation among all government agencies.	GBHWC and Task Force	By 4 years
Provide updates and evaluations.	GBHWC and Task Force	By 5 years

Group C:

Goal 6: Identify and earmark local funding to support and sustain Focus on Life goals and strategies. Goal 6 folded in Goal 5

Action Steps	Who is responsible?	Projected Timelines
Finalize standard GovGuam policy on suicide in writing and identify funding needed to sustain establish policy and procedures.	GBHWC Prevention Branch	3 months

5. Next Steps/Closing

- A. Nikki Monforte to send draft SPAM electronically for stakeholders to review and provide feedback.
- B. I want... I will... (to be reported at next Task Force Meeting)

FOL 1st Task Force Meeting to be announced.