



## REPUBLIC OF THE MARSHALL ISLANDS

### Single State Agency, Ministry of Finance

P.O. Box D ~ Majuro ~ Marshall Islands ~ 96960

G&L Office Building, Ground Floor, Uliga downtown

Phone No. (692) 625-7698/4357~ Fax No. (692) 625-7691~ Email: [rmissasapt@gmail.com](mailto:rmissasapt@gmail.com)

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July 6, 2012

**Workshop Report: Exploring a Marshallese Recovery Oriented System of Care (MROSC), June 27-28, 2012  
Nitijela Conference Room, Majuro**

Partners represented at the MROSC workshop: (also refer to attached list for more contact details)

1. Wellness Center
2. Correction Division
3. Health Promotion Division
4. National Training Council
5. Kunit Bobrae Coalition
6. Youth Services Bureau
7. Youth to Youth in Health (JNJIE)
8. Central Adoption Authority
9. Majuro Cooperative School
10. College of the Marshall Islands (CMI)
11. Rita Christian School
12. RMI Counselor's Association
13. Waan Aelon in Majol (WAM)
14. Jeirok Sports Club
15. Laura High School
16. Women United Together Marshall Islands (WUTMI)
17. Human Services Division
18. Kora in Jipan Lolorjake Ejmour (KIJLE)
19. Juren Ae
20. Public Health Division
21. Single State Agency
22. Survivor from Cancer
23. Survivor from Diabetes
24. Survivor from Alcohol and Drug Addiction
25. Survivor from Mental Illness

**Acknowledgements:**

*Special thanks to Mr. David Jefferson, Workshop Facilitator and Trainer from NWFATTC in Oregon; Honorable Speaker Donald F. Capelle and Nitijela Clerk Tadashi Lometo for allowing us to use the Nitijela Conference room; Assembly of God church Jar In Ebolemen - Amimano Committee for catering local food; Youth to Youth in Health organization for the use of their PA system and screen; KIJLE organization for assistance with logistics; all the participants for their valuable participation, feedback and stories; and the SSA staff.*

## **Outcomes achieved based on feedback from participants:**

1. Learned what ROSC is and how we can begin to design a Marshall Islands ROSC that would be effective and sustainable and promotes positive Marshallese cultures. According to SAMHSA, a ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

What a ROSC does for people:

- Prevent the development of new substance use disorders
- Reduce the harm caused by addiction
- Help individuals transition from brief experiments in recovery initiation to sustained recovery maintenance
- Promote good quality of life, community health and wellness for all

2. Raised awareness amongst participants on who's doing what, when and with whom and how they can better collaborate, coordinate and utilize services to help the individual stay well and healthy.
3. Created a consensus that the way you treat people with SUD is similar to other health conditions. The participants were able to discuss when people are healing from cancer or diabetes, what do they need from their families and their community to regain their health? Who and how do the Marshallese take care of their families & community members? How do we as individuals and as community members help people with Substance Abuse and Mental Health Disorders?
4. Motivated participants to change the way they engage and involve communities. Community engagement- networking helps to increase engagement of community members. There is a need to enhance our ability to motivate people and mobilize communities to get back to traditional Marshallese practices that is caring and nurturing. This is the beginning of building recovery partnerships by sharing ideas to continue to help existing services grow.
5. "Recovery is not Treatment," this was well understood by the end of the workshop. SAMHSA's definition of Recovery: Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.

A Behavioral Health (Substance Abuse and Mental Health) definition of Substance Abuse Recovery is as follows: Recovery from mental health problems and addictions is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choosing.

When do people need help?

1. When they are still ill and need services to achieve stability
2. While the person is getting services to become healthy
3. After the person has received services

- Someone who was not able to get services but needs help from the community to live more healthy

#### ROSC Values

- People (individuals and families) need time and privacy to heal
- People are different and we accept diversity
- People have strengths and hope, how do we bring this out
- People need whole body health in all areas of their life (mind, body, emotion, spirit)
- We have to care for children because they are still growing and depend on us
- People helping people builds hope (the more we see people helping people the more we have hope)
- Community leaders (priest, chiefs, people with power) who can guide and support the community members, families and helpers keep the ROSC process going

Participants discussed how families take care of families and what the health care values would be for that

How Families Take Care of Families	Health Care Values
Family pitches in	Kumit, responsibility
The home is safe and clean	Care, dedication
We exercise together	Encouragement, care, and engaging
Show love and care	Respect, support
No judgment	Trust, fair, acceptance, and respect
Providing company	Partnership, kindness, and empathy
Positive environment	Teamwork, security, hope, protection, and safe
Stay involved	Commitment, endurance, courage, and persistence
Guidance when needed	Leadership, mentoring, and guidance,
Money and resources	Support, contribution
Enra is a Marshallese practice of sharing.	Sharing and caring, responsibility, cultural capital
Our approach is uniquely Marshallese “Special”	Culture, protective
Designated person to help	Responsibility, role, protector
Peer support and follow up	Part of the system, normal, continuing support
Designated health zone	Prevention, safe environments
Community gardens	Healthy food, job or chore with a purpose
Help with wellness and diet	Active, protector, health, wellness, good nutrition
Church and Prayer	Healing, community caring, beliefs, spiritual wellbeing, peace, comfort, acceptance
Local healing plants	Ri-uno (traditional healer), beliefs and culture
Zone Nurse Outreach	Convenient, helpful, caring

#### ***Recovery Values developed by the RMI Workshop Group***

- People in recovery need lots of Patience, Support, Understanding and Encouragement.
- Listening to their needs is very important.
- There are multiple pathways a person in recovery can take to get well. We have to provide the path.
- People in recovery have hope.

- They have increased determination and commitment to stay well when they get the support they need from all areas (family, church, work, community, etc).
- They deserve Respect and treatment like a normal person.
- Tolerance for the long struggle to achieve health and stability
- Providing safety (home and community environment).
- Leadership and Mentoring
- Family involvement
- People in recovery make great Recovery Advocates.
- People in recovery are great Recovery Advisors.

How do these values match up with the earlier discussion about how we take care of people who are healing from cancer and diabetes? There should be no difference.

6. The participants fully supported the role of Recovery Dealers- there was consensus that all the participants need to go out there and make their services attractive and easy to access without too much paper work. This came out of the discussion that Drug Dealers do not require paperwork. Champions to take the lead in designing an MROSC included Katie, Maure, Jenki, Brenda and Tolina.
7. In order to successfully develop a MROSC we need the support of agency Heads and Leaders and including traditional leaders. People in these positions can create healthier work environments that promote and support recovery.
8. Recovery capital is linked to resilience and protective factors. In designing MROSC, a recovery capital inventory will be very helpful. There are four types of recovery capital:
  1. Personal recovery capital
  2. Family/social recovery capital
  3. Community recovery capital
  4. Cultural capital
9. There was consensus that men are the true perpetrators and abusers of domestic violence and this is not the Marshallese culture where men are the protectors. There needs to be more men mentoring men.
10. There must be consistency in providing encouragement and advice, keep pushing, don't let them slide by without receiving a little advise from you even if they don't want to hear it. One day they will look back and thank you for not giving up on them. Students who are being suspended or expelled should especially be treated better.
11. There is a need to further discuss how funding sources can be better aligned to support a holistic approach to prevention, treatment and mental health services and not work in silo.
12. There was consensus that MROSC will be person-centered to help them repair, re-focus and re-engage. We cannot make anybody do anything they don't want to do but we can provide the support they need to help them heal, get well and stay well.

We talked about these areas of a person's life as essential for them to re-connect. The participants represented all these areas and were able to see how they fit into the Recovery System of Care.

- Family
- Church
- Work
- Friends
- Education
- Recreation and fun
- Health-physical, mental, spiritual and emotional

13. Practical Types of Support: helpful to know what kind of support you can provide.

- Emotional-empathy, caring and confidence building
- Informational-knowledge, information and skills
- Instrumental- assistance with transportation and services
- Affiliation –socializing, connecting, community and church

14. Counselor Ethics: Counselors practice is based on a set of values that guide their practice.

- Autonomy- independence-supporting clients right to choose and self determination
- Beneficence-obligation to do good
- Justice-equal and fair treatment
- Competence-being trained to do your work and operating within the scope of your training
- Fidelity-exercising honesty and trust and following through with your clients
- Loyalty-demonstrating alliance to your client
- Discretion-protecting their privacy and confidentiality
- Nonmaleficence-do no harm

#### Panelist stories:

**Cancer Survivor:** *she put work first and ignored the lump for a long time. When she couldn't tolerate no longer, she had the lump checked and was referred to the Philippines where she received chemotherapy. She suffered a lot. She was weak, in pain all the time, always nauseated, lost weight and lost all her hair. She was losing her mind, she didn't want anybody to see her looking like that and she didn't want to be around people. When the doctors came into her room she would be gone. She didn't want to be seen in that condition. When she returned home after chemo treatment she heard people say "she's back waiting for her time". She later learned of the Cancer Support group and joined the group and in this group she shared her stories and heard others share their stories, and they cried together, they prayed together and she realized that she was not alone but that others shared the same sadness deep inside. The group really gave her strength to try and be healthy again. She also joined the wellness center and she exercised and ate there so her illness does not come back. In her church she's a member of the Jeran Radrik Doon women's church group and she asked them to pray for her and this really helped her heal as well. She is a mother, a grandmother, and she deals with family members who are alcohol abusers and just last night one of her sons was beaten up by a group of boys as a result of drinking alcohol. Being a member of the Cancer Support group has really helped her feel*

*better and get well. She also asked SSA Director (Julia) if the Cancer Support Group could get help with funding so they can do their job better in reaching out. When they do outreach they always take oranges and water with them to share with their clients when they visit. They also need a place to do their activities. They need a vehicle.*

*(Julia) replied that Founder of the Support Group (Camilla) has already approached the SSA office to discuss how the SSA can provide funding to the Cancer Support Group to do prevention outreach work and she requested the same things including office space and a vehicle. The SSA may not be able to purchase a vehicle but the SSA will help them where it can to enhance and strengthen their substance abuse prevention efforts. She also asked that today we are aiming to provide an holistic system of care and an environment that provides a variety of activities and services so the people using the space is not only for office space but a place where they can get information, training, sit and relax, and so on. So be clear as to why you want space and how will that space help people stay well.*

*(Betri) also jokingly commented that every time he sees Marcella she's selling him raffle tickets for the church group and when he sees Camilla she's selling tickets for YTYIH. But not tickets for the Cancer Group. Everyone laughed with him.*

**Diabetes Survivor:** *he found out he was diabetic on Ebeye. He was an emergency case and was sent to Honolulu Hawaii for his condition, he was near death. His family recommended that even though it was risky to put him on the plane and send him to Honolulu for care they said it was better they tried to get him to better care and that better if he died in the air rather than stay on island and do nothing. During his flight he was really struggling, he thought he would die in the air but he really tried to hang in there. When he arrived medical care in Hawaii he was already blind. Part of his treatment was to begin exercising to bring his blood sugar down and to try and restore my sight. But he didn't regain his sight in Hawaii. When he returned to Ebeye he looked for a traditional healer and soon he was able to see from one eye. The traditional healer said it was too late to help restore sight in the other eye. Soon he was strong enough and he decided to run a marathon in celebration of the annual Kwajalein Liberation Day event and he ran from Gugeegue island to Ebeye island (7 miles long) and he ran amongst young men from 17 years of age. He won the race and after that event he noticed that more adults, men and women, were walking more on the causeway. He strongly recommends everyone, young and old, to join the wellness center. Before the wellness program many of the diabetics had blood sugars of more than 200 but now he sees that they are in the 80s, 90s and 100s levels.*

*(Freddy) asked if the programs and services at the wellness center are free of charge? (Harry) went on to explain that services such as exercise program, weightlifting, sumpa aerobic for example are all free. They also offer free 30-minutes cooking classes. The only part you pay for are the meals. They provide activities and involve children of clients to participate in programs like weightlifting and they start from 5<sup>th</sup> graders up to middle and high school grades. Potential caregiver training program.*

**Mental Health Client:** *he explained that having a mental health disease feels really embarrassing and shameful and really sad. His family really helps him with food, drinks, and many other things he needs. The community never helps him. The medicine he takes and the advice and support from his doctor and counselors really help him get better. He wants the community to accept him as just another person and don't treat his illness*

*differently from other illnesses. He also has goals and one is to be healthy, be able to find a job and do other things and don't use any substance.*

**AA Facilitator and Person in Recovery:** *he first wants everyone to understand what's in that can of beer or drink that makes you go crazy. What is alcohol and especially here they drink straight vodka and when the vodka goes down they say their stomach is hot, why do you think that is. He went on to demonstrate by dipping a q-tip into ethanol (pure alcohol) and burned it to show fire and how that explains the hot sensation in the stomach even though they put ice with the drink. He explained that drinking 1 drink then 2 drinks and then all of sudden you cannot stop. Ethanol is what you drink and you see that word in car racing. When he was a kid they said don't drink so he drank because he was curious but they didn't show him why he shouldn't drink and he believes that if they had demonstrated what ethanol does maybe that would have been better than just saying don't drink. He learned about alcohol too late when he was 45 years old and already admitted into the hospital. He explained that with severe alcoholism the person can start shaking and sometimes you have to tie him down because the shaking goes out of control. He says we need a half-way house and shared that if he didn't go through all the services he wouldn't be here today. He wants to see rehabilitation programs here. It takes another alcoholic to talk to another alcoholic and families can help. He needed education to make own decisions. He recommends learning more in order to help the next person. Intervention and confrontation are very important. Today he continues to clean house, staying sober and not do drugs. AA is a support group. Alcoholism is a progressive illness and when you become a problem drinker it gets worst and worst. A really good man whom we just recently lost to death, Mejbon, and he started the AA program in 1983. There is no cure for alcoholism. It can occur with anyone, even the smartest and richest person. The AA committee now visits schools to educate students. How does he stay healthy, he stays clean, and he shared that 30 years ago he would have never talked like this, he hated all the policemen and judges. We must have a place where information can easily be picked up. Alcoholism is an illness but it's a selective illness. Only a handful of RMI's total population really require treatment and that's about 200 or so people who really require treatment.*

*(Peter) asked if you can inherit alcoholism? Jerry explained that Alcoholism is also considered a genetic disease now.*

*(David) elaborated further by explaining that there is research and studies showing now that certain percentage (maybe 30-40%) is due to genetic, a percentage due to environmental factors and a percentage to temperamental factors.*

*(Julia) also shared that she always wondered why the men in her family all drank alcohol and she too believes it could be genetics, perhaps the German blood. Germans love to drink beer and they celebrate Oktoberfest every year and drink all the beer they want.*

### **Let's Develop a Marshallese Definition of Recovery**



Marshallese people believe that...  
(possible words to include in definition, Hope, Respect, Healing, Wellness, Supportive, Understanding, Tolerance, Safety, Leadership, Listen, Family, Resilience, Commitment, Diversity).  
The plan is to work toward a Marshallese definition of recovery in the coming months.

**Vision:** Provide a Safe and Healthy environment where no sick people are roaming around and where hope and acceptance is the norm.

**What can we do to make our families and communities a place where people with behavioral health struggles (SUD and Mental Illness) can find healing?** The participants listed their responses listed below and then voted on their top three priorities.

- 1 • Celebrate recovery month in September of each year (14)
- 2 • Provide more outreach/awareness/education on SUD, MH illnesses, recovery support system in schools, churches, households, community as well as amongst Iroj, Alap, national and local leaders, families, people in recovery from any illness, outer island communities, etc. (13)
- 3 • Provide a private, comfortable recovery place within NGOs where patients can meet- safe house, club house, one stop center/wellness center (10)
- 4 • Provide more recreational activities for children/youth, keep them busy, drug free activities (10)
- 5 • Provide training within all agencies in recovery care, counseling, screening, group counseling, train Health Educators, Peer Support groups, instructors/teachers, families, parents (8)
- 6 • Develop and distribute a resources/contacts list, provider linkage system to recovery care (mental health, wellness center, KIJLE, Y2Y, WAM, WUTMI, etc), (6)
- 7 • Do more bible studies with people with SUD/MH struggles especially youth, involve church leaders in recovery support system (5)
- 8 • Clean environment, cooking classes, gardening, feeding program (4)
- 9 • Fitness program, utilize KIJLE to do exercise activities, walk-a-thon (3)

### Consideration for moving forward/ **Next Steps**

1. Replicate the MROSC training in many other communities with a diverse group of community members and include traditional and national leaders.
2. Conduct a Cultural Capitol Inventory. Start to document what cultural values and practices work well in keeping people well.
3. Complete Provider List and circulate.
4. Complete Service Inventory profile and circulate.
5. Organize another meeting to Design MROSC.



Closing remarks, what are you most excited about? Feedback from each of the participants.

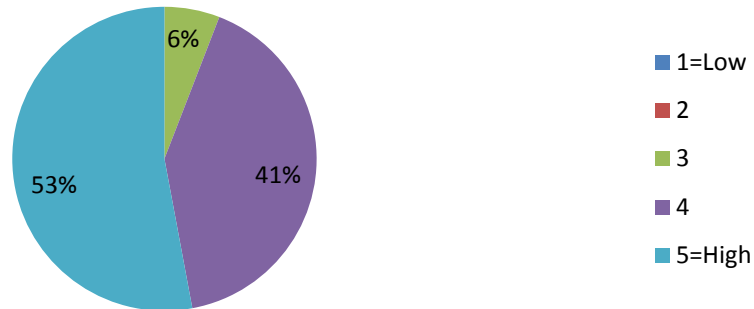
- 🌿 The sharing of ideas and information- this has opened up the door for improved coordination.
- 🌿 Designing a Recovery Oriented System Of Care for us. We have a lot of people dealing with illness and problems and we need to find a way to make their lives better.
- 🌿 Setting up linkages/partnerships/networking.
- 🌿 The food was really good.
- 🌿 I am really excited about designing a Marshallese Recovery Oriented System Of Care and in order for it to be a system that will be effective and sustainable we need the right people.
- 🌿 Panelist stories was an eye-opener for me, to hear their experiences made me realize that I have to treat them better and we have to really involve them in everything we do.
- 🌿 Communication is very important starting with ourselves and our families.
- 🌿 This was the first time for me to be a part of this group and kind of workshop and I am really excited about learning who's doing what out there and how I can utilize their services to help me work with youth.
- 🌿 8 years ago we only had a few people maybe only 3 coming to the table to work on substance abuse issues but today I am really excited that we have so many more.
- 🌿 We are now in a better place of coordination and collaboration and less silos.
- 🌿 Excited about this network to tackle the problems- less talk, more action, can't wait to get out there and start action.
- 🌿 Excited we have begun working on our own MROSC system and in the future we will have no more people walking around with illness.
- 🌿 I was moved by one of the Panelists' comment that the community did not accept him and it made me really think about how we treat them and I will educate others to do better.
- 🌿 Even though I just arrived and attended for a few hours but in that short period I can see the commitment and dedication of this group to do something and the NTC stands ready to help where needed.
- 🌿 I really enjoyed learning about what others do and as I work with at-risk youth I can refer them to utilize some of the services.
- 🌿 We all have a part in prevention and treatment to help with recovery and I am excited because I know I am not alone as one who works with mentally ill clients but now know who else I can work with and who can help me for example dealing with suicide and substance abuse.
- 🌿 If we do not work together, we cannot be successful.
- 🌿 Building momentum and one of the Panelist said that her son was beaten up and I know how that feels and I want to change that.
- 🌿 We learned and now we have to go out and see how we can do our services better. Please invite Juren Ae to all your workshops.
- 🌿 Really excited that there will be a \$5 coupon coming. I've been to many workshops but never received anything.
- 🌿 Excited about seeing new faces.

**Workshop EVALUATION results:**

**1. How would you rate your understanding of what people with substance use disorders (SUD) and mental health (MH) conditions need from you...**



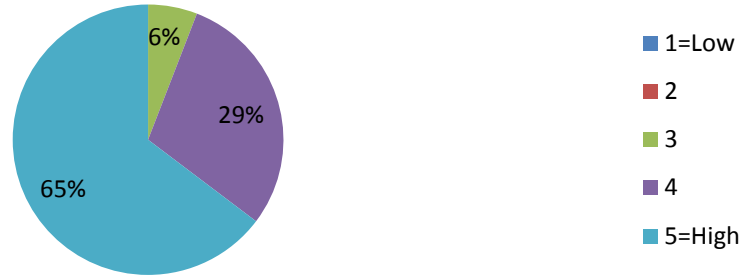
**2. Do you have ideas about how you and your community can help people with SUD and MH problems?**



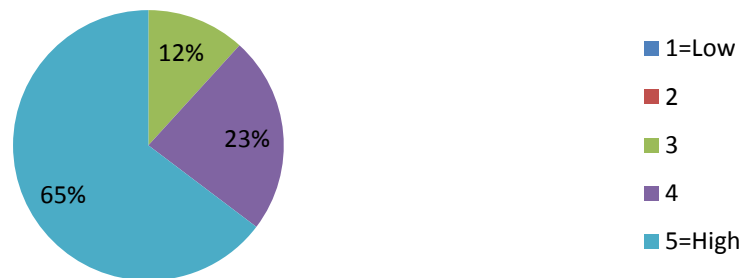
**3. Do you have the skills and knowledge to help a person with SUD and MH problems?**



**4. How hopeful are you that you can contribute to the health of people with SUD and MH conditions**



**5. How confident are you that you can contribute to the health of people with SUD and MH conditions**



## MROSC Workshop Partnership List

<b>Organization/Agency</b>	<b>Participant Full Name/Title</b>	<b>Telephone</b>	<b>Email</b>	<b>Target GROUP</b>
Waan Aelon in Majol, Inc.	1. Alson Kelen, Director	625-6123	<a href="mailto:alsonkelen@gmail.com">alsonkelen@gmail.com</a>	Out of School Youth, Prisoners
Waan Aelon in Majol, Inc.	2. Cece Kilma, Counselor	625-6123; 455-0989	<a href="mailto:ce2kilma311@gmail.com">ce2kilma311@gmail.com</a>	Out of School Prisoners
Waan Aelon in Majol, Inc.	3. Tolina Tomeing, Counselor	625-6123	<a href="mailto:ttomeing@yahoo.com">ttomeing@yahoo.com</a>	Out of School Prisoners
Youth to Youth in Health, Inc.	4. Lucy Mangang, Counselor SAPT	625-7278	<a href="mailto:lmangang@yahoo.com">lmangang@yahoo.com</a>	Youth, Parents, Schools
Ministry of Internal Affairs	5. Donna Ishoda, Project Coordinator, Central Adoption Authority	625-8207/ 455-3560	<a href="mailto:rmicaa@yahoo.com">rmicaa@yahoo.com</a>	Social Service Mothers
Ministry of Internal Affairs	6. Milan Loeak, Coordinator Youth Services	455-8183	<a href="mailto:milanloeak@gmail.com">milanloeak@gmail.com</a>	Youth
Dept. of Public Safety, Ministry of Justice	7. Peter Kabua, Captain, Correction & Rehabilitation Division	455-7743	<a href="mailto:peterkabua@gmail.com">peterkabua@gmail.com</a>	Prisoners, Juveniles
College of the Marshall Islands	8. Ninitha Note, Student Advocate and Counselor	625-3291	<a href="mailto:nnote@cmi.edu">nnote@cmi.edu</a>	Students/Faculty
Ministry of Health	9. Kiashi Ishiguro, Coordinator Health Promotion	625-3355 ext. 2407	<a href="mailto:ishigurokiashi@gmail.com">ishigurokiashi@gmail.com</a>	Communities
Ministry of Health	10. Helia Langrine, Chief Nurse, Public Health	625-3355		Public in General
Ministry of Health	11. Marita Edwin, Director of Human Services	625-5660; 625-3355 ext. 2442	<a href="mailto:marita_edwin54@yahoo.com">marita_edwin54@yahoo.com</a>	Mentally ill clients and families
Ministry of Health	12. Freddy Langrine, MH and SA Counselor/Nurse	625-3355 ext. 2441	<a href="mailto:laandy3533@hotmail.com">laandy3533@hotmail.com</a>	Mentally ill clients and families
National Training Council	13. Anderson Kattil, Representative, Job Corps & Research Information Communication	625-4522	<a href="mailto:majjobcorpsrep@yahoo.com">majjobcorpsrep@yahoo.com</a>	Youth, Job Corp, Programs
National Training Council	14. Tina S. Edmond	625-4522	<a href="mailto:tinaschmidt2000@yahoo.com">tinaschmidt2000@yahoo.com</a>	In and Out of School Youth and Adults.
Majuro Coop School	15. Ernest Lanwi, Counselor	456-5741	<a href="mailto:lanwihernest007@gmail.com">lanwihernest007@gmail.com</a>	Students
Wellness Center	16. Harry Herming, Coordinator	455-1225	<a href="mailto:harryfaa@hotmail.com">harryfaa@hotmail.com</a>	People with illnesses, families, youth

## MROSC Workshop Partnership List

Juren Ae	17. 17. Jemitha Ring	625-7380		Mothers, young women out of school
WUTMI, Inc.	18. Anole Jacob Valdez, SAP Project Coordinator	625-4296	<a href="mailto:wutmi26@gmail.com">wutmi26@gmail.com</a>	Women, school girls, youth, children, parents
WUTMI, Inc.	19. Kathryn Rilang, Project Coordinator for HIV & Project Director for Domestic Violence	625-4296	<a href="mailto:wutmi26@gmail.com">wutmi26@gmail.com</a>	Women and Families
KIJLE, Inc.	20. Lynn Antakbon, Administrative Assist.	625-0342	<a href="mailto:linandy72@gmail.com">linandy72@gmail.com</a>	Women, Families, Youth
KIJLE, Inc. and Kunit Bobrae Coalition	21. Brenda Mellan, President KIJLE DUD and also Vice-President Kunit Bobrae Coalition Majuro 2	455-6860	<a href="mailto:aren_rok@hotmail.com">aren_rok@hotmail.com</a>	Women/Families
Jeirok Sports Club and Laura High School	22. Jenki Tibon, President and also Vice-Principal for Laura High School	455-3924	<a href="mailto:jenxtibon@hotmail.com">jenxtibon@hotmail.com</a>	Youth and Students
Rita Christian School and RMI Counselor's Association	23. Josen Teico, School Counselor	455-4570		Students, youth, parents
Single State Agency (SSA)	24. Maure M. Ariktau, Community Liaison	625-7698	<a href="mailto:mau_ariki@yahoo.com">mau_ariki@yahoo.com</a>	Substance abuse prevention grants
Single State Agency (SSA)	25. Janet Nemra-Schmidt, Coordinator, Bobrae Project	625-7698	<a href="mailto:jannemra@hotmail.com">jannemra@hotmail.com</a>	Substance abuse prevention grants
Single State Agency (SSA)	26. Danny Johnson, Student at CMI, Intern	625-7698	<a href="mailto:dzedkaia@yahoo.com">dzedkaia@yahoo.com</a>	Data, Outreach
AA Program/Recovery	27. Jerry Ni	455-4550		Alcohol & Drugs
Recovery	28. Betri Laninjota			Diabetes
Recovery	29. Marcella Jamos			Cancer
Consumer	30. Dickson Caleb			Mental Illness

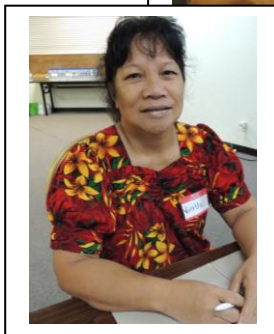
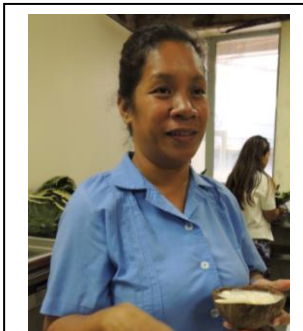
## MROSC Workshop Partnership List

### Facilitators:

David Jefferson, MSW  
Northwest Frontier Addiction Technology Training Center  
Dept of Public Health & Preventive Medicine  
Oregon Health & Science University  
Email: [djefferson2@comcast.net](mailto:djefferson2@comcast.net)  
W: Cell [503-310-7764](tel:503-310-7764) P: Cell [360-510-4842](tel:360-510-4842)

Julia M. Alfred, Director Designee  
Single State Agency, Ministry of Finance  
Email: [rmissasapt@gmail.com](mailto:rmissasapt@gmail.com)  
Telephone: 625-7698/4357/ 455-6220

Paul Alee, Manager for SAPT Contractuals  
Single State Agency, Ministry of Finance  
Email: [bobraeproject@gmail.com](mailto:bobraeproject@gmail.com)  
Telephone: 625-7698/4357/ 455-7698



## MROSC Workshop Partnership List

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*MROSC workshop participants, June 27-28, 2012, Nitijela Conference Room, Majuro, Marshall Islands*

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**Kommol Tata aolep for working so hard to make this world a safer and kinder place to live! Please don't ever stop. You are my ROCK!**