

Step 2: Identify the unmet service needs and critical gaps within the current system

The State Mental Health Agency (SMHA) maintains data as an utmost priority to improve its data collection efforts and to close in on critical data gaps in the current system. Data has been the driving force for planning purposes for state needs as well as meeting grant reporting requirements for the Substance Abuse and Mental Health Services Administration (SAMHSA), for the National Outcome Measures (NOMS) for Mental Health, Substance Abuse Treatment and Prevention.

The State Mental Health Agency (SMHA) maintains the use of formulas to determine prevalence estimates of youths with Serious Emotional Disturbance (SED) and adults with Serious Mental Illness (SMI). With the Census 2010 reports out, the SMHA can compute prevalence estimate.

Through one of the programs within the Prevention Unit, a State Epidemiological Workgroup (SEW) comprised of key government agencies from the criminal justice, law enforcement, education, and commerce to name a few, was established as a vehicle to collect and gather data in a uniformed and standardized manner in an effort to avoid duplication and operate effectively and efficiently.

Another vital resource that resulted from the coordination of the SEW is the CNMI Behavioral Health Survey (CBHS). The CBHS is a survey utilized to capture adult substance abuse and mental health data. This is an innovative resource that was locally developed and implemented to address the data gap that existed throughout the CNMI.

Critical Gaps and SMHA Actions

CGC realizes that there are critical gaps in the current system. These data gaps include access to survey information concerning the Commonwealth of Northern Mariana Islands (CNMI). Survey instruments/tools such as National Survey on Drug Use and Health does not include the CNMI. As an alternative to this, CGC conducts its own survey using the same qualifying criteria and set of questions to close in on these data gaps. More importantly, these data provide a better understanding of our service gaps to our consumer population. With the successful outcome of the Commonwealth Behavioral Health Survey (CBHS) a survey design to collect data on the adult population for the prevention measures CGC will explore other opportunity and alternatives for its data needs. Another critical gap to fill is a need for more monitoring and surveillance of services and providers in order to clearly identify the important services needed to ensure that the delivery system in place is efficient and sustainable.

Commonwealth Behavioral Health Survey Results-CBHS

COMMONWEALTH BEHAVIORAL HEALTH SURVEY RESULTS (ADULTS 18 AND OVER)	2011	2013	2015
INDICATOR:	30 DAY USE	30 DAY USE	30 DAY USE
ALCOHOL	3.40%	3.70%	4%
CIGARETTES	7.12	15.1	23

MARIJUANA	8	7	9
INDICATOR:	AGE AT FIRST USE	AGE AT FIRST USE	AGE AT FIRST USE
ALCOHOL (16 TO 20 YRS)	36.40%	32%	38%
CIGARETTES (16 TO 20 YRS)	24.2	20	25
MARIJUANA (16 TO 20 YRS)	7.5	8	12.1
INDICATOR:	PERCEIVED RISK	PERCEIVED RISK	PERCEIVED RISK
ALCOHOL (Great Risk)	52%	64%	53.80%
CIGARETTES (Great Risk)	76.1	88.6	86.7
MARIJUANA (Great Risk)	67.8	76.7	57.2
BETELNUT W/tobacco (Great Risk)	63.8	78.2	69.8
METHAMPHETAMINE (Great Risk)	94.4	98	98.9
INDICATOR:	DISAPPROVAL OF SUBSTANCE USE	DISAPPROVAL OF SUBSTANCE USE	DISAPPROVAL OF SUBSTANCE USE
ALCOHOL (Strongly Disapprove)	59.80%	71.80%	64.70%
CIGARETTES	70.9	81.1	74.8
MARIJUANA	73.6	79.9	59.6

INDICATOR:	PERCEPTION OF WORK POLICY	PERCEPTION OF WORK POLICY	PERCEPTION OF WORK POLICY
More or Less Likely to Work If Employer has Drug Policy in place (More)	68%	83.90%	86.50%
INDICATOR:	SIMULTANEOUS USE OF ALCOHOL AND DRUGS	SIMULTANEOUS USE OF ALCOHOL AND DRUGS	SIMULTANEOUS USE OF ALCOHOL AND DRUGS
Driven a vehicle while under the influence alcohol and drugs (past 12 months)	1.60%	7&	8%
INDICATOR:	MENTAL ILLNESS AND STIGMA	MENTAL ILLNESS AND STIGMA	MENTAL ILLNESS AND STIGMA
Feeling hopeless during the past 30 days	9.10%	4.60%	8.70%
Taking medicine/receiving treatment from a doctor for mental or emotional problem	8%	19.10%	6%
INDICATOR:	SUICIDE THOUGHTS	SUICIDE THOUGHTS	SUICIDE THOUGHTS
Thoughts of committing suicide (past 30 days)	9.10%	4%	4%

State Epidemiological Outcomes Workgroup (SEOW)

The SEOW is comprised of representatives from various government agencies. Members are usually key data representatives or proxies for the department heads. The focus and responsibility of the SEOW is to facilitate the CNMI’s SMHA Prevention Division with data needs for the Prevention Measures of SAMHSA’s NOMS. The SEOW representatives are asked to report on patterns of Consumption and Consequences of Alcohol, Tobacco and Illicit Drug Use. This information is collected, analyzed and reported in the CNMI’s Epidemiological Profile, which is completed annually. The SEOW plans to

involve more members to its current composition to enable better collaboration and data sharing among agencies. This plan will be ongoing process.

The 2018 Planning process for substance abuse prevention and treatment will begin with an assessment process involving priority processes and goal setting based on data collection and review. The data to be reviewed will include all substance abuse-related data, much of which is found in the annual CNMI State Epidemiological Profile, CGC data which captures the prevention and treatment program services, and other relevant data provided by the community stakeholders and partner agencies. CGC Statistics Specialist, and the Substance Abuse Prevention and Treatment program personnel will engage actively with the State Epidemiological Workgroup (SEW) and Pacific Epidemiology Workgroup (PEW) to make recommendations for additional Behavioral Health data collection, monitoring, and reporting, that would aid in the priority and decision making process of program goals and services.

Additional planning efforts would involve a comprehensive assessment of data collection and capacity for Saipan, Rota, and Tinian to address any gaps or barriers through training, technical assistance and collaboration meetings. Basic Data Collection Training would be conducted on all three islands.

With respect to the SEW, Rota and Tinian are members of the group and are part of the SEW core group) Meetings for the SEW are conducted on a monthly basis. Minutes of the meetings are available upon request.

Ongoing SEW and PEW meetings can be conducted monthly to quarterly. CGC also aims to conduct quarterly in-house data collection, monitoring, and reporting evaluation meetings to address all data requirements of federal and local grants received, and to develop an implementation plan to guide efforts toward compliance and sustainability in data management. Registration data, State profiles, pre-and-post NOMs data are collected for identifying needs and gaps of required populations for treatment planning and are utilized by officials and State director to guide funding expenditures of treatment services as well as investments in identifying services gaps and grant and funding pursuits. Other sources of data that guide planning include community needs of referral sources, demographics, presenting problems, encounters, diagnosis, and national outcome measures (NOMS), consumer satisfaction surveys, that have helped guide treatment planning and programs, decisions made by the State Director.

Prevalence estimates and epidemiological analyses and profiles are utilized by officials and directors to guide funding expenditures of treatment services as well as investments in identifying services gaps and grant and funding pursuits. Substance abuse treatment goals however, should be guided by an individualized assessment plan and collaborative agreement towards one's individualized success towards recovery.

Therefore, the treatment of each case is unique and so a national standardized substance abuse treatment and goals are mirrored to identify all the obstacles that can be expected, but then is tailored for each specific case in order to incorporate and maintain cultural awareness, competency and sustainability.

Due to the transitioning of the Partnerships for Success Grant a vital funding resource for the CHCC Prevention Services Unit, key personnel supported lead personnel to ensure that CNMI SEW goals and objectives are pursued. For this grant assessment and plan, the Prevention Services Unit will pursue eligible funding opportunity announcements with attempts to continue established SEW efforts during the 2020-2021 project period.

Within 2020-2021, the CHCC Community Guidance Center will be with goals and objectives towards pursuing a community and organizational assessment utilizing obtain federal funding resources. These

identified tasks will provide information, data to help identify the unmet service needs and critical gaps within the current system.