

8. Primary Prevention-Required SABG

Please respond to the following questions: Assessment

1. Does your state have an active State Epidemiological and Outcomes Workgroup (SEOW)? Yes
2. Does your state collect the following types of data as part of its primary prevention needs assessment process? Yes. Substance Using Behaviors
3. Does your state collect needs assessment data that include analysis of primary prevention needs for the following population groups? Yes
Children (under age 12)
Youth (ages 12-17)
Young adults/college age (ages 18-26)
Adults (ages 27-54)
Older adults (age 55 and above)
Cultural/ethnic minorities
Sexual/gender minorities
Rural communities
4. Does your state use data from the following sources in its primary prevention needs assessment?
Yes, Youth Risk Behavior Surveillance System (YRBS)
Community Behavioral Health Survey coordinated by State Epi Workgroup.
5. Does your state use needs assessment data to make decisions about the allocation of SABG primary prevention funds? Yes , Currently the CGC are with efforts to utilize SAB funding resources to ensure that the Synar Program planning and operational support are in line with block grant expectations.

Capacity Building

1. Does your state have a statewide licensing or certification program for the substance use disorder prevention workforce? a) Yes
Through the Pacific Behavioral Health Collaborating Council, the Pacific Behavioral Health and Addiction Certification Commission ensure that the CNMI jurisdiction are with efforts to ensure that the substance use prevention workforce pursue regional and state licensing/certification efforts.
2. Does your state have a formal mechanism to provide training and technical assistance to the substance use disorder prevention workforce? a) Yes

The CGC Prevention Unit pursues efforts to ensure that training and technical assistance are established within program priorities and goals.
3. Does your state have a formal mechanism to assess community readiness to implement prevention strategies? Yes,
Through the CNMI community there are identified professionals who are able to employ community readiness efforts to implement strategies.

Planning

1. Does your state have a strategic plan that addresses substance use disorder prevention that was developed within the last five years? No
2. Does your state use the strategic plan to make decisions about use of the primary prevention set-aside of the SABG? No
3. Does your state's prevention strategic plan include the following components? None Apply (check all that apply): a) Based on needs assessment datasets the priorities that guide the allocation of SABG primary prevention funds b) Timelines c) Roles and responsibilities d) Process indicators e) Outcome indicators f) Cultural competence component g) Sustainability component h) Other (please list:) i) Not applicable/no prevention strategic plan
4. Does your state have an Advisory Council that provides input into decisions about the use of SABG primary prevention funds? No
5. Does your state have an active Evidence-Based Workgroup that makes decisions about appropriate strategies to be implemented with SABG primary prevention funds? No

Implementation

1. States distribute SABG primary prevention funds in a variety of different ways. Please check all that apply to your state: **a) SSA staff directly implements primary prevention programs and strategies.** b) The SSA has statewide contracts (e.g. statewide needs assessment contract, statewide workforce training contract, statewide media campaign contract). c) The SSA funds regional entities that are autonomous in that they issue and manage their own sub-contracts. d) The SSA funds regional entities that provide training and technical assistance. e) The SSA funds regional entities to provide prevention services. f) The SSA funds county, city, or tribal governments to provide prevention services. g) The SSA funds community coalitions to provide prevention services. h) The SSA funds individual programs that are not part of a larger community effort. i) The SSA directly funds other state agency prevention programs. j) Other (please describe)
2. Please list the specific primary prevention programs, practices, and strategies that are funded with SABG primary prevention dollars in each of the six prevention strategies. Please see the introduction above for definitions of the six strategies:
 - a) Information Dissemination: With inter-program coordination the Recovery Clinic and Prevention unit provide opportunity for information dissemination through government and non-government community outreach activities.
 - b) Education: The Prevention Unit provide school and community based substance use disorder prevention presentations to increase community awareness and readiness.
 - c) Alternatives: N/A
 - d) Problem Identification and Referral: N/A
 - e) Community-Based Processes: There are identified efforts like the SAPST Training to ensure community are able to access substance abuse prevention training and technical assistnace.

e) Environmental: Maintaining yearly efforts, the Prevention Unit ensures the completion of the Synar merchant training to include compliance checks.

16. Does your state have a process in place to ensure that SABG dollars are used only to fund primary prevention services not funded through other means? Yes
Utilizing current CGC administrative protocols, the CGC Management ensures that SABG dollars are utilized to ensure that 20 percent of the SABG are used to support substance use disorder prevention efforts.

Evaluation

1. Does your state have an evaluation plan for substance use disorder prevention that was developed within the last five years? No

2. Does your state's prevention evaluation plan include the following components? (check all that apply):
a) Establishes methods for monitoring progress towards outcomes, such as targeted benchmarks
b) Includes evaluation information from sub-recipients c) Includes SAMHSA National Outcome Measurement (NOMs) requirements d) Establishes a process for providing timely evaluation information to stakeholders e) Formalizes processes for incorporating evaluation findings into resource allocation and decision-making f) Other (please describe:)
g) Not applicable/no prevention evaluation plan

3. Please check those process measures listed below that your state collects on its SABG funded prevention services: a) Numbers served b) Implementation fidelity c) Participant satisfaction d) Number of evidence based programs/practices/policies implemented e) Attendance f) Demographic information g) Other (please describe:)

4. Please check those outcome measures listed below that your state collects on its SABG funded prevention services: a) 30-day use of alcohol, tobacco, prescription drugs, etc... b) Heavy use Binge use Perception of harm c) Disapproval of use d) Consequences of substance use (e.g. alcohol-related motor vehicle crashes, drugrelated mortality)
e) Other (please describe) **Specific to Synar Inspections, Number of retailers in compliance.**

Primary Prevention for Substance Abuse

Through the SEW, data on substance use consumption patterns and consequences of use are collected every two years for youth grades 7-12 by the CNMI Public School System via the Youth Risk Behavior Survey. Additionally, adult substance use consumption and consequence data was collected through the CNMI Behavioral Health Survey (CBHS) in the absence of the NSDUH or BRFSS in the CNMI. The CBHS is a state developed survey that is implemented every two years as well. The data collected and the CNMI Epidemiological Profile completed annually by the CNMI State Epidemiological Workgroup (SEW), a needs assessment process was conducted that led to two priority areas: Underage Drinking and the Promotion and Awareness of the Misuse of Prescription Drugs. Furthermore, the Prevention Services Unit utilized the data provided by the SEW to include alcohol compliance checks to address the enforcement of the local alcohol access laws. As a part of the Synar Program, tobacco compliance checks are conducted annually. In an effort to streamline state funds and coordinate resources, alcohol compliance checks will be included to address the priority of Underage Drinking and the enforcement of alcohol access laws.

The Prevention Services Unit continues to monitor the capacity of its prevention workforce in an effort to further build its prevention system capacity. This includes the participation of staff in state provided training and technical assistance opportunities, including federally sponsored conferences and workshops, and webinars. These capacity building opportunities provide prevention staff with the skills and

knowledge essential to advancing the state's prevention system. The Prevention Specialist is responsible for the monitoring of prevention personnel's professional development through the use of the internal workforce development document, which includes the tracking of training received, hours completed, and if applicable, the number of continuing education units obtained.

The Prevention Services Unit is working on policy to formalize a mechanism geared towards obtaining an IC&RC certificate for a Certified Prevention Specialist. Although the CNMI does not have a statewide licensing board, the CHCC is part of the Pacific Behavioral Health Collaborating Council, a body that oversees the licensing and administration of our CPS certification for the region. This includes CNMI, Guam, RMI, FSM, American Samoa, and the Republic of Palau. Additionally, other behavioral health personnel and key stakeholders in the CNMI are included and provided with most of the training opportunities to further enhance the CNMI's prevention system.

The Prevention Services Unit under the CGC, however, does have a strategic that was maintained since September 2015. The strategic plan addresses the goals and priorities to the Strategic Prevention Framework Partnerships For Success (SPF PFS) grant and the prevention portion of the SABG. With the minimal prevention funding provided for by the SABG, the entire prevention set-aside goes directly to fund the Synar Program. The FTE covered by this funding, of course, works directly with community organizations to collaboratively plan, implement, evaluate, and monitor prevention strategies, activities, and programs. The Synar Program in its efforts affects and provides direct service to all CNMI-licensed tobacco retailer establishments through the Tobacco Retailer Education Workshop. As the primary prevention set-aside is significantly limited, the overall Prevention Services Unit's strategic plan is an essential tool that helps determine how we can leverage funds to maximize resources to implement strategies and interventions to further strengthen the prevention system. This includes implementing alcohol compliance checks in coordination with the required tobacco compliance checks, including the retail merchant education workshop. The implementation of the identified environmental strategies assists in the overall prevention unit's efforts to meet its goals and priorities. As part of the plan of SPF PFS, the state is working to reactivate the evidence-based workgroup that was established under the SPF SIG. The primary purpose was to work with the SPF PFS sub grant recipients and determine whether the planned prevention activities were evidence-based and culturally appropriate.

If it was determined that the prevention activities were not evidence-based, the workgroup would work closely with the sub grant recipients to document the strategies and ensure interventions are delivered in a culturally appropriate manner.

Twenty Percent of SABG Prevention set-aside will go to the CGC Prevention Services Unit to increase environmental strategies to ensure retailers within the CNMI adhere to regulations pertaining to the illegal sales of Alcohol and Tobacco to minors. These include community-based processes and networking with key community stakeholders for education and outreach, environmental strategies, information dissemination, and problem identification and referral.

Over eighty percent of the SABG Prevention set-aside goes directly to fund the Synar Program. The FTEs covered by this funding will work directly with state partners and community organizations to collaboratively plan, implement, evaluate, and monitor prevention strategies, activities, and programs. The Synar Program in its efforts affects and provides direct service to all CNMI-licensed tobacco retailer establishments through the Tobacco Retailer Education Workshop.

Furthermore, the Synar Program has the Annual Synar Report (ASR) and the SSES as its means of collecting, reporting, and monitoring Synar data. The Synar Program, prevention services unit, key stakeholders – the Department of Public Safety, the Department of Commerce: Alcohol Beverage and Tobacco Control, the Criminal Justice Planning System, and Public School System – review the ASR,

SSES, evaluation forms from the Tobacco Retailer Workshop and the Synar Training for improvement measures and adaptation of annual plans.