

10. Substance Use Disorder Treatment-Required SABG

Criterion 1: Prevention and Treatment Services - Improving Access and Maintaining a Continuum of Services to Meet State Needs

Improving access to treatment services

1. Does your state provide:

a) A full continuum of services

- | | |
|---------------------------------|---|
| i) Screening | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| ii) Education | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| iii) Brief Intervention | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| iv) Assessment | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| v) Detox (inpatient/social) | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| vi) Outpatient | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| vii) Intensive Outpatient | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| viii) Inpatient/Residential | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| ix) Aftercare; Recovery support | <input type="radio"/> Yes <input checked="" type="radio"/> No |

b) Are you considering any of the following:

- | | |
|---|---|
| Targeted services for veterans | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Expansion of services for: | |
| (1) Adolescents | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| (2) Other Adults | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| (3) Medication-Assisted Treatment (MAT) | <input type="radio"/> Yes <input checked="" type="radio"/> No |

FY2018-FY2019

Currently, the CGC has access to a limited team within the Recovery Clinic. The current Recovery Clinic consists of a Substance Abuse Treatment Supervisor, Peer Support Services Coordinator, Addiction Services Technician II, and two Behavioral Health Technicians. Current agency funding resources are limited federal funding resources which key personnel are used to maintain vital operations outside of the clinical team. The Recovery Clinic is currently providing substance abuse intervention services, anger management, 7-week psycho-education classes, and family education services. Within the CNMI jurisdiction there are four certified alcohol and drug counselors which the CGC Substance Abuse Treatment Supervisor is one of the four. The remaining three professionals are established in the community within private and non-profit organizations providing various substance abuse treatment or related services.

Due to the limited clinical capacity of the Recovery Clinic, services are consistent with the American Society of Addiction Medicine (ASAM) level of care .5, psycho-education and brief intervention services. The clinic provides screening, biopsychosocial assessments, treatment planning, a 7-week psycho-education class (“Discovery Course”), an alcohol and drug educational group, a 10 Week Anger Management class, hosting of Recovery Support Meetings (Alcoholics Anonymous/Narcotics

Anonymous), and brief Family Education Services. Individuals requiring additional services are able to access brief intervention/brief treatment counseling sessions and also invited to stay connected to program recovery support meetings as well as coordinated peer support outreach activities. As entry-level behavioral health providers become trained up towards being able to provide appropriate direct care services, such as life skills psycho-education courses, social skills groups, and introductory substance abuse psychoeducation courses, the current recovery clinical teams are with plans to increase the level of substance abuse treatment services towards outpatient and eventually intensive outpatient levels of care.

Finally, the CGC wishes to continue to work collaboratively with other local agencies and programs that offer the community hope through behavioral health and rehabilitative services. For example, through the expansion plan the CGC will increase capacity to assist Drug Court such that the newly hired provider will be designated to attend weekly Drug Court activities 1-2 days per week, as capacity allows.

Criterion 2: Improving Access and Addressing Primary Prevention - See Narrative 9. Primary Prevention-Required SABG.

FY2018-FY2019

The Community Guidance Center are with efforts to increase primary prevention efforts utilizing available federal and state funding resources to ensure that identified priorities are addressed. Through the Commonwealth Healthcare Corporation, the Community Guidance Center are with efforts to maintain the CNMI Blue Ribbon Community Action efforts to establish a collaboration within the government and nongovernmental organizations to include vital community organizations which focus on identifying priority areas within substance abuse prevention continuum.

Criterion 3: Pregnant Women and Women with Dependent Children (PWWDC)

1. Does your state meet the performance requirement to establish and/or maintain new programs or expand programs to ensure treatment availability? Yes No
2. Either directly or through an arrangement with public or private non-profit entities make prenatal care available to PWWDC receiving services? Yes No
3. Have an agreement to ensure pregnant women are given preference in admission to treatment facilities or make available interim services within 48 hours, including prenatal care? Yes No
4. Does your state have an arrangement for ensuring the provision of required supportive services? Yes No
5. Are you considering any of the following:
 - a) Open assessment and intake scheduling Yes No
 - b) Establishment of an electronic system to identify available treatment slots Yes No
 - c) Expanded community network for supportive services and healthcare Yes No
 - d) Inclusion of recovery support services Yes No
 - e) Health navigators to assist clients with community linkages Yes No
 - f) Expanded capability for family services, relationship restoration, custody issue Yes No
 - g) Providing employment assistance Yes No
 - h) Providing transportation to and from services Yes No
 - i) Educational assistance Yes No
6. States are required to monitor program compliance related to activities and services for PWWDC. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.

Within the CNMI, individuals who are considered PWWDC who seek substance abuse treatment services are assisted, ensuring that services are prioritized. Within the CGC, there are available funding efforts and systemic efforts to establish referrals within the community to ensure that priority clients are provided with needed services.

FY2018-FY2029

The Commonwealth Healthcare Corporation oversees primary care, public health prevention & promotion to include behavioral health services and promotion; Women's Clinic under the Commonwealth Health Center, Maternal & Child Health Bureau a division under the Department of Public Health Services to include CGC which focuses on behavioral health services.

The CGC Clinical Supervisor oversees wellness and recovery services to include coordination of maintaining program priorities while maintaining treatment services. Specific to identified children living with severe emotional disturbance population, CGC received funding resources to establish a Systems of Care planning and implementation to segway through strengthening behavioral health services. CGC partners with these stakeholders to ensure seamless referrals to appropriate services and services to assist promotion of wellness.

Prenatal care service is provided at the Women's Clinic located at the Commonwealth Healthcare Corporation, and Rota and Tinian Health Centers. In addition, Medicaid enrollees can access prenatal care services at 4 Medicaid participating private health clinics. The first visit involves prenatal first visit intake/interview by nurse, physical exam (pap test), blood work, counseling, including HIV testing. The revisit exams include monitoring baby's growth and development and the mother's condition, and continue counseling and education.

Case management is provided to pregnant women with pre-existing conditions such as hypertension, heart condition, diabetes and other medical issues. Follow-up is provided during postpartum care. The new Affordable Care Act Maternal Infant and Early Childhood Home Visiting Program (HVP) provide home visiting service and coordination of services to families living in at-risk communities. Thus, the program will serve some higher risk, more vulnerable families, such as those where a parent has depression, a substance abuse problem, is at risk for abuse and neglect, and/or is experiencing family violence, either singly or in combination. The program also links with its partners such as CGC for early intervention and referral into professional services such as substance abuse treatment or mental health services. The HVP works with its partners to give attention to the implementation of strategies that will address the needs of higher risk families. The HVP also has an MOU with partners such as the Women's Clinic, Family Planning Program, Domestic Violence Coalitions, and other related stakeholders to update and shorten the medical history form to make it more user friendly when asking questions about alcohol, drug use (including cigarettes) and screening risks for domestic violence.

The CGC will continue to maintain the following activities:

- Reevaluate the services that are being provided at the peripheral clinics on the island of Saipan and incorporate any changes that will improve the delivery of services to this client population.
- Continue to maintain a good working relationship with the resident behavioral health/substance abuse clinicians at the Rota Health Center so that treatment and referral services are regularly available for the clients in Rota.
- Continue to provide partnership and support of enhancing treatment access to services to the island of Tinian through the Tinian Health Center until they hire a new Behavioral Health/Substance Abuse Counselor.

- Continue to partner and collaborate with the Family Violence Task Force and will strengthen the working relationship with the women’s shelter that houses battered women and their dependent children to provide counseling and education wherever appropriate.

Criterion 4, 5 and 6: Persons Who inject Drugs (PWID), Tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hypodermic Needle Prohibition, and Syringe Services Program
Persons Who Inject Drugs (PWID)

1. Does your state fulfill the:

- a) 90 percent capacity reporting requirement Yes No
- b) 14-120 day performance requirement with provision of interim services Yes No
- c) Outreach activities Yes No
- d) Syringe services programs Yes No
- e) Monitoring requirements as outlined in the authorizing statute and implementing regulation Yes No

2. Are you considering any of the following:

- a) Electronic system with alert when 90 percent capacity is reached Yes No
- b) Automatic reminder system associated with 14-120 day performance requirement Yes No
- c) Use of peer recovery supports to maintain contact and support Yes No
- d) Service expansion to specific populations (military families, veterans, adolescents, older adults) Yes No

3. States are required to monitor program compliance related to activities and services for PWID. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.

Within the Commonwealth Healthcare Corporation, the Division of Public Health through the HIV STI Resource and Treatment Center and collaborative efforts alongside the Community Guidance Center to ensure that CGC consumers are provided with necessary referral and identified services. Due to limited program capacity, necessary support is provided by the DPH HIV and STI Resource and Treatment Center. CGC consumers who identify as IDVU are provided with information and referral to the HIV STI Resource and Treatment Center to ensure that they are provided with necessary services to ensure wellness and recovery efforts.

Tuberculosis (TB)

1. Does your state currently maintain an agreement, either directly or through arrangements with other public and nonprofit private entities to make available tuberculosis services to individuals receiving SUD treatment and to monitor the service delivery? Yes No

2. Are you considering any of the following:

- a) Business agreement/MOU with primary healthcare providers Yes No
- b) Cooperative agreement/MOU with public health entity for testing and treatment Yes No
- c) Established co-located SUD professionals within FQHCs Yes No

3. States are required to monitor program compliance related to tuberculosis services made available to individuals receiving SUD treatment. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.

Within the Commonwealth Healthcare Corporation, the Division of Public Health provides TB Services and collaborative efforts alongside the Community Guidance Center to ensure that CGC consumers are provided with necessary referral and identified services.

Criterion 8, 9 and 10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review

Syringe System Needs

- 1. Does your state have in place an agreement to ensure that the state has conducted a statewide assessment of need, which defines prevention and treatment authorized services available, identified gaps in service, and outlines the state's approach for improvement Yes No

- 2. Are you considering any of the following:
 - a) Workforce development efforts to expand service access Yes No
 - b) Establishment of a statewide council to address gaps and formulate a strategic plan to coordinate services Yes No
 - c) Establish a peer recovery support network to assist in filling the gaps Yes No
 - d) Incorporate input from special populations (military families, service members, veterans, tribal entities, older adults, sexual and gender minorities) Yes No
 - e) Formulate formal business agreements with other involved entities to coordinate services to fill gaps in the system, i.e. primary healthcare, public health, VA, community organizations Yes No
 - f) Explore expansion of service for:
 - i) MAT Yes No
 - ii) Tele-Health Yes No
 - iii) Social Media Outreach Yes No

Service Coordination

- 1. Does your state have a current system of coordination and collaboration related to the provision of person-centered and person-directed care? Yes No

- 2. Are you considering any of the following:
 - a) Identify MOUs/Business Agreements related to coordinate care for persons receiving SUD treatment and/or recovery services Yes No
 - b) Establish a program to provide trauma-informed care Yes No
 - c) Identify current and perspective partners to be included in building a system of care, e.g. FQHCs, primary healthcare, recovery community organizations, juvenile justice systems, adult criminal justice systems, and education Yes No

Charitable Choice

1. Does your state have in place an agreement to ensure the system can comply with the services provided by nongovernment organizations (42 U.S.C. § 300x-65, 42 CF Part 54 (§54.8(b) and §54.8(c)(4)) and 68 FR 56430-56449) Yes No
2. Are you considering any of the following:
 - a) Notice to Program Beneficiaries Yes No
 - b) Develop an organized referral system to identify alternative providers Yes No
 - a) Develop a system to maintain a list of referrals made by religious organizations Yes No

Referrals

1. Does your state have an agreement to improve the process for referring individuals to the treatment modality that is most appropriate for their needs? Yes No
2. Are you considering any of the following:
 - a) Review and update of screening and assessment instruments Yes No
 - b) Review of current levels of care to determine changes or additions Yes No
 - c) Identify workforce needs to expand service capabilities Yes No
 - d) Conduct cultural awareness training to ensure staff sensitivity to client cultural orientation, environment, and background Yes No

Patient Records

1. Does your state have an agreement to ensure the protection of client records? Yes No
2. Are you considering any of the following:
 - a) Training staff and community partners on confidentiality requirements Yes No
 - b) Training on responding to requests asking for acknowledgement of the presence of clients Yes No
 - c) Updating written procedures which regulate and control access to records Yes No
 - d) Review and update of the procedure by which clients are notified of the confidentiality of their records include the exceptions for disclosure Yes No

Independent Peer Review

1. Does your state have an agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers? Yes No
2. Section 1943(a) of Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. § 300x-52(a)) and 45 § CFR 96.136 require states to conduct independent peer review of not fewer than 5 percent of the block grant sub-recipients providing services under the program involved.

Please provide an estimate of the number of block grant sub-recipients identified to undergo such a review during the fiscal year(s) involved.

Through the Community Guidance Center under the Commonwealth Healthcare Corporation there are completed audits to ensure to evaluate programs and the financial department. Through coordinated efforts there are efforts to ensure that CGC programs have quality assurance protocols. There are plans to ensure that a independent peer review is completed in consultation with the contracted technical assistance provider to the region.

3. Are you considering any of the following:
 - a) Development of a quality improvement plan Yes No
 - b) Establishment of policies and procedures related to independent peer review Yes No
 - c) Develop long-term planning for service revision and expansion to meet the needs of specific populations Yes No
4. Does your state require a block grant sub-recipient to apply for and receive accreditation from an independent accreditation organization, e.g., Commission on the Accreditation of Rehabilitation Facilities (CARF), The Joint Commission, or similar organization as an eligibility criterion for block grant funds? Yes No
If YES, please identify the accreditation organization(s)
 - i) Commission on the Accreditation of Rehabilitation Facilities
 - ii) The Joint Commission
 - iii) Other (please specify)

FY2020-2021

The Commonwealth Healthcare Corporation (CHCC) currently has a Performance Improvement and Quality Improvement Program Director works directly with the three divisions within the CHCC – the Division of Public Health, the Commonwealth Health Center (hospital), and the Community Guidance Center (Behavioral Health Division). By FY2017, a Program Integrity Plan will be finalized for the Community Guidance Center (CGC) with a designated staff person within CGC assigned to monitor, update, implement, and address barriers to accomplishing the plan deliverables.

Currently, the monitoring of the SAPT and CMHS Block Grant funds is through collective efforts of the Program Coordinators, Unit Supervisors and Managers, and Finance Manager by means of budget review, expenditure report analysis, performance analysis, as well as collaborative discussions regarding program deliverables and priorities. Part of infrastructure and workforce development involves assessment of training needs that include quality improvement as well as that of core training for all CHCC management and employees that include safety and confidentiality training. Training needs have been identified in the different teams' strategic plan which was drafted in October 2015. Current Technical Assistance and Training is being sought by the CHCC to develop and enhance the billing system that is inclusive of Behavioral Health services. Services provided by the SAPT/CMHS Block Grants are currently made available to all eligible consumers regardless of insurance status or coverage by Medicaid.

Within the Recovery Clinic at the Community Guidance Center there are efforts to ensure that there are government and nongovernmental linkages and partnerships developed to ensure that there are

appropriate substance abuse treatment levels of care within the CNMI. Through the CNMI Blue Ribbon Community Action Team, there will be a unified platform for substance abuse prevention, treatment and recovery continuum of care to ensure that services are available to consumers and families who are in need but to also ensure that resources are leveraged to prevent duplicative services.

Criterion 7 and 11: Group Homes for Persons In Recovery and Professional Development

Criterion 7&11

Group Homes

1. Does your state have an agreement to provide for and encourage the development of group homes for persons in recovery through a revolving loan program? Yes No
2. Are you considering any of the following:
 - a) Implementing or expanding the revolving loan fund to support recovery home development as part of the expansion of recovery support service Yes No
 - b) Implementing MOUs to facilitate communication between block grant service providers and group homes to assist in placing clients in need of housing Yes No

Professional Development

1. Does your state have an agreement to ensure that prevention, treatment and recovery personnel operating in the state's substance use disorder prevention, treatment and recovery systems have an opportunity to receive training on an ongoing basis, concerning:
 - a) Recent trends in substance use disorders in the state Yes No
 - b) Improved methods and evidence-based practices for providing substance use disorder prevention and treatment services Yes No
 - c) Performance-based accountability Yes No
 - d) Data collection and reporting requirements Yes No
2. Are you considering any of the following:
 - a) A comprehensive review of the current training schedule and identification of additional training needs Yes No
 - b) Addition of training sessions designed to increase employee understanding of recovery support services Yes No
 - c) Collaborative training sessions for employees and community agencies' staff to coordinate and increase integrated services Yes No
 - d) State office staff training across departments and divisions to increase staff knowledge of programs and initiatives, which contribute to increased collaboration and decreased duplication of effort Yes No

Waivers

Upon the request of a state, the Secretary may waive the requirements of all or part of the sections 1922(c), 1923, 1924, and 1928 (42 U.S.C. § 300x-32(f)).

1. Is your state considering requesting a waiver of any requirements related to:
 - a) Allocations regarding women Yes No
2. Requirements Regarding Tuberculosis Services and Human Immunodeficiency Virus:
 - a) Tuberculosis Yes No
 - b) Early Intervention Services Regarding HIV Yes No
3. Additional Agreements
 - a) Improvement of Process for Appropriate Referrals for Treatment Yes No
 - b) Professional Development Yes No
 - c) Coordination of Various Activities and Services Yes No

Please provide a link to the state administrative regulations, which govern the Mental Health and Substance Use Disorder Programs.

Within the CNMI there are no established state administrative regulations which govern the Mental Health and Substance Use Disorder Programs.

Within the CNMI, under the Governor's Office the established Substance Abuse and Rehabilitation Program appropriated state resources to establish a group home for which was implemented August 2017 and proposed for FY2018.

Through the Pacific Behavioral Health Collaborating Council, the Pacific Behavioral Health Initiative, there are regional efforts to establish and promote substance abuse prevention and treatment professional development to ensure that regional certifications are promoted, pursued and maintained. Within the CNMI jurisdiction, there are efforts at CGC to provide and maintain efforts to increase professional development efforts to assist prevention and treatment workforce efforts to obtain necessary regional and national certification.

Footnote Narrative:

Currently within CNMI's FY2019, consumers who seek substance use disorder services from the Community Guidance Center's Recovery Clinic and also considered to be Pregnant Women and Women with Dependent Children have access to another division under the Division of Public Health Service's Maternal and Child Health Bureau to access primary or public health services. Individuals who are considered to be PWWDC are prioritized population with increasing efforts to ensure that needed services are obtained. Within this FY2019 under the Governor's Office, the Substance Abuse & Rehabilitation Program's HOPE Recovery Center provides intensive outpatient treatment services with access to sober living group homes. Consumers who are considered PWWDC are able to access referred services currently currently at no cost.

Although there have been established community providers and other Government designated substance use disorder treatment providers and services, SAPT funding is still being utilized at CGC's Recovery Clinic to ensure that services are provided contingent to available workforce and funding resources. Currently CGC's Recovery Clinic is providing intensive outpatient treatment level of care. Currently CGC's Recovery Clinic have no plans to establish sub recipients within the CNMI.

Currently, CGC consumers are provided with services which through screening and assessment, needed referrals are made to other programs within the CHCC public health programs to include outpatient clinic called the Family Care Clinic and the Women's Clinic at the Commonwealth Health Center. Recovery Clinic personnel are trained and oriented to prioritize special populations, individuals who are considered PWWDC. The social work office within the Commonwealth Health Center provide referrals and coordinate outreach referrals to Women who disclose that they were using substances during pregnancy to include instances where individuals and infants test positive for alcohol and other substances during delivery. With coordination and partnership with the Division of Public Health's Maternal and Child Health Bureau, there will be plans to strengthen services and coordination for early detection of individuals who are considered PWWDC and also living with SUDs.

Currently, CGC consumers are provided with services which through screening and assessment, needed referrals are made to other programs within the CHCC public health programs to include outpatient clinic called the Family Care Clinic and the Women's Clinic at the Commonwealth Health Center. Recovery Clinic personnel are trained and oriented to prioritize special populations, individuals who are considered PWWDC. The social work office within the Commonwealth Health Center provide referrals and coordinate outreach referrals to Women who disclose that they were using substances during pregnancy to include instances where individuals and infants test positive for alcohol and other substances during delivery. With coordination and partnership with the Division of Public Health's Maternal and Child Health Bureau, there will be plans to strengthen services and coordination for early detection of individuals who are considered PWWDC and also living with SUDs.

Independent Peer Review: Currently, the CGC does not utilize SAPT Block Grant funding for sub recipients.