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Returning from Service

Greg Borja, *Projects Specialist*

I recently took part in the 1st Annual Veteran’s Resource Fair hosted by Congressman Kilili. I had an opportunity to meet with many of the men and women who served our country in a time of war and returned home after deployment with physical and/or mental limitations caused by Traumatic Brain Injury (TBI) and/or Post Traumatic Stress Disorder (PTSD). The limitations these brave people now live with may create barriers when seeking and maintaining employment.

March is **Brain Injury Awareness Month** and the Brain Injury Association of America (BIAA) leads the brain injury community in raising awareness about brain injuries by designating the month of March as a time to recognize and support the millions of Americans who live with brain injuries. More



than 2.5 million people in the United States sustain traumatic brain injuries (TBIs) each year, and 1 million more experience strokes and other acquired brain injuries. At least 5.3 million Americans live with TBI-related disabilities at a cost of more than \$76 billion each year.

People living with brain injuries want the same things we all want: a good job, someone to love, a nice home, and fun in their lives. They want to be defined by who they are as people, not by the challenges presented by their injuries. Some symptoms related to TBI include, physical symptoms like headaches or trouble sleeping in addition to Mental or Emotional symptoms like memory problems, depression, and anxiety.

HOW TRAUMATIC BRAIN INJURY (TBI) AFFECTS DAILY LIFE

HEALTHY

- Frontal: Concentration, Problem Solving, Speech
- Parietal: Sense of Touch, Pain, Temperature
- Occipital: Healthy Vision
- Temporal: Memory, Organization
- Cerebellum: Balance & Coordination
- Brainstem: Breathing, Steady Heart Rate



TBI

- Frontal: Lack of Focus, Irritability, Language Difficulty
- Parietal: Difficulty with Reading, Spatial Misperception
- Occipital: Blind Spots, Blurred Vision
- Temporal: Problems with Short- & Long-Term Memory
- Cerebellum: Difficulty Walking, Slurred Speech
- Brainstem: Changes in Breath, Difficulty Swallowing


Data © Mayfield Clinic

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The US Department of Veterans Affairs looks at the links between TBI and PTSD, because TBI is caused by trauma and there is symptom overlap, it can be hard to tell what the underlying problem is. In addition, many people who get a TBI also develop PTSD. PTSD is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault. It's normal to have upsetting memories, feel on edge, or have trouble sleeping after this type of event. At first, it may be hard to do normal daily activities, like go to work, go to school, or

What are Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD)?

- Both TBI & PTSD are closely related, and in many cases, directly related.
- Explosions, by way of direct impact or form a blast wave, injures the brain- usually when it ricochets off of the skull.
- Blast-induced TBI is different than traditional brain injuries because of compounded PTSD causal factors
- Many symptoms of TBI are identical to symptoms of PTSD
 - Depression
 - Anxiety
 - Forgetfulness
 - Sleep difficulties
 - Difficulty concentrating
 - Muscle spasms
 - Irritability
 - Headache
 - Nausea
 - Fatigue
- Affects both the military and civilians



spend time with people you care about. But most people start to feel better after a few weeks or months. If it's been longer than a few months and you're still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later on, or they may

come and go over time. Common symptoms of PTSD may include, reliving the event that caused the trauma (a flashback), avoiding situations that remind you of the event, depression and anxiety, and relationship problems.

There are many ways to cope with living with a TBI or PTSD. For more information, please visit the Dept of Veterans Affairs website at www.va.gov and www.biausa.org.

For more information on legal protections you may have please contact NMPASI at 235-7273 or visit us online at www.nmpasi.org.

This document is partially paid for by funding from the Department of Health and Human Services (DHHS), the Department of Education (DOE), Substance Abuse and Mental Health Services Administration/Center for Mental Health Services (SAMSHA/CMHS) and the Social Security Administration (SSA). The contents are the sole responsibility of the authors and do not necessarily represent the official views of DHSS, DOES, SAMSHA/CMHS or SSA.

COALITION FOR ANTI-STIGMA OF MENTAL ILLNESS IN THE CNMI (CAMI-CNMI)

NOTICE OF ANNUAL MEMBERSHIP MEETING & BOARD OF DIRECTORS MEETING

**WHEN: Wednesday, MARCH 22, 2017:
Annual Membership Meeting at 6 p.m.
with Board of Directors Meeting following immediately thereafter**

WHERE: NMPASI CONFERENCE ROOM

PURPOSE:

Annual Membership Meeting:

- * Fulfill annual membership meeting requirements in accordance with the Bylaws
 - * Election of Directors
 - * Consider reports of the affairs of the Corporation
 - * Transact such other business as may properly be brought before meeting

Board of Directors Meeting:

- * Election of Officers
- * Transact such other business as may properly be brought before meeting

CAMI-CNMI is a non-profit corporation whose purposes are to advance and promote the rights and welfare of persons who are mentally ill or have mental disorders, to provide services to persons who are mentally ill and their families, to provide and disseminate information to persons who are mentally ill and their families, and to education the general public on issues concerning persons who are mentally ill.

QUALIFICATIONS FOR MEMBERSHIP: Family and friends of persons with mental disorders.

PLEASE JOIN US AS WE MOVE FORWARD TO CARRY OUT THE PURPOSES FOR WHICH CAMI-CNMI WAS FORMED.

For more information, contact the current directors & officers: Kaye Christian, 783-1021, Ashley Moffatt, 285-5822, Jeanne Rayphand at 235-7273 or jeannesq@yahoo.com. 235-7273, or Jimmy Sablan, 235-7273.

ADDICTION

ADDICTION is characterized by:

- A. Inability to consistently **A**bstain;
- B. Impairment in **B**ehavioral control;
- C. **C**ravings; or increased “hunger” for drugs or rewarding experiences;
- D. **D**iminished recognition of significant problems with one’s behaviors and interpersonal relationships
- E. A dysfunctional **E**motional response.

In addiction, there is a significant impairment in executive functioning, which manifests in problems with perception, learning, impulse control, compulsivity, and judgment.

Persistent risk and/or recurrence of relapse, after periods of abstinence, is another fundamental feature of addiction.

Addiction can cause disability or premature death, especially when left untreated or treated inadequately.

As in other health conditions, self-management, with mutual support, is very important in recovery from addiction. Peer support such as that found in various ‘self-help’ activities is beneficial in optimizing health status and functional outcomes in recovery.

Recovery from addiction is best achieved through a combination of self-management, mutual support, and professional care provided by trained and certified professionals.

The foregoing information was obtained from ASAM American Society of Addiction Medicine, <http://www.asam.org/quality-practice/definition-of-addiction>.

COMMONLY ABUSED DRUGS



Most drugs of abuse can alter a person’s thinking and judgment, leading to health risks, including addiction, drugged driving and infectious disease. Most drugs could

one’s risk for a variety of problems.

Methamphetamine is an extremely addictive stimulant drug. “Short-term health effects include increased wakefulness and physical activity, decreased appetite, and increased blood pressure and body temperature. . . . Long-term health effects include risk of contracting HIV and hepatitis; severe dental problems (“meth mouth”); intense itching, leading to skin sores from scratching; violent behavior; and paranoia. . . [and] “when people stop taking it, withdrawal symptoms can include anxiety, fatigue, severe depression, psychosis, and intense drug cravings.”

This information was provided by National Institute on Drug Abuse (NIDA), www.drugabuse.gov/drugs-abuse.

potentially harm an unborn baby.

Some of the most commonly abused drugs include:

- Alcohol
- Cocaine
- Heroin
- Marijuana
- Methamphetamine

For some drugs, there are no FDA-approved medications to treat the addiction and therefore treatment options consist of behavioral therapies, such as cognitive-behavioral therapy and contingency management or motivation incentives.

In the Commonwealth of the Northern Mariana Islands, we often hear about alcohol addiction and methamphetamine addiction and the effect on family and friends and the community as a whole.

The effect of alcohol varies from person to person, depending on how much and how often the person drinks, and the age, health, and family history of the person. Although drinking alcohol is itself not necessarily a problem, drinking too much can cause a range of consequences and increase

For substance abuse prevention or treatment services in the Commonwealth of the Northern Mariana Islands, contact the Community Guidance Center, Navy Hill, Saipan, by telephone at 323-6560 or email at www.chcc.gov.mp.

The Northern Marianas Protection & Advocacy Systems, Inc. (NMPASI) pursues legal, administrative and other appropriate remedies to protect and advocate for the human, civil, and legal rights of people with disabilities. For more information, contact NMPASI at 235-7273/4 [voice], 235-7275 [fax], or 235-7278 [tty].

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Statewide Independent Living Council Conducts First Meeting

The CNMI Statewide Independent Living Council (SILC) kicked off their first general membership meeting for fiscal year 2017 on March 2, 2017 at the Pacific Islands Club. More than a dozen individuals – comprised of SILC members, OVR staff, State Rehabilitation Council (SRC) chairperson, Council on Developmental Disabilities (CDD) executive director, and guests – contributed to a successful meeting. Members approved the joint SRC and SILC meeting minutes of September 16, 2016. Reports were then delivered by SILC chairperson Emeterio Fitial, Center for Living Independently (CLI) executive director Lydia Igitol, and Office of Vocational Rehabilitation director Arlene Yamagata, M.S., CRC. The SILC also took action to approve OVR's proposed policy revisions to its Independent Living Older Blind (ILOB) Program. Discussions extended to other topics such as State Plan for Independent Living, or SPIL, implementation. Current SPIL goals relate to Independent living services; Competitive integrated employment; Transportation; and Recreation. CDD planner Elizabeth Ada – who coincidentally is the SRC chairperson – informed members of upcoming activities of the VOICES self-advocates in celebration of Developmental Disabilities (March) and Autism (April) awareness month. SILC's next general membership meeting is scheduled for April 28, 2017 to be held in Rota. The mission of the CNMI SILC is to serve individuals with significant disabilities in the CNMI and to promote their independence, productivity, and integration & inclusion into society. The Council supports the independent living philosophy of consumer control, peer support, self-help, self-determination, equal access, and advocacy. For more information, please contact Emeterio Fitial at 322-4303 or Arlene Yamagata at 322-6537/8.



CLI Executive Director Lydia Igitol gives her report during the SILC's FY 2017 First General Membership Meeting on 3/2/17 at PIC, Saipan. Others in photo include, starting from right: SILC Chairperson Emeterio Fitial, SILC Member Thomas Thornburgh, SILC Rota Member Antonelli Rosario, SILC Member Gernadine Camacho, Igitol, OVR Fiscal Officer Lourdes Atalig (partial), OVR Director Arlene Yamagata, M.S., CRC (hidden), CDD Executive Director Pamela Sablan (hidden), and SRC Chairperson Elizabeth Ada. Not in photo: SILC Member Consolacion Atalig and OVR Administrative Manager Josephine Tudela.



Souvenir photo taken at the conclusion of the SILC's FY 2017 First General Membership Meeting on 3/2/17 at PIC, Saipan. Foreground from left: CLI Executive Director Lydia Igitol, OVR Director Arlene Yamagata, M.S., CRC, CDD Executive Director Pamela Sablan, SRC Chairperson Elizabeth Ada, SILC Member Consolacion Atalig, OVR ILOB Case Worker Assistant Ellena Sutton. Background from left: SILC Member Gernadine Camacho, OVR Fiscal Officer Lourdes Atalig, SILC Rota Member Antonelli Rosario, SILC Chairperson Emeterio Fitial, and OVR Administrative Assistant Elvira Seman. Not in photo: SILC Member Thomas Thornburgh and OVR Administrative Manager Josephine Tudela.

Memories of Pain

*I read old poems
Words from long ago
I remember each
All in rows.*

*They remind me
Of a time
When the pain was tense
And everyday mine.*

*I have grown
But I am still me
This disease will stay
I will never be free.*

*The pain comes and goes
Numbed by pills
I know the reason
I am forever ill.*

*What bothers me most
is the judging eyes
those who don't understand
but try to lie.*

*Some try and some don't
Some will never believe
That there are days
I can't stop to breathe.*

*Each type of sickness
comes with its own cost
there will be a day
where all will be lost.*

*I fight as much as I can
But I can't do it for me
I do it for others
So they won't see.*

*My pain is real
It comes and goes
But if I'm smart
No one knows.*

Dr. Cherrie Lovejoy, PhD
Northern Marianas College

My Fear....

Cleo Nening

Everyone has had some experience with anxiety. For me, I start to feel anxious when I have to get up to speak in front of people. Whenever I am told I have to speak or deliver a presentation, I start to feel my heart race, and then my hands get all sweaty.

According to the National Alliance on Mental Illness (NAMI), an estimated of 40 million adults have been diagnosed with Anxiety disorders. So as you can see, you are not alone.

The National Alliance on Mental Illness points out that there are four different types of anxiety disorder:

Panic Disorder

Characterized by panic attacks—sudden feelings of terror—sometimes striking repeatedly and without warning. Often mistaken for a heart attack, a panic attack causes powerful, physical symptoms including chest pain, heart palpitations, dizziness, shortness of breath and stomach upset. Many people will go to desperate measures to avoid having an attack, including social isolation or avoiding going to specific places.

Phobias

Everyone tries to avoid certain things or situations that make them uncomfortable or even fearful. However, for someone with a phobia, certain places, events or objects create powerful reactions of strong, irrational fear. Most people with specific phobias have several triggers. To avoid panicking, someone with specific phobias will work hard to avoid their triggers. Depending on the type and number of triggers, this fear and the attempt to control it can seem to take over a person's life.

Generalized Anxiety Disorder (GAD)

GAD produces chronic, exaggerated worrying about everyday life. This can consume hours each day, making it hard to concentrate or finish routine daily tasks. A person with GAD may become exhausted by worry and experience headaches, tension or nausea.

Social Anxiety Disorder

Unlike shyness, this disorder causes intense fear, often driven by irrational worries about social humiliation—“saying something stupid,” or “not knowing what to say.” Someone with social anxiety disorder may not take part in conversations, contribute to class discussions, or offer their ideas, and may become isolated. Panic attack symptoms are a common reaction.

**For more information about anxiety disorders,
please visit www.nami.org. For more information on
disability protections, please call NMPASI at 235-7273/4.**

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Self-Advocacy - Kagman High School

By: Richard Masiwemai, Teacher - Kagman High School - Special Education Program

The idea of teaching classes to prompt self-advocacy started about two years ago. Initially the idea to teach this class was to deal with the rising number of students not successfully transitioning to life after high school. More recently, a focus-team, the Secondary Transition Cadre, was formed to address the concern of the increasing rate of student drop out amongst students with disabilities. The Transition Advocacy class was first piloted at Kagman High School, KHS, Spring 2016. The same semester Saipan Southern High School, SSHS, and Rita Hocog Inos Jr. / Senior High School, RHIJSHS, were on board. This school year, SY 2017-2018, the decision was made to include middle schools. Currently, it is piloted by Admiral Herbert Hopwood Jr. High School, AHHJHS, Dandan Middle School, DMS, Tinian Jr./Senior High School, TJSHS. Each teacher from these named schools piloting this transition advocacy class make up the Secondary Transition Cadre. The curriculum the Cadre decided to use comes out of the Zarrow Center and for Learning Enrichment, based out of the University of Oklahoma. It is called the ME! Curriculum. This

curriculum was developed by Penny Cantley, Karen Little, & James Martin.

What is Self-Advocacy?

- Self-advocacy refers to an individual's ability to effectively communicate, convey, negotiate or assert his or her own interests, desires, needs, and rights.
- It involves making informed decisions and taking responsibility for those decisions.

Advocacy...

to change "what is" into "what should be"

Transition Advocacy is a semester-long course, offered to students with disabilities at the secondary level. This class is an innovative, student centered course designed around critical transitional skills necessary to emphasize self-advocacy and personal empowerment. Students will learn 21st century transitional skills that will prepare them for a successful independent life both in high school and adulthood. Transition Advocacy addresses the challenges of being an individual with a disability and equips students with vital

self-advocacy skills. This course requires students to not only learn these vital skills, but be prepared to handle any barriers as they transition into adulthood and become contributing members of society.

This class teaches students self-advocacy skills through teaching the different components of Special Education Program. Student learn about their disabilities, IEPs, the different meetings, different accommodations and modifications. Also the class helps students prepare for the biggest transition. It teaches student the different agencies and their services that are available to them as individual with disabilities.

Here at Kagman High School we have seen a growth and maturity in our students who have completed the class. Former students enjoy their opportunity to network with the different local agencies and the services that each agency offers. As a teacher, piloting this program, I have seen an increase of students who have taken ownership of their life as a high school student with a disability.

These articles were sponsored by the Office of Vocational Rehabilitation.



By: Leila Staffler, Principal, Kagman High School

CIRCLES stands for: Communicating Interagency Relationships and Collaborative Linkages for Exceptional Students. CIRCLES is a transition process with multi-levels of intervention with a focus on interagency collaboration. CIRCLES began as a research project is funded through a grant from the

Institute for Educational Sciences (IES) in North Carolina. The CIRCLES Project was conducted at 48 schools across the state of North Carolina in many different settings, from rural farming communities to the urban centers of the city.

CIRCLES involves three levels of interagency collaboration. The first level is at the community-level team. This team provides administrative leadership for the array of transition services offered and assists in finding solutions for problems that may arise in service delivery. The next level of team is the school-level team. This team provides each student with

access to an array of representatives from community agencies that may provide services to the student after graduation. The last level of collaboration, is the individual-level team. This is the team who writes the IEP including the transition component.

How is CIRCLES different than what we already do? This is a great question. The CIRCLES process changes how we approach the transition plan. Right now, when schools plan for a student's transition, starting at age 16, teachers invite a variety of agencies to the IEP

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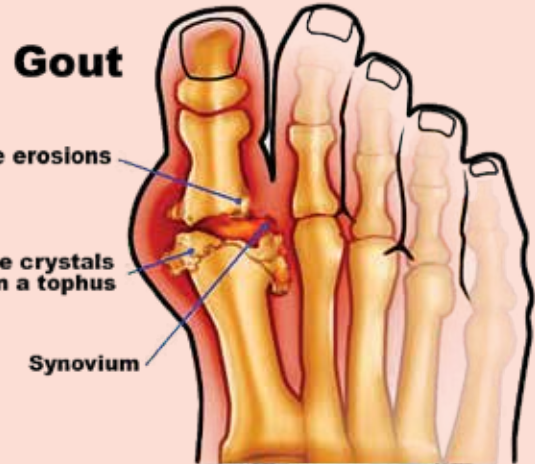
The Gout

Greg Borja, *Projects Specialist*

May is Arthritis Awareness Month. Spearheaded by the Arthritis Foundation their aim is “to make people more aware of arthritis and the issues involved. Arthritis Awareness Month is a time to motivate Americans to get up and move, whilst raising funds for arthritis research, support and advocacy.” In the CNMI one form of arthritis that is prevalent is, as many put it, “THE GOUT!” The Arthritis Foundation states that, “Gout is a form of inflammatory arthritis that develops in some people who have high levels of uric acid in the blood. The acid can form needle-like crystals in a joint and cause sudden, severe episodes of pain, tenderness, redness, warmth and swelling. Gout occurs in about 4% of American adults – about 6 million men and 2 million women.”

I have had the unfortunate experience of having to cope with this condition, and as one friend’s told me, “Welcome to the Gout Club, In For Life.” Gout symptoms will usually go away within three to 10 days, and the next attack may not occur for months, or even years, if at all (mercola.com). The first time I felt the symptoms of gout, I thought I had sprained my ankle (a common occurrence when playing sports at my age). Another friend told me, “If it’s gout, go see your doctor. NOW!” What a great advice because at that point, I could barely walk.

After visiting my doctor, he prescribed for me a couple of medications and provided me with a “Foods to avoid” list. This was the most difficult part as many of the foods I enjoy were on the list including, Red Meat and Beans (bye-bye Mexican food), Bacon, and alcoholic beverages. I did not have to eliminate these foods from my diet, but I needed to moderate my intake. I began taking in more vegetables and even started eating fish. These changes in my diet helped me reduce the occurrences of Gout-related symptoms.



The Arthritis Foundation also recommends reaching and maintaining a proper weight as an important part of managing Gout. Not only does losing weight help reduce the uric acid in the blood, it can lessen the risk of heart disease or stroke, both common in people who have Gout. Being physically active is an important part of managing weight. But getting started on losing weight or being active isn’t always easy. A doctor can help patients set realistic goals and choose appropriate exercise.

Saipan resident Russ Mason had a great article on this topic, Addressing Gout, on Oct 31, 2016 in our local papers. I suggest you look at the information he provides on Gout.

For more information on gout and other arthritic conditions, please visit www.arthritis.org. For more information on protections, you may have please contact NMPASI at 235-7273 or visit us online at www.nmpasi.org.

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meeting. This means that an agency could be invited to upwards of 300 IEP meetings in a school year at all the 5 different CNMI public schools.

With CIRCLES, we change the model, and instead, we organize transition meetings with the agencies who are part of the teaming process and the students who are in need of those particular agencies, present on a scheduled day to the

panel. The panel assesses the student needs and everyone at the table provides input into that student’s IEP plan. This means the agencies only have to commit to a couple of Transition meetings a month. It means that Agencies can also streamline their resources to reduce duplication of services. It means they can reach a wider audience to provide more services to the community as a whole. For families, CIRCLES is like a one

stop shop for transition services. Students present their transition goals and interested pathways to the panel. Students and their advocates work with the agencies to personalize their transition needs.

For more information on the CIRCLES project, please check out <http://circles.uncc.edu/>.

*“Coming together is a beginning
Keeping together is progress
Working together is success”*

Henry Ford

Pacific Rim International Conference on Disability and Diversity October 9-11, 2017



The Pacific Rim International Conference, considered one of the most 'diverse gatherings' in the world, encourages and respects voices from "diverse"

representing all disability areas; experiences of family members and supporters across all disability areas; responsiveness to diverse cultural and language differences; evidence of researchers and academics studying disability; stories of persons providing powerful lessons; examples of program providers, natural supports and allies of persons with disabilities and; action plans to meet human and social needs in a globalized world.

Each year the conference hews to its traditional areas which have bred much of the interdisciplinary research and educational advances of the last three decades. But each year new topics are introduced to foment discussion and change. The intent is to harness the tremendous synergy as generated by the intermingling of these diverse perspectives, thus, creating a powerful program which impacts each individual participant in his or her own unique way.

Conference Website: <http://www.pacrim.hawaii.edu/>
Date: October 9-11, 2017

Location: The Modern Honolulu and Hilton Hawaii Village and Resorts
Organizers: Charmaine Crockett,
Telephone: (808) 956-7539 , **Email:** cccrocke@hawaii.edu.
Registration Contact: Erin Green, prreg@hawaii.edu, (808) 956-8816
- Address: 1410 Lower Campus Rd., #171F Fax: (808) 956-4437

perspective across numerous areas, including: voices from persons representing all disability areas; experiences of family members and supporters across all disability and diversity areas; responsiveness to diverse cultural and language differences; evidence of researchers and academics studying diversity and disability; stories of persons providing powerful lessons; examples of program providers, and; action plans to meet human and social needs in a globalized world.

The International Pacific Rim Conference (Pac Rim) on Disability & Diversity has been widely recognized over the past 30 years as one of the most "diverse gatherings" in the world. The event encourages and respects voices from "diverse" perspective across numerous areas, including: voices from persons

The Northern Marianas College University Centers for Excellence in Developmental Disabilities (UCEDD) and Rota Northern Marianas College collaborated with the Rota's Mayor's Office to offer a Basic American Sign Language (ASL) Class to service providers on Rota on January 27-28, 2017.

Participants included emergency personnel and staffers from the Mayor's Office. The ASL course was a total of 16 hours and had over 15 participants. It course was well received that another ASL class has been scheduled on March 11 & 12, 2017 to meet the needs of teachers on Rota.

For information, you may call on Rota's Northern Marianas College at 532-9513 or email Mr. Martin Mendiola at martin.mendiola@marianas.edu.



Funding is made possible from the U.S. Department of Health & Human Services, Administration for Community Living, Administration on Intellectual and Developmental Disabilities, Pacific Basin University Centers for Excellence and facilitated by the Northern Marianas College University Centers for Excellence in Developmental Disabilities (NMC UCEDD).