

Environmental Factors and Plans

The Health Care System, Parity and Integration-Question 1 & 2 are Required

1. Describe how the state integrates mental health and primary health care, including services for individuals with co-occurring mental and substance use disorders, in primary care settings or arrangements to provide primary and specialty care services in community -based mental and substance use disorders settings.

The sole primary health provider is the Commonwealth Health Care Corporation (CHCC) which is located on Saipan. CHCC comprises three divisions that include the Commonwealth Health Center (Hospital), the Division of Public Health, and the Community Guidance Center (Behavioral Health Division). Rota and Tinian each have their respective Health Centers which comprises primary care, public health care, and behavioral health care. Due to limited emergency and inpatient care services on Rota and Tinian, referrals are often made to the island of Saipan to the “main” facility.

Divisions under the CHCC such as the Public Health (DPH) Division and the Community Guidance Center continue to provide and manage all health services at the hospital including the health centers/ clinics in the neighboring CNMI islands of Rota and Tinian. The Division of Public Health and the Community Guidance Center are headed by its respective directors who report directly to the Chief Executive Officer of the Commonwealth Healthcare Corporation. The CEO reports all activities under CHCC to the CHCC Executive Board and the CNMI Governor.

The Community Guidance Center continues to be the primary provider of comprehensive mental health and substance abuse services for all individuals residing in the CNMI. CGC incorporates all out-patient mental health services and administers all Federal health programs in the CNMI related to mental health and substance abuse, as well as all other publicly funded mental health services. All services and programs administered by the CGC are supervised by substance abuse and mental health program managers under the management of the CGC Director. The CHCC and CGC organizational charts are attached for further review.

Through collaboration and establishing interdependent relationships with other system providers, the CGC is committed to providing high quality mental health and substance abuse treatment and other therapeutic services to the multi-diverse population of the CNMI, as well as support services to families and friends, community outreach, prevention and education services, and referral assistance to other community resources. This comprehensive service system of the CNMI provides an array of treatment and support services for adults with serious mental illnesses (SMI) and children/adolescents with serious emotional disturbances (SED). Despite having limited agency resources, the priority of the CGC has been to provide access to clinically appropriate and effective mental health care and treatment for individuals residing in the CNMI who have SMI/SED and who have limited economic and social resources. It has been the vision of the CGC to ensure that every individual who has made the CNMI their home may be able to live and interact with each other in a community that is not only nurturing to its members’ spiritual growth, psychological balance, emotional stability, and physical well-being, but at the same time fosters the development and maintenance of a cooperative and harmonious society.

To address the CNMI’s movement toward the integration of behavioral health and mental health, the CHCC: Community Guidance Center has developed several key strategies. In working with the Psychiatric Department at the Commonwealth Healthcare Corporation, the CGC participates in weekly psychiatric discharge meetings at the hospital. CGC’s involvement in the discharge planning of individuals admitted psychiatrically allows for a streamlined process from in-patient psychiatric care to outpatient services. As

such, individuals with severe mental illness requiring Day Program services are transitioned to CGC while individuals requiring less services are offered information about community resources. Another key strategy developed by the CGC is to provide mental health support to dialysis patients at the CHCC. The Wellness Clinic of the Community Guidance Center is located within steps from the dialysis unit. The close proximity offers accessibility for dialysis patients requiring mental health services and supports; high rates of non-communicable diseases in the CNMI and low professional resources benefits patients by having additional services that address behavioral health and go beyond medically focused care. In working with the primary care clinics at the CHCC, the Community Guidance Center offers streamlined referrals for mental health care.

TLC:Established under CGC and through the TLC's program, there are established protocols and services provided alongside the Commonwealth Health Center's psychiatric department where youth and young adults who are admitted due to early episode psychosis are provided with the collaborative support of the identified TLC Staff's support during psychward discharge planning meetings to ensure that individuals and families are provided with necessary program referrals to include possible follow up services provided by the TLC program.

Recovery Clinic: Under the Community Guidance Center, the Recovery Clinic pursued funding resources specific to the Opioid State Targeted Response to address and plan for the opioid use disorder crisis experienced within the nation. Within the CNMI there are efforts to determine priority areas which the CNMI Opioid STR efforts will benefit from. Under the Commonwealth Health Center, there will be linkages and protocols in place where primary care will refer at-risk or high-risk patients who are needing supportive services or treatment services. Within the Recovery Clinic there will be coordinated and facilitated services which will consist of individual, group and family interventions and treatment. Some identified services will help referred consumers gain skills to manage experienced pain management.

2. Describe how the state provide services and supports towards integrated systems of care for individuals and families with co-occurring mental and substance use disorders, including management, funding, payment strategies that foster co-occurring capability.

The State plan and annual budget revolve around the principle that individuals would all receive the best quality of care possible and be provided with services in the most clinically appropriate and least restrictive surroundings. The CGC administers services addressing mental health and substance abuse problems and consists of programs that include Behavioral Health Services, Addictions Services, Community Mental Health Services, and Prevention Services. Services provided at the CGC include individual, group, and family therapy; education; assessment; crisis response to community needs (i.e. following suicides or traumatic events); psychiatric, psychological, counseling services; and substance abuse prevention and treatment.

The Transitional Living Center (TLC), which is also part of the CGC, provides services to adults with SMI which include: community outreach, medication clinics, transitional living programs, respite programs, and a day program for both out-patients and in-patients with SMI. The TLC also provides psychiatric outpatient services such as psychiatric evaluation, pharmacotherapy, psychotherapy, case management, day treatment, assertive community outreach, education for consumers and families about mental illness, and symptom management. These services are administered by the Community Mental Health Services Team (CMHST), which is primarily housed at the TLC. In addition, the CMHST provides linkages between and referrals for primary health services, mental health counseling and substance abuse treatment, educational services, job training, vocational rehabilitation support, housing assistance, Nutrition Assistance Program, and entitlements such as Medicaid and Social Security Disability.

Moreover, the TLC has specific groups focusing on leisure activities, training in skills of Activities of Daily Living (ADL), socializing outings, drug abuse awareness and prevention, anonymous-group-model recovery teaching, educational holiday celebrations, and medication management groups. Furthermore, the CMHST provides monthly outreach services to the consumers on the neighboring islands of Tinian and Rota. The status of consumers (adults with SMI and children/adolescents with SED) are communicated through the Health Centers on Tinian and Rota and the CMHST based on Saipan.

CGC was awarded a Systems of Care Planning grant in October 2014 and Systems of Care Implementation Grant in October 2015 to develop and implement an efficient, consumer-friendly system of care that promotes integrated health, social, and support services for children and youth with Serious Emotional Disturbances and their families/caregivers. The program focus population are children/youth from age birth to 21 who are experiencing or at-risk of developing severe emotional disturbances. The CNMI SOC goals include the following: 1) Implementation of efficient and standardized policy, regulatory, and partnership improvements that are understood by all youth and family serving groups; 2) Development of a System of Care that allows for continuity of services throughout the continuum of need (inclusive of: at-risk, crisis, recovery, and maintenance of recovery); 3) Consistent generation of funding sufficient to maintain adequate services throughout the continuum of need (inclusive of: at-risk, crisis, recovery, and maintenance of recovery); 4) Provision of training, technical assistance, and coaching to strengthen SOC understanding and delivery; 5) Generation of community-wide support for the mental health service delivery system. The CNMI SOC project and its goals are grounded on core SOC principles and values in a partnership of care for all CNMI children and youth, age birth to 21, with serious emotional disturbances and their families. The SOC model is multi-dimensional and an interdisciplinary linking of services of care with families as partners in a child and youth focused, family driven, community based, and culturally competent service delivery system.

Psychiatric inpatient services are provided at the psychiatric ward located at the Commonwealth Healthcare Corporation (CHCC), which is the main and only hospital located in Saipan, providing services to people in the Commonwealth of the Northern Mariana Islands and some other islands in the Micronesian Archipelago. The psychiatric unit has an eight-bed, locked unit for individuals 18 years or older and provides in-patient services for adults with SMI directed towards diagnosis, stabilization, respite care, as well as educational services about mental health for consumers and their families during in-patient stays. Through the use of the available staff and physician(s) on call, the Emergency Departments at the respective health centers on Saipan, Tinian, and Rota provide 24-hour crisis services to persons with SMI or other acute mental health needs.

The nursing staff of the psychiatric unit at the CHCC are available for additional consultation around the clock. In addition, a psychiatrist is on call 24 hours for related emergencies, as well as for psychiatric consultation to Tinian and Rota health centers. Currently, psychiatric inpatient care for children/adolescents with SED is provided on a very limited basis at the medical hospital; separated from the adult inpatient unit without the benefit of a secure, locked facility and trained mental health nurses and/or assistants.

Within the CHCC, the Community Guidance Center is established in line with federal and state integrative efforts to have access to primary care and public health efforts under an autonomous organization. Within the organization, it is beneficial to mental health and substance abuse prevention and treatment efforts to have a platform where primary, public health and behavioral health priorities are addressed under one governmental department within the CNMI.

Who is responsible for monitoring access to M/SUD services by the QHP?

Within the CNMI, under the single state agency, the Community Guidance Center also the state behavioral health agency are with efforts to establish monitoring access to Mental Health and Substance

Use Disorder services by QHPs. Through discretionary grant funding resources CGC's Systems of Care provides wraparound services to include interagency coordinated care to ensure that consumers and their families receive necessary services and support.

What are the issues or problems that your state is facing related to the implementation and enforcement of parity provisions?

Currently, CGC is not able to address parity education efforts due to limited resources. Upon availability of resources, CGC will be able to address fee schedule for behavioral health services, begin and maintain collaboration with non-government health insurance organizations to ensure that education and awareness are pursued to support behavioral health wellness, substance use prevention, treatment, recovery and mental health promotion. CGC is in need to request technical assistance towards receiving appropriate training to be able to have personnel capacity to provide coordination of government and non-government organizations to increase awareness and understanding of health plans, health insurance entities related to MHPAEA and related state parity laws.