



THE CNMI DESIGNATED PROTECTION & ADVOCACY SYSTEM:

Providing legally - based advocacy services on behalf of individuals with disabilities and their families

Advancing the understanding of and appreciation for P&A services and disability related issues

Enhancing the quality of P&A services and efficiency of the organizations operations

Posse

Charging through Barriers of Discrimination

VOLUME 2 ISSUE 4

JULY - SEPTEMBER 2021

28 YEARS of DISABILITY RIGHTS in the CNMI



By: **GREG BORJA**
Program Manager

September 16, 2021 marked the 28th Anniversary of the Northern Marianas Protection & Advocacy Systems, Inc. better known in the community as NMPASI.

Every state and territory within the United States operates a system that is dedicated to protecting the rights of individuals with disabilities who may face discrimination in employment, access to government services, and access to the community as a result of their disability.

In 1993, NMPASI was established as a private, non-profit disability rights law organization for Commonwealth of the Northern Mariana Islands.

Prior to the creation of NMPASI, Protection & Advocacy, or P&A, services were offered through Catholic Social Services and Karidat. These services were put in place to provide legal services to distinct populations of people with disabilities. The first P&A program to enter the CNMI back in 1984 was the Protection & Advocacy for individuals with Developmental Disabilities program, which provided rights protections for people who were born with a disability, or acquired a disability prior to age 22.

Since the establishment of NMPASI in 1993, services for people with disabilities have grown. The CNMI P&A programs have expanded to eight federally funded programs that help people with varying types of disabilities. Eligibility for these programs differs based on an individual's type of disability and the nature of the alleged rights violation they have experienced.

Since 2006, NMPASI has provided services to over 3,000 people with disabilities who encountered disability discrimination in the areas of Architectural Access, Abuse, Education, Employment, Government Benefits and Services, Health Care, Housing, Insurance, Neglect, Program Access, Seclusion and Restraint, Transportation, and Voting.

As we look forward to the years ahead, we would like to inform our community that NMPASI is here to help. Whether through providing Information and Referral on disability related issues, providing direct client representation, providing legal advice, or facilitating trainings, NMPASI is your Protection & Advocacy System.

INSIDE THIS ISSUE:

By The Numbers. FY2021 Services Data 2

Navigating a Mental Health Crisis: Suicide 3

Traumatic Brain Injury Know the Symptoms 4

Assesses not Liabilities 5

October is National Disability Employment Awareness Month 6

What if it were you 7

NMPASI FY21 funding 8

This publication is made using Federal funds from the US Department of Health & Human Services (DHHS), the US Department of Education (DOE), the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS), and the Social Security Administration (SSA). The views set forth are from the authors and do not necessarily represent the official views of the DHHS, DOE, SAMHSA/CMHS, or SSA.

FY 2021 Services	PADD	PAIMI	PAIR	PAAT	CAP	PABSS	PATBI	TOTALS
Information & Referral	30	24	98	4	3	1	2	162
Outreach Activities	2	2	2	2	2	2	2	2
# Participants	89	89	89	89	89	89	89	89
Trainings*	19	19	19	19	19	19	19	19
# People Trained	485	485	485	485	485	485	485	485

Individual Cases (issues)								
Abuse & Neglect	3	20	1	0	0	0	2	26
Access	0	0	3	0	0	0	0	3
Employment/VR services	1	0	7	0	6	4	0	18
Assistive Technology	0	0	0	2	0	0	0	2
Transportation/Housing	2	0	2	0	0	0	0	4
Education	17	0	0	0	0	0	0	17
Health Care	1	0	18	0	0	0	0	19
Government Benefits/Services	5	1	14	0	0	0	0	20
Total People Served	29	21	45	2	6	4	2	109
Carry Over from Fy20(included)	15	9	34	0	2	2	1	63

Client Statistics	PADD	PAIMI	PAIR	PAAT	CAP	PABSS	PATBI	TOTALS
Age								
0-4 Years	3	0	0	0	0	0	0	3
5-22 Years	18	0	2	0	2	0	1	23
23-59 Years	8	21	32	0	4	3	1	69
60+ Years	0	0	11	2	0	1	0	14
Gender								
Male	18	16	33	0	5	3	1	76
Female	11	5	12	2	1	1	1	33
Ethnicity**								
White	7	2	4	2	0	2	0	17
Black or African-American	0	1	0	0	0	0	0	1
American Indian or Alaska Native	0	0	0	0	0	0	0	0
Asian	9	2	5	0	1	0	1	18
Native Hawaiian or Pacific Islander	13	16	36	0	5	2	1	73
Hispanic or Latino	0	0	0	0	0	0	0	0
Disability***								
Autism	10	0	0	0	0	0	0	10
Heart/Circulatory Impairment	0	0	13	0	0	0	0	13
Deaf / Hearing Impaired	2	0	3	0	0	0	0	5
Developmental Disability	2	0	0	0	0	0	0	2
Neurological Impairment	0	0	8	0	0	0	0	8
Learning Disability	2	0	1	0	3	0	0	6
Mental Illness	8	21	4	0	0	2	0	35
Cognitive Impairment	1	0	0	0	0	0	0	1
Muscular/Skeletal	1	0	8	0	1	0	0	10
Physical-Orthopedic	1	0	8	2	0	1	0	12
Blind/Visual Impairment	2	0	0	0	0	0	0	2
Traumatic Brain Injury	0	0	0	0	0	0	2	2
Other	0	0	0	0	2	1	0	3
Island								
Saipan	26	20	44	2	6	4	2	104
Tinian	2	0	0	0	0	0	0	2
Rota	1	1	1	0	0	0	0	3

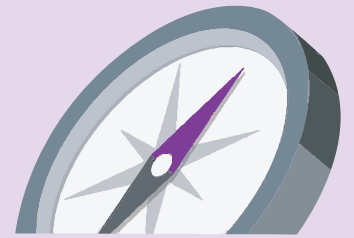
* Some activities were conducted for and reported in more than one program, but the TOTALS are unduplicated counts.

** Totals may be higher than client numbers due to self identification of 2 or more ethnicities

*** Totals may be higher than client numbers due to self identification of 2 or more disabilities

NAVIGATING

a mental health **CRISIS : SUICIDE**



By: **SHARLEEN SABLAN**
Projects Specialist



September is Suicide Prevention Awareness month. We don't talk about suicide enough. It's not exactly a topic most people lean toward in casual conversation. For most, the subject of suicide is taboo. Some people don't want to admit that they've had thoughts of suicide (also called suicide ideation) in fear of being seen as weak, attention-seeking or overly dramatic. A lot of the stigma around suicide makes it feel like it's wrong, shameful and almost criminal. Case in point: when someone dies of suicide, we often use the phrase "committed suicide" – as if it were a crime.

Suicide, however, is a matter of mental health. Recently, there have been wonderful changes in how society views mental health. We are encouraged to seek mental health care as easily as we do for "regular" medical care as it is an important part of overall healthy living. Let's include suicide in that conversation. Let's talk about it suicide as easily as we talk about self-care and exercising. In doing so, we can more openly learn what warning signs to look for and what to do to help.

This is from The National Alliance on Mental Illness (NAMI) on the Risk of Suicide:

Comments or thoughts about suicide — also known as suicidal ideation — can begin small like, "I wish I wasn't here" or "Nothing matters." But over time, they can become more explicit and dangerous.

Warning Signs

Here are a few other warning signs of suicide:

- Increased alcohol and drug use
- Aggressive behavior
- Withdrawal from friends, family and community
- Dramatic mood swings
- Impulsive or reckless behavior

Suicidal behaviors are a psychiatric emergency. If you or a loved one starts to take any of these steps, seek immediate help from a health care provider or call 911:

- Collecting and saving pills or buying a weapon
- Giving away possessions
- Tying up loose ends, like organizing personal papers or paying off debts
- Saying goodbye to friends and family

If you are unsure, a licensed mental health professional can help assess.

Risk Factors

A family history of suicide

Substance use. Drugs can create mental highs and lows that worsen suicidal thoughts.

Intoxication. More than 1 in 3 people who die from suicide are under the influence of alcohol at the time of death.

Access to firearms

A serious or chronic medical illness

Gender. Although more women than men attempt suicide, men are nearly 4x more likely to die by suicide.

A history of trauma or abuse

Prolonged stress

A recent tragedy or loss

Like any other health emergency, it's important to address a mental health crisis like suicide quickly and effectively. Unlike other health emergencies, mental health crises don't have instructions or resources on how to help or what to expect (like the Heimlich Maneuver or CPR). That's why NAMI created Navigating a Mental Health Crisis: A NAMI Resource Guide for Those Experiencing a Mental Health Emergency, so people experiencing mental health emergencies and their loved ones can have the answers and information they need when they need it. The full article can be found at: <https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Risk-of-Suicide>

Article continues on following page

TRAUMATIC BRAIN INJURY

Know the symptoms



By: **JOHN CABRERA**
Client Advocate

Traumatic brain injury, or TBI, is an injury that disrupts the brain and its activity. This can occur when there is a sudden blunt trauma that causes damage to the brain. TBI can be mild to severe. Mild TBI symptoms may include short term loss of consciousness or confusion, headaches, confusion, dizziness, tired eyes, lethargy, and mood changes. Severe TBI symptoms include loss

of consciousness for longer periods of time, blurred vision, headaches that do not go away, nausea or vomiting that does not go away, seizures, loss of coordination, agitation, and even death. Although there is little to be done to reverse the damage to the brain, medical attention is crucial to be able to prevent any further damage. Rehabilitation and individualized physical, occupational, and speech and language therapy would be needed to help in recovery.

TBI causes about 30% of deaths in the US and for those who do survive traumatic brain injuries may experience long term effects in their cognitive, physical, mental, and behavioral functions. Brain Injury Association of America is a great resource to learn more about

Traumatic Brain Injury diagnosis, treatment, and prevention. The TBI Act of 1996 helped create the Protection and Advocacy for Traumatic Brain Injury. The Northern Marianas Protection & Advocacy Systems, Inc, administers the PATBI program to help provide information, referrals, advocacy, legal representation and assistance in self advocacy to individuals with Traumatic Brain Injury.

For more information on Traumatic Brain Injury, please visit the following online resources:

<https://disability-rightsar.org/about-dra/patbi-protection-advocacy-for-traumatic-brain-injury/>

<https://www.biusa.org/brain-injury>

Navigating... (continued from Page 3)

In short, suicide is not something to take lightly. It's a hard go for everyone. When someone dies of suicide, there are often thoughts of what we could have or should have done, wishes that they would have just reached out or said something, or regrets for not saying something about the signs we noticed but did not want to talk about. We can't ignore it and hope it goes away. If we collectively strive to face it head-on with compassion and understanding, we are opening up the communication lines for those suffering from a mental health crisis. We are allowing space and time for our loved ones to let us know that they need help. We are showing them that we want them here, alive.

If you or someone you know is in an emergency, call 911 immediately or call the Commonwealth Health Center (CHCC) at 670-234-8950 or The Garrett Lee Smith Youth Suicide Prevention Program (GLS YSPP) at 664-LIFE (5433) or 664-LIVE (5483). You can also call The National Suicide Prevention Lifeline at 800-273-TALK (8255).

The Northern Marianas Protection & Advocacy Systems, Inc (NMPASI) is a non-profit organization that advocates for people with disabilities. One of our programs focuses on individuals with mental illnesses: The Protection & Advocacy for Individuals with Mental Illness (PAIMI). If you feel that you or someone you know has been discriminated against because of a mental illness, please contact us at 670-235-7273/4 or visit us on the web at www.nmpasi.org, www.facebook.com/NMPASI, and follow us on Instagram @nmpasi670.

To view NAMI's Navigating a Mental Health Crisis: A NAMI Resource Guide for Those Experiencing a Mental Health Emergency, scan here:



SCAN ME

Assets not Liabilities



By: **LUIS MACARANAS**
Projects Specialist

So, the title “Assets not Liabilities” was from a presentation that I attend that really stands out to me. The presentation’s main focus was on people with a disability in the workplace. As we approach the month of t, I would like to share the Top 5 benefits of Hiring People with Disabilities from The Chicago Lighthouse

(<https://chicagolighthouse.org/sandys-view/top-5-benefits-hiring-people-disabilities/>):



People with disabilities are reliable employees and have an overall higher job retention rate.

Many studies have shown that people with disabilities take less absent days, and that they are more likely to stay on the job longer than non-disabled workers. Recently, The Chicago Lighthouse studied the retention rate of employees in its Illinois Tollway Customer Care Center, which employs people who are blind, visually impaired, disabled and Veterans (as well as people without disabilities.) On average, the employees with vision loss or other disabilities and Veterans had a retention rate of 1.7 years. In contrast, the retention rate for employees without disabilities or that were not Veterans was only 0.9 years.

Employees with disabilities are less likely to get into work-related accidents.

Two studies, one from the Department of Labor Statistics during the 1940s and a more recent one from the DuPont company concluded that workers with disabilities had a significantly higher performance in the area of safety than their counterparts without disabilities. In other words, employees with disabilities are more aware and conscientious of safety in the workplace. Both studies looked at different types of jobs, including labor, operational, managerial, clerical and service areas.

Businesses that hire people with disabilities may receive tax credits or other incentives.

Eligible businesses can receive certain tax credits to aid them in hiring and accommodating workers with disabilities. Many of these credits are awarded for expenses incurred in things like purchasing adaptive equipment for workers with disabilities, or covering the costs of any modifications needed to make the building accessible. You can read more about the different types of tax credits and eligibility requirements on the Internal Revenue Service website: <https://www.irs.gov/businesses/small-businesses-self-employed/tax-benefits-for-businesses-who-have-employees-with-disabilities>

Workers with disabilities will increase diversity in the workplace.

Both workers with and without disabilities benefit equally from a diverse work setting. By working alongside employees with disabilities, individuals who are not disabled will become more aware about how to make the workplace and other settings more inclusive and accessible to everyone. They might consider things they had never thought of before, such as the accessibility challenges faced by people with disabilities. Employees with disabilities can also teach their coworkers about creativity and other ways to solve problems or accomplish different tasks.

People with disabilities are as capable as anyone else!

This is the simplest, but difficult reason for employers to understand about hiring workers with disabilities. The unemployment rate for people with disabilities has constantly hovered at or above 70 percent, even 26 years after the passage of the ADA. Unfortunately, employers often refuse to hire individuals with disabilities, simply because they believe we are not capable of doing the job, or because they are unaware about the many adaptive techniques and devices that are available and allow us to work. Like anyone else, we apply to jobs we believe we are qualified for and capable of doing. If employers have doubts about if or how we will do a particular task, chances are that we have already thought about it and found a solution.

Disability Inclusion in the workplace is described as the process of creating a workplace where people with disabilities are not just employees but are full members of the work community. In light of all of this information, I would like to remind all employers that there are many benefits when hiring people with a disability, and remember they are assets not liabilities in your workforce.

October is National Disability Awareness Month (NDEAM)



By: SHANIAH ALVAREZ
Client Advocate

What is NDEAM you ask? It is held every October to commemorate all the contributions of people with disabilities to America's workplaces and economy. The theme for this year is, "America's Recovery: Powered by Inclusion," as it reflects the importance of ensuring people with disabilities have full and fair access to employment and community involvement during the recovery from the COVID-19 pandemic. #NDEAM www.dol.gov/agencies/odep/initiatives/n-deam

What can our community do to recognize National Disability Employment Awareness Month? First of all, it is important to educate one another and not be afraid to ask questions, be open-minded, and respectful when it comes to speaking and interacting with an individual with a disability. Educating one another is always helpful because there is always room for improvement. The more you learn, the more you know! If you find that you feel uncomfortable to speak to someone with a disability, ask questions. There is nothing wrong with asking if they need help or assistance, what they would need from you, or anything at all as long as it is a respectful question. Just think about it this way: you would not want to ask a disrespectful question to anyone. If an individual is qualified for a job for which they applied, why would they not get a chance at an interview or to show their qualities? They should be given fair opportunities, just like anyone else would have. Focus on what an individual with a disability

CAN do, not what they can't. "At work, it's what people CAN do that matters" is the simple message behind the "I Can" campaign for Disability Employment's flagship Public Service Announcement (PSA)– this is another thing you can do to educate yourself, watch and share these important and empowering PSAs.

Encourage employers and employees to push for more individuals with

disabilities to apply at the workplace! As much as they can learn from you all, you can also learn from them. It is something to look forward to because it will challenge everyone to open communication, have a more positive and open mind, and appreciate the workplace and environment more. Remember to crack a joke, smile, be kind and give a fair chance to individuals with disabilities because we are all HUMAN.



What if it were you?



By: JEANNE RAYPHAND
Legal Counsel

Most employers are aware that the Americans with Disabilities Act (ADA) protects people with disabilities from discrimination and requires most employers to provide reasonable accommodations for qualified employees with known disabilities.

Most employers are aware of different types of accommodations for people physical disabilities but might not be familiar with accommodations for employees with disabilities that are not visible, such as psychiatric disabilities.

Likewise, most employers are aware of the Family Medical Leave Act (FMLA) which entitles an eligible employee to a total of 12 workweeks of leave during any 12-month period †(b)-cause of a serious health condition that makes the employee unable to perform the functions of the position of such employee. · 29 U.S.C. § 2612(a).

But employers might be less familiar with the FMLA provision that the leave †may be taken intermittently or on a reduced leave schedule. · 29 U.S.C. § 2612(b).

A †serious health condition· includes a physical or mental condition that involves †continuing treatment by a health care provider. 29 U.S.C. § 2611(11); for example, cancer (physical condition) or depression, bipolar, or post traumatic stress disorder (PTSD) (mental health condition).

Accommodations should be made on a case-by-case basis, depending on the individual’s limitations and strengths, work environment and job duties, In addition to accommodations such as flexible workspace and scheduling, leave, and breaks, accommodations could include modification or removal of non-essential job duties or restructuring the job to include only essential job functions.

Managers and supervisors have an important role to play in insuring that employees with disabilities are provided the appropriate support (rather than criticism) in order to maximize their productivity.

So we ask: WHAT IF IT WERE YOU? And managers and supervisors, as well as coworkers should ask themselves: WHAT IF IT WERE ME? What if I had a serious health condition and needed to maintain my job, not only to support myself and my family, but also maintain my health insurance? What can I do to accommodate this person so that they can perform the essential functions of their job?

Some sources of information about ADA, FMLA, and reasonable accommodations include Department of Labor-Office of Disability Employment (www.dol.gov/odep), Job Accommodations Network (askjan.org), and Equal Employment Opportunity Commission (www.eeoc.gov).

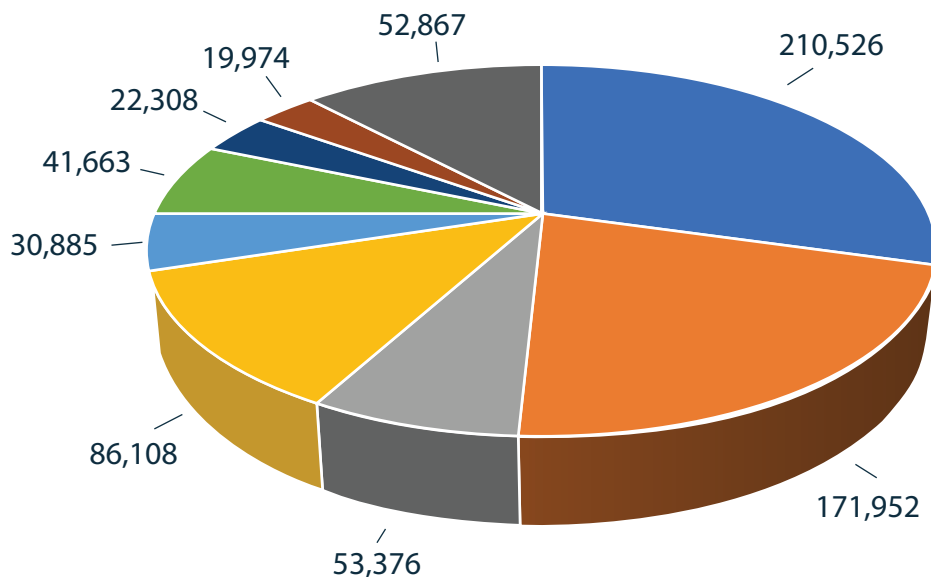
NMPASI

Funding Fiscal Year 2021

\$785,336.00 Total

	EXPENDITURES	BUDGET LEVEL
PADD	210,526	222,010
PAIMI	171,952	229,300
CAP	53,376	59,477
PAIR	86,108	85,799
PAAT	30,885	30,000
PABSS	41,663	50,000
PATBI	22,308	20,000
RepPayee	19,974	30,000
TSF/CHCC	52,867	58,750
Total	689,660	785,336

Total Expenditures for Fiscal Year 2021 as of Ending PPE: 09/10/2021



■ PADD ■ PAIMI ■ CAP ■ PAIR ■ PAAT ■ PABSS ■ PATBI ■ RepPayee ■ TSF/CHCC

Northern Marianas Protection & Advocacy System, Inc

P.O. Box 503529
Saipan, MP 96950

Phone: 670-235-7273/4
Fax: 670-235-7275

“To protect the civil, legal, and human rights of individuals with disabilities”