Committee on Health, Hospitals & Human Services | Virtual Town Hall | March 18, 2021

Legislature USVI

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0:00:00 Music Music Music Music Music Oh, my goodness.

0:00:58 We'll be right back. We'll be right back. We'll be right back. Thank you. Thank you so much for joining us. us and for being part of this conversation. Tonight we have an exciting array of panelists representing local organizations that provide services and care in the behavioral health space and I'd like to welcome from Island Therapy

0:03:41 Solutions Dr. Lindsey Wagner, Dr. Rita Grand, Dr. Sophia Parija, from NAMI the National Alliance of Mental Illness St. Croix chapter Ms. Sherrilyn Poxon, from From 10,000 Helpers, Mr. Malice Stradiron. From the Disability Rights Center of the Virgin Islands, Ms. Amelia Healy-Lamont. From Catholic Charities of the Virgin Islands, Andrea Schillingford, Ms. Andrea Schillingford. And from the Virgin Islands Partners in Recovery or The Village, Ms. Marcia Taylor and Ms. Mondia John Baptiste. In a moment, I'll turn the town hall over to Senator Francis for some opening remarks. Hello. But first, I'd like to explain tonight's format. After Senator Francis' intro, we'll have introductions from our panelists, followed by the discussion with our panelists. And after that, we'll open the floor to the question and answer portion of the town hall. Questions can be posted on Facebook or in the chat.

0:04:36 And now I'm going to turn it over to Senator Francis. Thank you very much. I'm Ms. Shauna Richards, Chief of Staff, and good evening to the Virgin Islands community. I want to say a pleasant good evening to all of our panelists that have joined us this evening for this very very excited and much this discussion as we talk about mental health we had an opportunity to vet the governor proposed legislation on the comprehensive reform and behavioral health and developmental disability act on February 26 and at that hearing we had the Department of Health we had the Department of Human Services the Virgin Islands Police Department the Attorney General's Office of the Department of Justice. We certainly had a representative from NAMI. We had the Virgin Islands Bar Association Office of the Territorial Public

Defender's Office and Judge Willocks representing the Superior Court of the Virgin Islands and really we just represented himself and and all of the issues that he have discussed in regards to being a strong advocate for a mental health awareness. At that at that committee meeting and Again, we heard some of the technical issues regarding our mental health and behavioral health issue. And this evening, I'm hoping to shift gear a little bit. I'm hoping that we could really start to hear from some of our stakeholders and those individuals within our community and really afford our community an opportunity to really weigh in and have a discussion and respect some of the issues, the mechanics, some of the things that they're confronted with on an everyday basis, family members, and the fact at the difficulties or challenges that they're experiencing when they call the Virgin Islands Police Department or they make a phone call to EMS, and just really talk about how do we address those particular issues hearing from our community. We continue to vet the measure that has been sent down by the Honorable Governor Albert Brand in regards to the comprehensive reform. And I just wanted to just speak quickly about some takeaways in terms of that particular proposed legislation. Of course, we were able to kind of just divide it up into five categories. We found that the bill seeks to provide a much-needed overhaul and expansion on the services for individuals with mental health and or developmental health concerns under the umbrella of behavioral health. It seeks to provide for an assessment, treatment, and protection of persons who suffer from behavioral health challenges, mental health disorders, intellectual or developmental disabilities, alcoholism, and drug dependency. The bill mandates for the construction and operation of a

0:07:16 behavioral health facility and provides clarity of the responsibility for first responders and really mandate training for our law enforcement agency. And fifth, the bill also seeks to coordinate the work and services of advocacy organization with various governmental agencies and department so this evening you know we'll continue to vet that particular legislation but outside of that I really truly want to hear from the stakeholders and just have a discussion in respect to some of the challenges that they're experiencing and how best we will be able to to meet the needs of this community in regards to behavioral health melton health you know talk a little bit about the stigma and and work away work away around the stigma but more importantly you know try to navigate the process by which we'll render services as a government entity to our community so as we develop this legislation it's critical that at the end of the day we're able to meet the needs of our community in in so doing so i look forward to a robust discussion this evening um certainly we'll hear from the stakeholders that's um that's on the line and then we'll come back and really have a discussion in regards to some of the concerns issues challenges and more importantly how do we meet the needs of our community thank you very much miss riches for the introduction and i look forward to our robust and lively discussion in regards to let's talk mental health thank you senator so now we will have introductions from our panelists so that our community gets to know exactly who we're going to be hearing from tonight we'll start with island therapy solutions hi good evening um thank you for having us this evening we haven't we are unable to hear exactly what you guys were saying there i don't know if anybody else is able to hear okay so um senator francis just gave his introduction we were having some

0:09:23 technical issues with audio but we're working on straightening those out but we um just are at the segment of our program where we're asking the panelists to um all introduce themselves so the community knows exactly who we're hearing from tonight so i'm dr lindsay wegener i am the owner and ceo of island therapy solutions i'm a pediatric neuropsychologist here on island and to the right of me is dr rita grant who is our community liaison um coordinator and also a psychologist here at island therapy solutions and to the left of me is dr sophia parisha and she is our clinical coordinator and also a psychologist here at island therapy solutions thank you for joining us this evening um next um miss sherilyn poxson of nami hello good evening my name is sherilyn poxson and i am the president of the national alliance on mental illness st croix affiliate and nami st croix is the is a group of dedicated volunteers that we work to raise awareness and provide essential education advocacy and support group programs for persons in our virgin islands community that's living with mental illness and their loved ones thank you so much um miss andrea shillingford catholic Charities Miss Schillingford you need to unmute yourself Miss Schillingford you YOU ARE ON MUTE.

0:11:23 OKAY WE WILL MOVE ON TO MISS LAMONT, DISABILITY RIGHTS CENTER AND COME BACK TO MICHELLE LAMONT. GOOD EVENING. CAN YOU HEAR ME? YES, WE CAN. GREAT. OKAY. GOOD AFTERNOON AND GOOD EVENING. MY NAME IS EMILIA HEDLEY LAMONT. I'M THE DIRECTOR OF THE DISABILITY RIGHTS CENTER OF THE VIRGIN ISLANDS. The Disability Rights Center is what's referred to as the Protection and Advocacy Organization for the U.S. Virgin Islands. Our work is primarily legally based. It was founded in 1977, evolved under a variety of names. Our work having to do with respect to individuals with mental illness is we have an advisory council that provides us with guidance on what steps that need to be taken, whether it's litigation or advocacy and outreach with regard to mental health.

0:12:17 And we can at some point talk about a class action lawsuit that we brought back in 2003 and had shepherded up until 2014, up to the present time, just to give everyone present and particularly Senator Francis's office, just a context as to the length and breadth of our involvement in this regard. thank you and we will now hear from uh the vi partners in recovery

good evening i'm marcia taylor i'm the regional director here at the village as everyone knows us at um we are a residential substance abuse center and we also do some outpatient services um we do co-occurring disorders as well because it does come mental health substance abuse does come hand in hand so to my right i have mariana john baptize and she's one of our therapists here and that's us the village welcome and now uh we will go to mr malik stradiron for 10 000 helpers good evening can you hear me yes we can all right good evening my name is malik sadaron i'm the executive director for 10 000 helpers of st croix inc we're a non-profit agency that deals with a mentally ill male who are homeless and may or may not have substance abuse issues we have residential um housing programs and we also do outreach outreach and we're located in frederick number 61 hospital street thank you and now we are going to circle back to miss andrea shillingford catholic charities of the virgin islands good evening everyone can you hear me yes we can yes okay um andrea shillingford executive director of catholic charities of the virgin islands we at catholic charities we are not a mental health facility we do not provide mental health

0:14:28 services our role is to provide services to the mentally ill we do administer the path program program for the program for assistance in transitional from transition program for assistance in transition from homelessness which is a samsha program that program allows us to provide outreach services to the mentally ill to the street homeless mentally ill and what we do is do intake on all the clients and then we would make referrals to whatever services they require thank you so we've heard from we've gotten the introductions from all of our panelists and now we're going to move into the discussion portion of our our town hall where we will direct questions to our panelists and everyone can um have an opportunity to to jump in and answer but our first question tonight is i'm going to direct this to miss lamont and then um you know anyone else can jump in in providing behavioral services what is the current level of collaboration between nonprofits and government entities i i think the best example of collaboration has been um what has been occurring over the years as i mentioned before um we our organization has an arm of individuals who so focuses uh mental health mental illness in the territory it's what we refer to as the protection advocacy for individuals with mental illness advisory council and that council over the many years has provided us with guidance as to what are the pitfalls and

0:16:24 gaps in the delivery of mental health services so as such back in 2003 um we um with their um um I guess advice brought a class action lawsuit um against the government Department of Health and those entities that um are charged with delivering mental health services um and as a result of those many years and first of all let me just say this this this lawsuit came as a result of a uh report that was brought by a national technical assistance group that studied the Virgin Islands, and this was at the behest of an individual who was at the time head of the Division of Mental Health, Mr. Millen, Dr. Millen, I believe. And so he invited a group to come and look at us objectively and see what our problems were. And he came up with four or five points. One was that we are very deficient in delivering, coordinating, and integrating amongst ourselves services, mental health services. The other was that we're not very good at sticking to requirements that you know the federal government if we're getting monies from the feds we're not very good at following through on what they're requiring us to do when it comes to reporting accounting whatever we also are very deficient in attracting qualified staff and one of the things we hear repeatedly is that we don't have appropriate um what resources to pay qualified psychiatrists psychologists and the like as a territory we're not able to finance programs and we don't have apparently the ability to really project for the future so over the years we've been collaborating thankfully with the members of NAMI who has been very instrumental in giving us some guidance and feedback as to what is what needs to be done I mean our role is as a

0:18:18 nonprofit. Again, we're legally based. We are not direct service providers in the sense that we're not, you know, caseworkers per se in a social work vein. So our avenue is the courts. Our avenue is providing information to the community. Our office, particularly Attorney Jennings from our office, has worked with a behavioral coalition where we get input from individuals throughout the community direct service providers and and the like um there's a lot of I think collaboration um the challenge has been for us seeing over a period of years when there's a change in administration we have different people who are in leadership and so it's back to square one so it's not that we can't accomplish things if we work together it's just trying to maintain a consistent um commitment and that that that has changed over the years regrettably every four years we have to say okay where are we do we start over again or you know re-educate and the like so we've been at this I can say since 2000 20 years and the issues haven't changed and we're spending an awful lot of money for services off-island.

0:19:39 We're spending tens of millions of dollars to provide services to persons with mental illness that can be done right here. So that's my two cents. I don't want to talk too much. Nami, Ms. Paxson, is there anything you want to add to this? Yes, actually. Yes, I echo some of the concerns that attorney Hedley Lamont has voiced. I do think that there is collaboration. And as she said, we have many community stakeholders.

0:20:17 We've all been doing this for quite some time, some longer than others. So the collaboration does exist. The consistency, of course, is what we need to make sure that we work on, and the communication aspect of it. um i know that's a challenge especially now during um you know the current times because of we're because we're dealing with a pandemic um but these issues did um they did exist prior to the pandemic so we just need to work just a little bit harder to make sure that we get past it um simply because we have to you know we're in the middle of a crisis and so we have to um so the one of the things that NAMI Sinkhoi we want to make sure that we have started to be we've begun the work there's still a whole lot of work to be done but we have begun the work to reach out to faith-based leaders you know other non-profits to really try to be a good convener so we can come together and really try to see how we can manage the the resources that we do have So, yeah, that's what I would say. We definitely need to do some work, but we're limping along, but we're getting there.

0:21:38 So, our next question. Okay. Sorry. Senator Francis is going to... I think that's a perfect segue for us to have a discussion in respect to as a legislative body, and several of my colleagues have joined me in this particular call and this town hall, and I just wanted to, consistent commitment is something that's critical and very much necessary. So, as a legislative body, how would you implore or encourage us to close that loophole by which you continue to discuss the changes that occur for every four years, how do we allow for some consistency across administration, so in fact, we're able to continue to address the needs of the community. Attorney Lamont, would you like to weigh in and how do we close that loophole, or that gap that you have recognized that continue to plague us for quite some time?

0:22:40 That's a great question. And I do recall at the hearing of late February on this very issue, and first of all, I wanna commend you, Senator Francis, for raising this. really appreciate that i think you'd be to be commended for that i do recall one of your colleagues saying that we as a community need to have a stronger um knowledge of civics and that's not only here in the virgin islands it's across the united states people just don't understand the role of the legislature the role of the executive branch and the and the role of the judiciary branch i think perhaps if there's a way in which the executive branch we can hold the executive branches feet to the fire because they're the ones who are supposed to execute the laws one of the things i noticed which was a pleasant surprise to me is that in the books there's already a i believe it was a citizen's patrol that granted it's it's it's an uncompensated patrol and that's something the legislature could fix but it's set up so that people in the community can go out and and and look for people who are in crisis all right now maybe that needs to be looked at and and and made current so that there's nothing to run afoul of somebody's you know um rights or if any injuries takes place but there are laws in the books that are that it's there um and so my my whole point or for point of you know what needs to be brought out is we need to put hold the feet to the fire of the executive branch you can pass all the laws in the world but if no one is going to implement them we have a problem so you know our role nami's role the number of those of you who are here is to educate the public to keep this issue you know and and

0:24:26 just hold the executive branches feet to the fire ask questions of commissioners what is being done with respect to this issue i was pleasant i was not pleasant i was surprised where i believe it was a commissioner deputy commissioner steel said that nothing was happening or that the annis hope property is not feasible that was shocking to me because i know many many many many many years was spent looking at the annis hope property as a possible location we probably need to revisit that perhaps it's not maybe it was appropriate 20 years ago but now it may not fit the bill you know for the purposes that i mean there may be even a change in what we want to use that purpose property for okay the whole notion of residential facilities is we're not trying to go back we don't want to go back to warehousing people we want to integrate the supreme court has said integrate persons with disagree disabilities to the greatest extent uh possible don't you know shove people away in a corner where you know god knows what kind of you know possibility of abuse could occur um so senator i mean that's an excellent question i think a lot of it has to do with educating the public as to look my role as a senator is to pass laws appropriate monies but the entity that is supposed to execute what i passed is the executive branch is there anyone else who wants to weigh in on this topic This is Sheila. Can you hear me, Sean and Richard? Yes, I can. But Sheila, we're not yet to the question and answer period for the public. So from our panelists, is there anyone else who wants to weigh in on this question, on this topic? Okay. So we're going to move on to our next question. Dr. Rita Dudley-Grant,

0:26:23 I see you have your hand up. You'd like to weigh in? Go ahead. You're muted. You need to unmute. We need to, okay. Yeah, ways to save money. I think one of the things that we have talked over and over again, and I agree with everything that has been said, is the need to move direct service out of government. And just as attorney Henry Lamont said, what you do is let government serve as that oversight function, making sure that the laws are being followed. But there is much more flexibility when direct care is provided through the private sector. There is more access to even say insurance funds because the government can't bill insurance, but private sector can.

0:27:24 And that would definitely double the amount of resources that are available. I agree 100% that we need to bring people home, but in bringing people home, we have to have places for them to stay, the whole range of places from acute care to long-term stabilization to independent living. There's another big challenge that we need to get to, and that's accessing the SSI funds, the social security funds. Those are changes that I'm hoping that our delegate will be able to take the lead with this much more responsive government. So there are resources on the federal level, there are resources in the private sector that we are not accessing. And if we did that, we would be far better off to provide the range of services that we need.

0:28:28 Thank you all. So we're gonna move on to our next question. And we're gonna talk about access to quality mental health care. So many people in our community don't have access to quality mental health care. What steps are we taking and can we take to bring quality mental health care TO MAKE IT MORE ACCESSIBLE THROUGHOUT OUR COMMUNITY. SO I WANT TO DIRECT THAT QUESTION TO ISLAND THERAPY SOLUTIONS. IF YOU COULD JUST WEIGH IN ON THAT QUESTION. CAN YOU REPEAT THAT? WE'RE NOT ABLE TO HEAR VERY WELL.

0:29:12 SO THE QUESTION IS ABOUT BRINGING, GIVING ACCESS TO QUALITY MENTAL HEALTH CARE IN our community, recognizing that many people simply don't have access. So what steps are we taking and can we take to bring quality mental health care to our community? So one of the things that I can speak to here that we've been doing, but we have been collaborating a lot with different government agencies and working on getting a lot of different contracts set up with different entities so that we can be serving all of the different areas of need we've been hiring a lot of different disciplines and doing a lot of training with our students here on the island at uvi and bringing on interns to training people here locally in order for them to learn the skill set we also need to get so that all of our mental health providers are able to take MAP insurance that's one big step that we've been doing at ITS is we've started taking MAP which has increased the number of people that we're able to reach and give services to that's been very very helpful and then also you know creating more licensures in the virgin islands for people to practice mental health is some of the ways that you know we've been brainstorming ideas on how that can increase the the um people that we reach and then we development of the autism population with one yeah yeah is there anyone else who wants to to weigh in on this question about bringing quality mental here here to the community senator anything to add to that

0:31:01 I think it's important that we really put out there that, in fact, we're seeing where I believe that the issue of behavioral health continue to get the attention of government services. The Department of Health is very instrumental. Senator, your mic is not coming through. Media, can you work on the sound of the mic? So I was saying that it's critical that we're able to recognize that I believe that with the state of emergency that has been declared by the governor, and also with Commissioner Incarnation, building her team over at the Department of Health, that in fact behavioral health is getting some of the attention that is required and needs. I know that there's a number of initiative that has been started over at the JFL, at CFL North, I know that five rooms have been designated for the purpose of providing the initial care that will be required for us to be able to at least do the assessment and evaluation of our mental health patients as they're brought in, picked up by the Virgin Islands Police Department or EMS, and brought into the emergency room. Outside of that, then of course we'll need to ensure that there is necessary the referrals that's made to continue the services, that that would be critical. But the JFL know-out will allow for some flexibility of being able to house at least for five days or a little bit beyond. And then we'll have to work towards making sure that there's some other institution that will be available to support that endeavor.

0:32:50 And I think that's a good segue to our next question, or our next topic, because when we talk about access, we also have to talk about the stigma of mental health. So how do we change the narrative? I have my hand raised. I would like to touch on that subject, please. Senator Heiliger, please, please, we'd love to hear from you. Thank you. know this is senator francis heiliger um in listening thus far i wanted to weigh in a little bit more on even the situation of individuals here in our community that are dealing or in the beginning stages of issues that are affecting their mental health one of the things that we're seeing here has to do with people dealing with a pandemic people dealing with the loss of their jobs they're dealing with a lot of issues one of the things we don't speak about here in the territory is the rise of suicide that's happening right here because of the unfortunate situation of people's mental wellness and one of the things even as myself i have been an advocate for individuals really utilizing doctors and really us focusing on creating a marketing campaign around taking away the stigma of going to therapists and really focusing on getting mental wellness to the forefront in making sure the same way if something is wrong with your heart and something is wrong with your eyes you go see a doctor but for some reason we shy away from really focusing on getting that mental assistance when it comes to our mind and i And I think that has a lot to do with the stigma that's attached to it specifically, especially in a community that is predominantly African-American, African-Caribbean. Now, also the other thing I have noted

0:34:51 is that even with here our government insurance, they're fully aware that we don't take advantage of these services. I think this is one of the only places where they specifically have no cap on going to see a therapist. And there's a reason why, because it's not costing them a lot. And if it's not costing you something, clearly we're not utilizing the service. And I think as a government, as a community, we have to tap into really get this, the residents to understand that these services are out there for them and they should not feel in particular type of way in reaching out for help if they need it. We don't want them to get to the level of where it's too late that we can't get to them. So I just wanted to share that.

0:35:39 Thank you, Senator Francis Heiliger. But how do we, for our panelists, how do we change the narrative of behavioral health from persons in crisis to include behavioral health as preventative care? And for that, I'd like to hear from Mr. Malik Stradiron of 10,000 Helpers. How do we start changing that narrative? Mr. Stradiron?

0:36:19 Can you hear me now? Yes. Can you guys hear me? Okay. How can we change the narrative of behavioral health from persons in crisis to include behavioral health as preventative fear. First we gotta let y'all can hear me today. Yes.

0:36:46 I could hear somebody else in the background. Echo. Could everyone please mute their phone, with their devices mr straight iron proceed i'll try to go over it um how do we change the narrative of behavioral services from persons in crisis i i personally feel that we need to get the information about what is that what is crisis for somebody when someone is in crisis with a behavioral health we need to explain to the community what that is actually some people think that the stigma about somebody being mentally ill and stuff is that they're crazy and and that that that there's an average person that you see out on the street we need to we need to get that stigma out of people's mind about what exactly is behave a behavioral crisis or somebody that has a mental you know mental illness um out there and i think doing the outreach and and getting some psa's out there and actually going more out in the community we could try to get that information out there that's my input on it miss poxson from naomi do you have anything to to add to this how do we change the narrative yes um you know mr stradiron mentioned it the the the terminology we need to be more aware of the terminology that we use a lot of the terminology we use is demeaning it does not encourage anyone to self-identify that they are managing we're trying to manage with a mental illness so we need to work on the terminology we as as community stakeholders as legislators as policy makers we need to really pay attention to the terminology that we're using when referring to persons you know that are living with a mental illness and then yes we need to work on a very serious um

0:38:49 you know um education and outreach campaign um mrs julyren is right many people they don't they associate mental illness with someone that they see in the middle of a crisis in the street you know you know you know waving their hands about you know and doing you know doing things that you know people uh look at as odd um we have individuals that when they see them instead of trying to take care of them they're taken advantage of by taking pictures and laughing there's there is a really horrible as a community we are supposed to be making sure that we care for um individuals in need not make fun or demean them in any way so a lot of it we have to look um within ourselves the terminology we're using how we if it was you know look uh look at the situation if it was you or if it was your family member how would you want to be treated don't treat others um you know in any way that you don't want to be treated yourself um so making sure that we're being careful about the terminology that we're using making sure that we are really putting out the right information as to when someone is in crisis and what they need um what it means to have a mental illness it is not always the extreme some people are dealing with um uh different um you know mental health conditions that require and they should be able they should feel comfortable declaring it like you said like someone says they have diabetes like someone says that they have um you know high blood pressure but they're the because of the stigma because of the shame because of the discrimination they're going to face um whether it be the person living with a mental illness or even their family members some of the family members they don't want to acknowledge that that's that's their loved one or that they're supporting them because they're afraid of the stigma that's going to uh you know come on you know come upon them as though okay what's

0:40:42 you know what did you do what you know what did you say how you know did you contribute this in in some way shape or form so there's a lot that we need to look at how we're talking about mental health as community stakeholders policy makers um you know legislators and then you know encourage um deeper conversations such as this about mental health what it really is and the different conditions and so people can get a better understanding it's not the person necessarily on the street it could be your your brother your sister your mother you know your best friend that you went to high school or grade school all through the years and then you found out that they were living with a mental illness and that's why um you know they were doing things that you may have thought you know that were different i just like to um interject as well that we we have to be mindful and a lot of times i always allude to the fact that we're all all of us are just an episode away from falling off you know there's there's so much situation workplace stress there's so much situation in life my colleague alluded to the fact that even with the pandemic you know there's a level of stress and if it's not properly managed if it's not properly handled it could manifest into different things and it's critical that we are able to you'll find

that happy medium be able to have the confidence to to um be referred and and as a family member as a co-worker as a supervisor we have to be mindful and observe behavioral pattern that could be the indicators that need to just um say to someone that maybe you need to see a therapist or make a referral to have a conversation with them because a lot of times you are right in this position and you don't You don't even feel how you're being impacted.

0:42:32 So it's critical that we remove that stigma and work towards that. I believe that the industry standard is to really even stay away from even the word mental illness, mental health, and really talk about the behavioral health aspect of it so that we can move away from that stigma. But it's critical as we move forward and the bill and the work that's being done really speaks to moving away from mental health and trying to get rid of the stigma, but to be able to provide more and more services so that individuals could readily have access to those services and remove the stigma from our community. But I agree that we only see those individuals at a time that is fully manifested and they're acting out publicly to make a determination that perhaps someone is suffering from a behavioral health issue and it's critical that we again be able to observe and and be able to be guided and i guess training has had a lot to do with that um you know when we have continued awareness advocacy and i know that nami and um you know island therapies and some of those have really done a good job in being able to educate the public and the signs and symptoms to look for, but it's critical that we move away from that term, you know, mental illness, mental health, and really the industry new standard is really talk about behavioral health and some of the experiences that we're seeing there to help us to drive away that stigma that's associated that you need to have a total fallout in order to get the necessary care that's required.

0:44:16 so all of our panelists this evening operate in the behavioral health space and one of the things that the the bill on the floor the bill currently in committee attempts to do is to create a a comprehensive framework to provide behavioral health care and services in the community but From where all of you sit, what are current gaps in care and services?

0:44:50 And I'm going to do this as a round-robin question and just give everyone of our panelists a chance to weigh in. What are current gaps in care and services? And we'll start with Ms. Schillingford from Catholic Charities. thank you and i'm happy that i'm the first to respond to this question as to the gaps in the the present gaps in the services and i would first begin by saying that the biggest gap is the lack of mental health facilities and the lack of mental health professionals in the territory. The persons who are mentally ill do not need to be incarcerated and that is what happens. We should not be placing these people in prison and at the end of the day when they leave after the incarceration we put them back out on the streets. and I think awareness is also one of the biggest gaps and as we sit here we all as usual we are all talking the talk we are all saying the same things that we've been saying for years and at the end of the day when we leave this forum everybody goes back to their own little corner and we forget and i think one of the things that we really need to do is come together as a community and start first of all with the education educating the public where do we start and i think maybe the place that we should start where we really need to start on the education on mental health is in the schools because mental health can sometimes start and very often start at a very very early age and these children of school age should be able to recognize the teachers should be able to recognize a child in the classroom may be just acting out and we we say okay that's a bad child the child may just be leading into mental severe mental illness we have to start educating the people and getting to them where they are i think we really need to get the mental health education and awareness of mental health start at an early age take it into the schools and i think that that can help that that is one of the biggest gaps people don't understand mental

0:47:27 illness thank you michelle let's hear from our our panelists from the village what are current gaps and we're on the same track where the lack of education and lack of understanding in the community is a real gap in the care and services and also the lack of understanding of substance use disorders and how that relates to behavioral health issues you know people still have a lack of understanding when it comes to the stigma of substance use and it being an addiction um it being a disease versus a choice and changing your mind and your belief system around these things is a key part is it plays a key role in how we address these situations moving forward because if the family member doesn't believe that your addiction is a disease if the family member doesn't believe that you actually have a behavioral health issue and that you're just being a bad child or a bad person it kind of stops the services there at that point the community has failed you because you don't have that understanding and you don't have that backing to get you the services that you so desperately need thank you now um um attorney Lamont disability rights what are current gaps in care and services again one of the things that we tried to pursue when we did this lawsuit was to bring all the parties together and there was buy-in from representatives from department of health psychiatrists human services NAMI members there's there's the creation of what was proposed by the court was a strategic plan to improve the mental health service system and it was to be adopted in 2014

0:49:30 and there has been sadly no effort to pull it together it's all here it's all this recommends is a case management system, so that if an individual comes in from, say, the village or at the hospital, that there is a system in place so that we know how

to engage or support this individual, okay? It's sanctioned by the court, sanctioned by the community. Again, it was signed under another administration, but psychologists, 10,000 helpers, NAMI, commissioner of health human services a psychiatrist dr sang who's still here um the former director of mental health doris farrington this was like a four-year project in which in paper and it's still the the contents of this is still very relevant now perhaps the numbers have changed but it's still very relevant and and i'd like to add this because there was mention made of uh supplemental security insurance our office is also preparing a report that will be out the end of this month which talks about because we are a territory how we are frankly shortchanged in a number of ways with regard with regard to SSI which we don't have but we're advocating for thank goodness that our delegate is pushing for that and the report addresses that Also Medicaid. We do not have the ability to have a match like say Mississippi. Okay. Mississippi has a more per capita income than the territory. But they because they are a state has a better access to Medicaid support.

0:51:18 we get a smaller percentage and that right now it's roughly 83 percent it'll it'll it's now we may it may change come September 30th all right so what happens with the territory because it's we're a territory we're always trying to you know catch up catch up when the time came when the congress provided 100 percent funding for our Medicaid program territory used it to pay outstanding WAPA bills, not pay for, you know, outstanding health services. So some of the frustration is politics. You know, we can't vote for president. We are very limited with regard to what we can and cannot do. The report, I think, will spell it out very clearly, and then we will know how to hopefully advocate, given this administration, you know, I may be a little too um optimistic but if we're looking at this from a social equity lens then dealing with our medicaid limitations our ssi lack of access to our lack of voting it it's it's it's a broader piece and i'm i'm i'm i don't want to sound like okay this will solve it all no i mean we are a small community and i i refuse to believe that because we're small we're not able to make make a good choice for our citizens we could do it thank you mr stradiron yeah okay you can hear me yes we can okay what i think is the gap that is missing too is a directory a list of directory of services where the community and different um partners and agencies can actually look like how you have the phone book and you go to the phone book and then you have this set of directory many of the the services that are offered the communities on facebook

0:53:15 social media they go to the hospital they go all over they're calling they're asking where do i go if i have such a such a problem and then nobody knows where to direct them actually like if you want counseling or if you need residential you need some type of treatment a lot of a lot of places do not have that information and i know when we meet before there was a talk about directory we have fema calling all the non-profits and different agencies to put together uh a list of a directory but i haven't seen or heard or even got any information that the directory was released out so i feel if we do have this directory where we know um the village you contact them for this and that services or you go underneath you have 10 000 helpers you have have a charity everything under a list of like how you have the phone book directory sort of if we could have some sort of a directory where the community knows where to go that also helps them more into understanding what services is out there actually thank you thank you I think we've heard so let's go to to island therapy current gaps in care and services yes I just wanted to highlight that I'm totally in agreement with what everyone shared because the goal is really it seems to where we're focusing on three areas education and awareness as well as a team approach to comprehensive care and also accessibility to services so what we kind of looked at and some these were already listed previously but just highlighting we really need an inpatient psychiatric ward because i think that's going to assist us with decreasing situations where individuals are for example apprehended and taken to the prisons when they really need to be in an inpatient psychiatric facility we also need sensitivity trainings for our officers just in terms of being able to work through more effectively in working with individuals who are working through challenges in terms of mental wellness we also need residential care facilities especially looking at things like facilities for those who are working through developmental concerns and so in need of independent living um facilities as well as long-term care facilities um and we also need legislation that can be passed for example legislation was passed that really assisted us in being able to provide more comprehensive um autism applied behavior analysis services aba for individuals with autism but the thing is the legislation in the virgin islands was strictly passed for only one area autism and so because of that other individuals who might be able to benefit from ABA they may not necessarily be able to afford it because insurance only covers it if individuals meet the diagnosis of autism so being able to look for legislation to increase where others can also access it i think would be really important um but just overall promoting opportunities for accessibility to services another area is individuals who don't have insurance who want the services but maybe they don't have a private insurance or public insure or federal insurance like medicaid or medicare but being able to have opportunities where they can have funding um i know here at island therapy we do like a sliding scale but sometimes that can be a challenge for some individuals as well so just kind of focusing on those areas and looking at how we can work on continuing to decrease those gaps thank you thank you and the last panelist in this

0:57:14 round is um miss poxson from naomi what are current gaps in care and services that you hear from the community that you're involved with yes um i have to echo all of the comments that were previously made um but also to uh what i want to say about the services i think we need to make sure that we're meeting people where um where they are in their community um where we do need all the facilities we do need to make sure that we have um you know adequate coordination of care most certainly early identification intervention housing but we need to make sure that we're providing care where individuals need it asking them to go from frederick set to christian said well we know that's not very far but for some that's a challenge um i i was encouraged to hear during the uh the the hearing um that that senator francis uh on the 26th on february 26th i was encouraged to hear that the the mobile wellness bands were on route to the territory uh and so they're um they should be deployed i'm hoping um shortly uh in you know within the community uh um st croix st thomas and st john's i was encouraged to hear that um because i know that's a challenge for individuals they want those that do want to get care transportation is an issue for them and sometimes that i don't know what the you know what the process will be for the use of the vans that's something that i know that we will be looking forward to um you know working with the department of uh health on to see how what kind of services will be provided and how they're going to be deployed in the community but certainly one of the hopes that us from now and saying what we want to see is that one this is a van that's going to be available traveling throughout the islands providing care you know on a regular basis

0:59:19 and also making sure that there's going to be access 24 7. training is needed for our emergency professionals our emergency response professionals most certainly so that they know how to help diffuse the situation but if we have um access to uh 24 7 um crisis intervention um team unit that will be able to respond to someone in crisis you know it would be nice if it happened in between eight and five and and then they're picked up and transported to a facility that's open but that doesn't happen you know i've been a part of those you know 3am 911 calls you know and it's really difficult if especially looking at your loved one getting you know handcuffed and put into a you know a squad car and then transported to the hospital if they're accepting patients at the time or if they can even be transported um it's just making sure if we can make sure that we're providing care where where individuals need it making sure that it's available 24 7. um in addition to all of the other um you know um areas of concern that others voiced um i think would will most certainly be key may i add something very quickly with regard to um crisis interveners um of course okay i can barely hear it was brought to my attention pretty recently there was a homeless person who was picked up by uh nine police officers and taken to another location needless to say that was pretty traumatic for the individual and once that individual was taken to a facility the officers did selfies and gave each

1:01:07 other high-fives and applauded themselves and it took this individual a few days to just get over the trauma being snatched from where he was and taken to another place so certainly there needs to be training with regard to that because if you know if you're going to be taken away pretty abruptly by nine law enforcement agencies that alone is traumatic for anyone um and then the aftermath you know pat yourself on the back take pictures you know what's what's that about uh so certainly i believe that um gaps in care and services are critical and i agree with everything that everyone have put on stated thus far one of the things that's critical for us is that some of the items that have been mentioned is have already been addressed by the legislature and we continue to work with the administration to make sure that we are moving the needle and some of the other issues early intervention is extremely critical for us to be able to get in there whether it's in the schools schools or elsewhere and be able to provide assistance to those in needs. Substance abuse is critical. A directory is something that I had a discussion with my staff and that I think is critical that individuals could pick up a directory that give them some definitive of where to find services and it's something that we intend to undertake within the Committee of Health Hospital and Human Services and be able to provide that to the community as well. Residential care facilities is something that we're working on. As you know, we had provided the $3 million for Anna's Hope, and if it's not Anna's Hope, we could do it wherever we want to go.

1:02:53 You know, we need to really arrive at a consensus whether or not we believe that we need a public facility or perhaps we need to create a public-private partnership with a private entity that could provide the necessary care and services that's required. The legislation regarding autism is something that we had moved back in the 32nd legislature and I'm interested to hear from Dr. Parija how we can strengthen that and move an amendment to address the shortcomings or the gap that continue to exist in that particular piece of legislation. The crisis intervention team and the sensitivity training is something that continue to be at the forefront. I know in conversation recently with the Virgin Islands Police Department, as a matter of fact, on the 26th when they spoke, we had Deputy Commissioner Walwyn and Commissioner Velenor that pledged that in fact that we'll see a lot more of the CIT and the crisis intervention teams and training being conducted so that our officers could really appreciate and get the necessary sensitivity training that's required these individuals are in crisis you know they're not functioning in their normal so of course you know they're not operating in the normal so we don't want to make fun and belittle and and you know um incarcerate them at a time like this so that is something that we

certainly have to work on i just want to provide a little sneak preview I know that we discussed the vans and it hasn't been made public yet, but the mobile substation is on island, driving by Charles Howard, recently I saw it parked at the Charles Howard Hospital and I think it's important that I give kudos to my former colleague, Senator Nelly O'Reilly, who really had the vision and passion where we were moving the legislation to make sure that the mobile substation was available and made a part of that and we certainly provided the funding for that, and we're happy to hear that they're on island, and I know that Department of Health will be doing a release on that in the very near future, but I'm sorry to jump the gun, but I know I'm pretty excited about having those vans on island because we've been talking about that, and those vans will be able to go out into the community, be deployed into our community, and be able to take services to those in need rather than waiting for them to come forward for those services so I like the responses that was given regarding the gaps in care and services and it's something that we have to work

1:05:28 collectively to address. Ms. Richards? So one thing that that we see with the lack of a inpatient facility here on St. Croix is that unfortunately too many of are mentally ill end up in jail so is there any continuum of care for persons who may become incarcerated and I'm going to direct that question I'm not sure who to direct it to but I'll start with I'll start with island therapy is there a continuum of care for persons who may become incarcerated that question is for island therapy um so currently we are working with um the the bureau of corrections and doing care for people that do have mental um uh you know behavioral issues or whatnot when they come into into the prisons um so we have been doing some psychiatric care for them and also psychological evaluation and some, you know, different therapeutic interventions and stuff like that. So that is, you know, one area that we're able to, we just started working with them within the last couple of months. I know they are definitely seeking those services out.

1:06:58 I think that, I will say that the struggle comes when somebody who, you know, has mental illness or has a behavioral, you know, difficulty come up because of the mental illness and they end up taking them i think somebody commented on this before but they end up taking them to jail instead of the hospital uh where they needed to go to the hospital and be stabilized and stuff and they end up going to prison because maybe they punched a hole in the wall or go you know they did something like that and that has become a really big challenge is is sorting that out and making sure that they're getting the help that they need um so that's what we were going goes which goes back to having you know i know saint thomas has an inpatient unit um that they can stabilize patients but unfortunately in st pro we don't so really working on that would be huge to help that that transition and hopefully people that don't need to be going to jail and not end up in jail thank you and is there anyone else who wants to weigh in on the team of care um when persons become incarcerated i know that's a a huge issue um in our community so any of our panelists want to weigh in on that yes um here on the village um thankfully for us we have individuals in the criminal justice system to include judges wardens and attorneys who see the need on the substance use disorder part of it and um even the individuals in the ag's office who will request that a screening be done on certain individuals to see if they meet the criteria for substance use treatment and have that be part of their um their stay or their pre-trial release conditions as opposed to just sitting in prison or just waiting for sentencing they can receive the treatment that they need and if there is an underlying mental health issue there we navigate them receiving the services they need through the um fhd or or department of health um to to get

1:09:06 that done so we um thankfully the criminal justice system is aware of the village and the work we do and has begun referring individuals over here instead of having them sitting in prison unnecessarily Thank you. So, Senator Francis, you wanted to weigh in on that? I just wanted to add that, you know, again, when we have the situation with individual being incarcerated, we visited the prison recently. And again, that is not a good fix. You know, when we have individuals that may be suffering from some behavioral health issue, having them incarcerated even in an isolated area present additional challenges and I certainly hope that we could see today that we could have an institution or be able to make necessary referrals outside of individual actually being incarcerated a lot of time unfortunately because of the situation that we find ourself in is that in order for individuals to begin to start to receive services. We wait for them to commit a minor infraction and then get them into the criminal justice system, and that will help to perhaps force the services that they're required, but it's not a good fix and it's something, if not immediately addressed, it just lends itself to a long-term behavioral health issue. So I believe that we really need to work towards improving that type of situation that we find ourselves in. So I think as a community, you know, we have to work to reverse the way by which we're actually incarcerating individuals because of behavioral health issue so that we could provide them with the necessary services versus incarceration.

1:10:58 And I see that Mr. Strudiron wants to weigh in on this topic. Mr. Strudiron. yes um i know for us at 10 000 helpers um boc and a judicial branch also calls us and go through cases with individuals with mental health mentally behavioral issues and we do a treatment plan where they ask us if we're able to house the person while they do a treatment plan for them to get counseling whatever therapy that is needed and stuff so as long as we have space available we are we also work alongside um the judicial system and we take the clients if they're in jail i got an opportunity to go in speak to them

speak to the person that is incarcerated and give them an idea of what our services are and what help is needed and if they're if they would like to have that opportunity to come out under the treatment plan that we will hold them what is the guideline for them and xyz and it has been working out as long as we have space i know they contact us and tell us exactly what's going on who they have and if we're able to assist them and getting them the residency as part of their treatment class thank you so we're going to move on to our next question um we've we see so many families that are struggling and really don't know where to start SO WHAT TYPES OF TRAINING DO ANY OF YOUR ORGANIZATIONS OFFER OR RESOURCES FOR FAMILIES AND INDIVIDUALS TO HELP THEM COPE WITH BEHAVIORAL HEALTH ISSUES?

1:12:41 WHAT TYPE OF RESOURCES? AND THAT'S AN OPEN QUESTION. ANYONE CAN JUMP IN. WELL, I'LL GO FIRST. GO AHEAD. I'LL GO FIRST. um what we do is if you call if you call our number if you call um the emergency number for we basically set up a one-on-one with the individual and we go to the home and we listen to the issues from the family and then we take the individual who they're talking about or we're discussing and put them on a side and speak to them also and let the two sides go that we're neutral and we try to understand from both sides what's going on and then we kind of put um give them a case worker on a system where now we're trying to give them the services or whatever help that we can or we we refer them to other agencies as usual other organizations but we we don't leave them standing by themselves we basically get them to know that we're there with them step by step so that we can get them to where they need to be especially since a lot of times um the services that are that are that that they're requesting majority of the time is after hours you know the person acts up after five o'clock and then nobody knows what to do so at that point we're trying to tell them to know that if you call up we're still there to assist because majority of these programs and nonprofits that are here usually work 24 hours anyway so it's not hard to get in contact with anybody a director or worker or facility to say well we need some assistance and help for this family so that's what we offer if they call and they need some type of one-on-one um counseling help uh where to go references what to do we try to assist them by by coming to their homes and letting them know what what exactly we can do for them thank you yes and this is um i'm shirlin um from nominee st croix i am very proud excited about the nami family to family program it is a free uh eight session education program that's

1:14:47 for family friends significant others or of adults with that's living with a mental illness and it's a program that's taught by trained family members who have a loved one with a mental health condition so they're sharing their experiences you're talking to someone that's lived or experiencing what you're currently experiencing and so through that program we're able to provide information about the mental health conditions some communication skills problem solving treatment recovery and you know the the core reason for the program is really to help increase understanding make sure that increase understanding about what your what your loved one is experiencing and improve your own advocacy skills, whoever you are, whether you are a parent, family friend, significant other, and also focus on maintaining your own well-being. Caregivers are very, very stressed out supporting their loved ones. And I actually became affiliated with the NAMI organization through the Family to Family program.

1:16:01 I am a caregiver providing, you know, trying to support my loved one, and I didn't know where to go, so I didn't know what to do. I came across this program. I participated in the program. I saw the importance. I saw the significance it made for my life. It made for my family member's life, so we're very proud. This is a national program that's evidence-based. that this is a program that we're definitely we've taught here and actually it's open for individuals that are interested in participating in a new class and we're also working on developing peer-to-peer programs this is something we have not done before so we are reaching out to to other organizations to identify peers that want to go through training for support program so that they can go ahead and support other peers other individuals that are living with mental illness and i was um i neglected to mention when mr stradiron mentioned about uh the directory earlier that there was a uh those that listing that had put together by that collaboration of all non-profit organizations it did not go to waste actually um nami syncroy picked it up and we have um put something uh together uh we have not published it yet so we will certainly reach out to senator francis's office and as we make sure that we get all the information out there it is a it is a collaborate it is a collaboration of all of the different organizations and the work was actually started from that collaboration of non-profit organizations that work to pull all that information together and so we just we um made sure that the information is still current relevant and it's a living document that will be published on our website nami sdx.org anyone can call us talk to us and we will be sharing that information so i will also work with senator francis's office on that to make sure that it is something that is really readily available okay so um as part of our prevention programs here at the village where we recognize the need that families have to become more educated and just deal with the

1:18:17 issues of mental health and substance abuse we have several programs available to families one is a strength in the family program where it helps to build that bond and knowledge in the field of substance abuse and mental health and other daily things that would affect someone's mental health so we have the strength in the family program we have our

progressive lifestyle program which is our peers of teenagers and our young adults get together and they have discussions open discussions with the topics of substance abuse mental health we put out public psa's through our websites we have different campaigns that we run from time to time trying to educate the public and families to help initiate the talk about mental health and substance abuse a bit more we also have our prime for life program which is also under the prevention side of the village and with the prime for life program it fosters a virtual well now it's virtual um our young people to become involved in some classes that teach a realm of issues from like i say substance abuse mental health peer pressure all of these things but it's of course a seven week course i believe and it's now virtual and we continue to give all these services from strengthening the family progressive lifestyle and prime for life virtually now that it's we have the covid pandemic going on um from time to time we're going to be putting out stuff where we will be within the community um we started last week friday at canada ballpark where the ladies were out there giving out information um we were providing some testing hiv hepatitis c testing you know stuff so we are getting out in the community a little bit more that we have a little bit more leeway with open door um somewhat of an open door phase and we're trying to become more vocal through our facebook website and also on the treatment side of it we um do our best to keep

1:20:38 the families engaged because so many times you will see families just want to get rid of the problem so to speak and you know drop them off and disappear so one of the things we try to do in the treatment side is to keep them engaged and have them understand the course of treatment what the individual is working on and also provide them the resources that they would need to keep themselves engaged and understanding it from their side of defense when the individual is finished with treatment there is that foundation there that to strengthen the family and to to go on and go forward with in assisting the individual to live a productive life outside of treatment services anyone else okay so we have we've heard throughout this entire conversation tonight um mention of education and early education but we're not we haven't really touched on the topic of services for our youth and we know that there's a strong connection between mental health behavioral health prevention and early intervention programs and and success in school and research shows that adolescents with a mental health condition will see its manifestation by the age of 14 so what steps can we take to ensure implementation of prevention and early intervention initiatives in school and health settings and I will start I'd like to start with um island therapy to to address that question to answer that question can i hi yeah hi um i i'm really glad that we got to this because i think that there um is a lot that needs to happen with our young people i will say that for a while we did have a really strong comprehensive system of care where we had services in the schools

1:22:53 early intervention residential care short and long term and then reintegration into the family system i think having those kinds of services where you can you want to pro provide services for young people as close to the family and the home as possible and then when they need to come out you want to keep the time as short as possible and have them go back in providing comprehensive services and understanding that this is where the earlier you start the better chance you have of reducing stigma and of really seeing and teaching family members and the entire community as we grow about the fact that that mental illness is just another physical illness on some levels one big gap that we really need to address is as the child ages out of the child system the educational system when they turn 18 until they get into the adult system at the age of 24 25 that's where you're really growing people that if you don't give them services are going to have chronic mental illness for the rest of their life and i think that is a key point that is that that gap in services between aging into adulthood and actually being able to to handle themselves so that is one critical piece that i think we need to address but i must say that um i think and i would ask dr wagner to to weigh in on this because we do provide a wide range of services here and i think there's even more that can be done yeah i mean i would say that one of the biggest things

1:24:46 in identifying and catching mental illness or developmental disabilities early on is early early identification um one of the ways that we've been successful with that is is educating the teachers um i you know go out and do free talks for the the schools for the teachers and just doing education on what does a developmental disability look like what does signs of depression look like in a 10 year old boy you know what does that look like and how do we and what do you do once you see that and how do you move forward with that and i've had i mean i would say that we have more now than ever referrals constantly from teachers tons of teachers coming you know referring kids um you know we're seeing up to 20 i'm personally seeing up to 20 to 25 children a week new children a week and most of those referrals are coming from the the education system from teachers so the early identification is absolutely huge and getting them the services so that we're not ending up you know long-term dealing with everything thank you anyone else want to weigh in on that question about just how we're serving our our youth um population our younger um population okay so i'm just gonna throw one more question out there before we go into our question and answers from the public and in this past year with covid the entire community has been under tremendous stress from from from your own perspectives what pressures have covid placed on the community and what measures have have either of your any of your organizations taken to help address them so if we could start with um let's start with uh catholic charities miss shillingford the pressures of covid um the pressures of covid would involve lots of job loss people not being able to pay their rent

1:26:53 people not being able to pay their utilities and can you imagine what it's like to wake up one morning and every morning you have to wake up and you're not sure if your landlord is going to be at your door with an eviction letter or you're not sure your children have to your children have to do their classes online you're not sure if wapa is not going to disconnect you and that i i mean that causes a lot of stress for parents so what we have been doing is providing individuals we we we've we've been providing individuals with rental assistance counseling utility assistance and i guess basically that's what we do counseling providing utility assistance rental assistance as much as possible because there are lots of people out there who really really are suffering and we try as much as possible if we cannot assist we may prefer us to other agencies that we think will be able to assist we have developed a very good relationship with the department of health so if we realize that there's somebody who needs more than what we can offer we would refer them to the department of health mental health thank you and go ahead sorry can you hear us okay yes um so what we wanted to share is definitely um we agree with miss shillingford regarding the pressures of what covid has placed in our community we are seeing things like in addition to financial constraints and impact on individuals at the workplace and school and so forth there's also an increase of low moods such as depression there's an increase of anxiety you know um a whole lot whenever we have major changes or major shifts or after any kind of major traumatic event which we are going through now due to the pandemic we tend to see where individuals are responding in different ways which says i'm having a hard time with this in children we tend to see it more with behaviors so they tend to not use their words as much but their behaviors are saying i'm having a hard time adults we tend to do it similarly but we tend to use more of our words and so those are some of what we're seeing there um one of the things that i say one of the things i'd like to add to that also is a really big stressor that we're seeing for um uh families in general was the transition

1:29:38 to virtual learning yeah because parents were having to teach um be the teacher the parent the full-time employee you know and all of that and that has been for a lot of our families very very stressful um and so one of the responses that you know we have we've we um have formed or gotten a grant with department of health and samsa and fema and to provide crisis counseling services to everyone after the pandemic that are free services trainings to agencies to employers to anybody that wants the trainings going to talk about coping strategies how to build resiliency individual you know many counseling sessions if it's more of a severe mental disorder then we will pass it on to a licensed um counselor um and that grant just got extended until november seven november six november six so um we have that until until november six and that is um the community resiliency project so you'll probably see a lot of advertisements start to hear about it on the radio a lot thank you anyone else wanting to weigh in on this Yes, we took a different approach when it came to the COVID-19, the pandemic, and what we did was we were discussing with administrators about how we could actually have a place for people that are homeless, mentally ill, that population, if they were struck with the COVID, where would they go to quarantine? So what we did was we teamed up with Divine Funeral home and we got um some money from the care back from the governor's office and we started to build um a shelter out of containers which will house eight individuals uh one it it's gonna be a

1:31:31 shelter for for homeless mentally ill individuals who needs to quarantine if they have any symptoms or signs or anything of covid 19 and we're proud to say that soon it may be open a couple months to three months but that's the approach we took since we're advocating so heavily on transitioning the homeless and mentally ill so we got assistance and collaborated with divine funeral home and we're doing it as a collaborative project where soon we're gonna have a shelter just for people that are mentally ill and homeless to quarantine if they do have or struck with the COVID-19. Yes hi for NAMI St. Croix we recognize that loneliness, social isolation is a it's a major issue. Unfortunately as has been stated individuals having to make that transition over to the virtual world is not easy if you don't have access to the technology if you don't have a smartphone we want to assume everyone does but not everyone has a smartphone not everyone has a computer not everyone has a tablet not everyone has internet you know a reliable internet where they can stay where they can participate in forums such as these um it's what we have because of the pandemic so what we know that is something that needs to um certainly be addressed but what we've been trying to do is just uh stay connected with everyone uh we've been maintaining uh regular meetings where individuals can just call and say what's going on we provide updates from time to time what we're doing you know certainly amongst our group but staying connected is really what we um feel has been helping certainly with our group

1:33:26 it's hard to stay connected over the phone or on zoom or on teams it really is um but we encourage everyone to just think of inventive ways i don't it doesn't a whatsapp whatsapp is something that i think many you know many individuals certainly use here in the community if it's not if it's not zoom if it's if it's not microsoft teams if it's not skype um if it's not whatsapp we've been even with this with the smart smartphones we have facetime we've been encouraging individuals to to when you um call someone turn on the camera so you can see them you know sometimes we're talking on the phone and everyone's just you know nodding and saying what you're supposed to say i'm all right because you don't really want to admit that you're um you really feel isolated you really feel alone and you really want to connect with someone and

you know in person but it's difficult so is it you got to turn on you got to turn on your camera we got to see you you know you got to put a smile on your face um i don't know put you know put some makeup on do something um just so you when you are talking to someone you feel like you're somewhere you've gone out you know dress up and then encouraging um individuals to to stay connected with their family members using the the resources that they do have if it's not a smartphone if it's not a computer it's not a tablet i don't know i there are very few people that i know personally that doesn't have whatsapp so use whatsapp you try to find different ways to tune in with each other because picking up the phone or connecting online with any one of these virtual tools that we have access to is key we know that we are working our way towards um having more in-person events and that's really where we were most of our engagements with our with our community has been in-person events and so we have seen um a drop off in that because of the change over to the virtual world but even so um even a text message i sent out a whole bunch of text messages this morning and and I see a couple of people on the call that I hope connected because they saw the text message. We have to explore all avenues of how to stay connected

1:35:43 because isolation is a real thing. And that is an excellent segue to our question and answer portion of the town hall. Before we go there, I just wanted to say that in my conversation with the Department of Health the clubhouse they also spoke about going towards the virtual world in terms of their contact and you know they continue to stay in touch with their patients via that medium however they were hoping to resume in-person contact in the near future as we continue to control the um covet pandemic but in fact you know department of health on the clubhouse continue to at least be able to stay in contact virtual virtually and um you know that is a good thing and we're hoping that that continues until such time that they're able to meet in person so um miss richard you said that we are going to start to entertain some questions to our q a's and we've received some questions by email and one of those were was is what are the considerations or measures to include family members as a support system for persons working their way through a mental health crisis so how are we supporting the caregivers how are we supporting the caregivers in our community anyone can jump in well I know for Nami Singh for it as I mentioned I mentioned the family to family program that we have. But I do think that we there, that's just one thing that NAMI Singapore is able to do.

1:37:31 But I think, I hope rather that the directory will help because it'll ease the, you know, the stress that family members are trying to, caregivers are trying to deal with, trying to maneuver through the system and what is available, what isn't available. But support groups, it has been something that's really been helpful, at least, you know, to some of us. Ms. Parksan, do we believe that that's an area that there is a lapse or gap in? And then perhaps as a government entity that we need to focus a little bit more in terms of providing services to support our caregivers?

1:38:16 The Department of Human Services has a family support program that I believe don't they I know that they meet multiple times I don't want to say the wrong day of course you'd have to reach out to them but I know that they do provide a program for family kids to support family caregivers um could there be more that's done absolutely absolutely um a lot of the the the stress that family caregivers are dealing with is is not having access to the information as we've talked about um you know you know multiple times um this evening um and knowing who to talk to so that we can get our own make sure that we take care of our own uh our own selves so is there more that can be done yes i think coordinating with the department of health to make sure that there is a referral not only bringing in our loved ones to go ahead and receive care but what program that's housed in the department of health um if it is a referral to dh to the dhs program that's fine but you know certainly ramping up the promotion and um sharing of that information so so the family caregivers are more aware of it. And certainly I know that there is work that NAMI St. Grae has to, there's more work for us to do to make sure that we're sharing the information about our family to family program as well. So that's something that we can do more collaboration to make sure that family caregivers have access to information and more support programs in whatever medium is convenient for them because they're providing care and they're working, they may not be able to go to a meeting,

1:40:03 but if it's accessible virtually during, you know, after hours such as these, that might be more beneficial for them. Okay. And again, we wanna open up for questions and if you could simply raise your hand if you're able to do that. If not, if you have any questions for any one of the panelists, you feel free to do that at this time. Preferably, if you could direct your question to someone in particular. If not, you have a general question, We'll try to get the person with the most information to respond to your question. So while we wait on questions, we've taken some questions from Facebook and got some by email.

1:40:50 I have a raised hand. I'm sorry. I have a raised hand. carla joseph you're recognized thank you so much uh senator novo francis jr i really want to first commend you for having this town hall meeting uh definitely the mental ill in our community is a real crisis and very critical for us to address on a holistic uh avenue i wanted to ask miss cheryl poxton i listened i came in late i do apologize and and good evening to everyone i should have said that on the front end um i

wanted to ask you miss poxton and i listened to some of your presentation and i thought it was very good do you look at bridging and coming to st thomas and possibly doing something of the sort over here as well and collaborating with some of our very strong uh ngos to include catholic social services and methodist outreach is some of those things being done the groundwork starting to happen um thank you senator joseph um absolutely we actually have anami st thomas affiliate i can't i can't hear you miss poxton is that a little better can i hear no not at all oh no that was me that was me okay that was my dad no worries um what i was saying was that yes absolutely uh work is being done we have a nami st thomas affiliate um and one of the conversations that we've had with uh nami st crow has had with nami st thomas is that we are a small community capacity is an issue you know as

1:42:50 i said at the beginning we're a group of volunteers and just by virtue of why we we've come together we're all caregivers or significant others i'm taking care of a loved one so sometimes it's a challenge and capacity is an issue for us so there needs to be more collaboration amongst nami st croix and st thomas which we have actually made um recent efforts to do so um in addition to the programs that we are that we've begun work on here on st croix yes we have started to reach out to other nonprofits on St. Thomas as well, so that we can make sure that whatever we're implementing here can be implemented over on St. Thomas. So we have an affiliate over on St. Thomas that we are in touch with, and we're beefing up the collaboration so we can make sure that whatever is done here on St. Croix, it can be duplicated, especially now in this virtual world. You know, that was the comment that we made why aren't we um co you know collaborating more in the virtual world thank you so much that's very good thank you and i just want to lend my support and in anything that i can do i do love to volunteer i have i have a lot of time on my hand and sometimes um we could schedule times uh to volunteer and you can always reach out senator novel francis if you need to get additional support in the saint thomas st john district because we too have a major issue with our homeless and we see the correlation between the homeless and the mental illness too so definitely i i would be very much supportive of volunteering and lending whatever skills that i have to support this effort thank you thank you very much senator Carla Joseph at this time. Any other questions? I know that Sheila, are you still on the line? You had a question earlier. Ms. Cullian?

1:45:05 Okay, so we got some questions that were emailed. And one of the comments that we got on by email was how can we how are we engaging and assisting our shut-ins facing mental issues which has certainly been a bigger problem during COVID and second how can we ensure the elderly with mental illness brought on by isolation and other factors are addressed in our mental health assistance programs so how are we how are we engaging and assisting the shut-ins but how are we also ensuring that the elderly with mental illness are having access to services as well and anyone can um any one of our panelists can jump in with that um to me that the question kind of rough because that's more like on human services you know especially when it comes to these cases we don't as us for non-profit people have to call us and tell us their situation so where they ship the sit-ins and the shut-ins and stuff like that um what the service is that's more like a human services to me role if they reach out to us now and they refer them to us then we're able to assist them but i i i don't see us being able to answer that question really and truly okay anyone else i would say i would like it Okay can you hear us yes yes okay thanks um just kind of wanting to share I recognize we have some limited resources um so you know as a result I can totally relate to what you're saying Mr.

1:46:53 stradiron in addition to what you shared i do want to point out that because we got the crisis counseling grant also known as the community resiliency project we are providing services um remotely so you know individuals can access services by a telephone if they need to talk with someone they can call our office and ask to speak with a crisis counselor 340-719-7007 and that's through the grant that we got through fema samsa awarded by department of health in addition to that we do do presentations some of which are in facebook live those are usually on fridays and we're getting ready to start them on tuesdays so that you know individuals can access services um also individ we do provide services via zoom um so individuals who are not able to come in physically for services they can access services um remotely so i just kind of wanted to share that as well oh yes thank you dr grant for the crisis counseling program also known as the community resiliency project they can call in anonymously so they do not have to give their names they just need to say i'd like to speak with a crisis counselor i'm really feeling you know whatever the situation may be and um our front desk staff will switch them over the program is also available in saint thomas and saint john and it's through insight psychological services so in st croix island therapy solutions had it and in st thomas st john inside psychological services although it's not germane to where anyone from anywhere can call anywhere so people from st croix they want to call insight in st thomas to access the services they can individuals from st thomas and st john if they want to access the services in st croix they can so just wanting to point out that that is a service that's available um for anyone and including our shut-ins because we do want to be sensitive to meet their needs um however we can i also want to let everyone know that as far as senior citizens are concerned um aarp has certainly started to do some work um you know in the ram locally we've been focusing on mental health uh nationally for

1:49:26 quite some time but arp has been working with the department of health and the community resiliency project just recently in fact something was um information was shared um around mental health and and the uh the cure for seniors so i would look out for more information on that anyone that's trying to get um access to information or services for a senior citizen i will certainly contact um aarp you know the website uh you know call the local office there is some more there's more information coming out on that and we have um more a comment um from one of our online viewers about the availabilities of prescription treatment she hasn't heard much in this conversation tonight about prescription treatment for those suffering from mental illness so for for families who have this question where do they where do they start how do they get those services those prescriptions that those medications for their family members um i'll answer that first as far as uh here at island therapy solutions we have um three psychiatrists that we work with um that we collaborate with um and so they you know see patients on a weekly basis here at the office and then we also have a psychic two psychiatric pas that we have here at the office for prescription services we are still pretty booked out at this point and it's still an area on the territory that it certainly needs more and more services in So we are working on hopefully hiring some more people in that area to bring more of the psychiatric medication management services to the territory.

1:51:21 Thank you. There is a question online, I think from Phoenix, you have a question? Is there a question? Hello? I think you see the name of my phone. Yes. I apologize. I apologize. I had a question in regards to substance abuse part of the discussion. I know when I first was introduced to mental health services, not much was speak, no one really spoke about the substance abuse issue and how important it was in the discussion. And I think at the time of my life, I was very young and someone could tell me anything and I would believe anything.

1:52:13 But after being diagnosed for 10 years, I do feel that it's very, very relevant. And often because of, you know, I understand the person's at the forefront. You kind of have to be at a different stage in your life to really be at the forefront. So I understand why someone at the forefront wouldn't talk about substance abuse often. I do feel that for someone who was diagnosed at you know I mean I'm very young but you know uh in my 20s that um having that discussion at the moment when I was diagnosed would have been very very important in changing um how my life occurred so just you know speaking from someone who who develops symptoms and within a couple months I was diagnosed so I don't feel that there was a big delay uh where my life needed to fall apart i i do feel that the discussion really was not there and um it's not really a criticism you know saying that i have you know heard everyone's story it's more so as as i look in the media i think people talk about mental health they talk about depression they talk about schizophrenia they talk about um you know the different mental health diagnosis that's that's usually very very popular in terms of speaking and understanding mental health those diagnosis seem to be uh people are more educated on those you know multiple personalities and and things like that but in terms of substance abuse really understanding the issue of substance abuse and how it relates to mental health that's something that's often not really discussed especially with the quick ads you know it's it you probably wouldn't even hear the word substance abuse in a very quick ad so um i i you know i was living on st thomas and i went through mental services in terms of substance abuse treatment and substance abuse like you know um understanding how substances play in your life that really was not ever the focus in my mental health treatment

1:54:04 but once i moved to st croix i did hear about the village and um seeing that they are panelists i think um you know although i was a member of nami and i i participated in nami meetings i would say even in their meetings substance abuse was never really talked about ever and i i don't think that that was quite uh doing persons who are diagnosed justice as well as allowing persons to understand how the mental illness might have manifested so i was saying in terms of uh the work that the village is doing in terms of if you're really trying to do mental health outreach that um i do feel that you know um working with agencies like the village which specifically deal with substance abuse because i think this is a factor that a lot of persons don't uh factor in Ms. Phoenix, let's give the Village an opportunity to weigh in and address your concern in regards to substance abuse and its impact and effect on mental illness or behavioral health. Can we get to Village and maybe we could also ask Dr. Wagner to weigh in on that real quickly.

1:55:10 hi yes good evening yet um she is correct in that substance use does sometimes go hand in hand with certain mental health disorders or corcoran disorders as there's something called it's it's not uncommon to have someone who has a substance use disorder to also be diagnosed with bipolar disorder depression other mood disorders schizophrenia that's also part of it which one causes the other research still you know hasn't agreed on that but it's very common to see that sometimes the two does go hand in hand and some substance some substances do mimic certain mental health disorders so it's it's very important when someone does come in for a substance use treatment and they're given that proper time to detox that they do get um a psychiatric screening even if they never had a history of psychiatric issues so the psychiatrist can determine were their symptoms a product of substance use issues or was this an underlying issue that was always there and they were self-medicating all this time so the two yes do go hand in hand on that community collaboration to work together with someone in a psychiatric field along with us who provide the substance use treatment is extremely

important very well thank you dr walkney you want to weigh in on that real quickly i mean i think that she hit the you know the nail on the head i mean she exactly everything that she had said you know it's just whether or not it you know what came first and in trying to treat it and trying to figure out what's you know what's going on as far as whether or not the substance abuse was developed from you know them coping with the mental illness in order to and that was their coping strategy that they were using um so i mean yes they they hit all the points on that very well um dr wagner while

1:57:11 i have you is there's a notion that we don't have enough psychologists and psychiatrists on ireland is that a fact or um we are not aware of how many service providers we do have aware do you what What would be your comment in regards to that notion? I would certainly definitely say we are short on psychiatric care. You know, like I was just saying, I think at our office, we're booked out until the end of April on psychiatric appointments, which is unacceptable. We can't have people on waiting lists. I mean, as soon as somebody gets up the courage to come into our office to get the services, we need to have them available immediately. it's very difficult to hire people and to bring them down um telehealth has been helping so we've been able to get a little bit of help with but it's a nationwide shortage of psychiatric care really and psychiatrists um so as far as the the psychology realm um i would say yes we probably definitely have a shortage of psychologists also um you know the good news is is the the counseling board is now licensing people to start doing counseling services um so that's up and going so there's more access to the counseling piece of things, which will be, you know, definitely help in getting more of those services out there. Very well. Thank you for that. We're nearing the end.

1:58:35 I just wanted to, Mrs. Richards, if you could just have our panelists just do a quick 15, 30-second wrap-up, and we could go towards closing comments. So, thank you for everyone who has shared their questions. For those of you who emailed, we will be responding to questions offline as much as we can. And I'd like to give our panelists a chance for a very brief wrap up. And since we have Island Therapy on the screen, we'll start with you.

1:59:08 hi um so thank you so much sorry to the senate senator novel francis and the team for inviting us this has been a great pleasure we just want to be able to let the public know that part of our goal is increasing accessibility to comprehensive services and so as a result at island therapy we provide individual group family consultations trainings and really working to enhance and promote our wraparound services and also collaborate with other agencies as well we enter into relationships with government as well as non-profits and other agencies so our goal is really to increase and provide support to our community we recognize that right now we're going through some trying times and wanting to be able to be a part of that solution so um once again thank you so much to senator novel francis and the team for inviting us to be a part of this we really welcome and want to be a part of continued conversations especially in being able to um Um, increase, um, work in, um, the areas of legislation, because we do recognize that there's a need for that, that can really assist our community in assessing services.

2:00:37 So thank you so much. Thank you. Ms. Pogson for your brief wrap-up. Yes. Uh, thank you very much. just want to say thank you again for the invitation um the conversation um we we realize that the challenges of mental illness do not only affect the individual family members but it also affects friends teachers neighbors co-workers others in the community therefore we want to make sure that we continue this type of discussion open open dialogue about mental illness the things that we can do collaborate better because any system that we put in place in the territory is going to require the resources and support of all of us so we say incur we want to encourage this type of dialogue and nami st croix and nami st thomas we will be here ready willing to assist and provide whatever support is necessary not only for our caregivers but for our loved ones that's that's really trying to manage through a mental illness thank you thank you mr stradiron 10 000 all right i would like to thank you um senator francis and your team also for having this somehow meeting i think it was more needed than everyone out there would really understand people in the community have been asking about this topic to be addressed and to have some sort of conversation and and and means of communication and um here at 10 000 helpers we just like to let all these other agencies and everybody know that we're here to collaborate with anyone and everyone we advocate specifically for the mentally ill and homeless and transitioning them so as much as we can help you can feel free to call um where we have a little issues that are building right now we are vandalized so we kind of have it shut down but we're doing

2:02:41 outreach until we get the remodeling done and stuff and um just a reminder to all of us to the community that we believe in a hipaa law so we we we want to make it known that all of our organizations believe in following the hipaa law and we we would like the community to know that if you're scared because you feel that somebody's gonna give your information out or you feel that you know someone and you're not you're not comfortable with it we believe in a hipaa law and to all of our other organizations and people that are helping through the pictures and the selfies and stuff like that when you're with someone or assisting someone please stop and they were advocating for that as well too because that's that's that's not good so i'm asking you know the selfies the pictures you see someone on the street that's that's that's a part of legislation i feel too of a lot that needs to go into place that you don't take selfies of individuals that are mentally ill or

because you're helping them and stuff like that so that's my two cents thank you guys so much for all the assistance that you do and once again hip hop is my biggest key out here when it comes to our job thank you very much thank you mr stradiron and miss lamont i'm sorry was that me yes thank you okay thank you senator francis for this wonderful opportunity um i just want to add that our disability rights center the virgin islands all you need to call is one number it applies to st thomas and st croix and st john 772-1200 our website is drcbi.org our report will be released on the website some of you will also get hard copies you can call us if you'd like a hard copy of the report and it will deal with ssi medicaid data collection voting etc um just so you'll know in summary disability rights centers does referrals monitoring facilities i mean we are charged with the the responsibility if someone is um abused or neglected in a facility we are exclusively mandated by federal law to go in and investigate advocacy litigation and public education so thank you so much for your time thank you um miss shillingford catholic charities

2:05:06 thank you senator francis for initiating this conversation and i sincerely hope that this conversation will continue and that there will be a lot more collaboration between the players to include both governmental and non-governmental agencies and just to let you know i we spoke about the elderly catholic charities does have a daily outreach to the elderly shot in elderly and that allows us to have conversations with them daily to ensure to to verify where their mental state is just to say hi how are you doing is everything okay we provide them with meals daily and it's it's really you know this happening when we think that there's so many elderly people elderly children living alone and many times the only people that some of them see for the day would be the catholic charity staff so we do that so if anybody knows of any elderly person who just needs that daily contact you can call catholic charities and we also did the vi continuum of care i heard mr stradiron talk about a uh a directory the vi continuum of care has already put together a directory of all the agencies and so has the community foundation of the virgin islands that is available so maybe nami can work with them to ensure and that is maybe one of the the our issues that there too many people working independently so maybe nami can work with the community foundation or the vi continuum of care and i think nami already has an invitation to the table for the vi continuum of care and you can we can all work together to ensure that that directory is put together well and out there to everybody

2:07:04 Thank you, Ms. Schillingford and VI Partners in Recovery. Likewise, thank you, Senator Francis for the invite and everyone that was a part of the conversation this evening. We were definitely shared and spoke about some topics that enlightened us as panelists and the community. the community and here we here at the village are definitely going to continue our part in the role that we play with substance abuse and mental health um we have the services of treatment that we offer with our treatment program here at number one sign hill as far as substance abuse for men and women adults and we also have our prevention programs that are also in place that are there to assist our families and our young adults in the community so our telephone numbers that we have we have on our treatment side it's 719-9900 and for our prevention side it's 718-3311 thank you all very much thank you thank you very much i want to say thank you to all of our panelists we're certainly out of time and if it's one thing that's clear is that we need to have more conversation in respect to mental health behavioral health and developmental disability obviously mental health is a taboo subject a lot of times individuals are really reluctant to have that discussion but i want to thank all of the panelists for their contribution uh this evening i want to thank the viewers and certainly the providers that continue to go out there and put their best efforts forward and I want to thank my staff for organizing and certainly getting this conversation off the ground. I want to thank media for assisting in being able to, again, broadcast via this medium. And certainly there are some next steps. We know that in our discussion, education is critical, awareness is critical, team effort and collaboration is critical in the conversation. I want to thank my colleagues that have joined on this evening as well. And I know that many of you still have questions, and I'm hoping that we could have a second segment of this in the very near future so that we could be able to hear from you, answer your questions, because we still have a lot of questions coming in, but nonetheless, we're out of time. so again thank you very much for this conversation i look forward to our continued dialogue as we continue to vet this important comprehensive reform and being able to address the quality of care and services to our mentally ill behavioral health and developmental disabilities act thank Thank you very much.

2:10:04 I pledge a very good evening to everyone. God bless.

People named in this transcript

SUSPECTED, and a finding aid only. Names were matched by machine against the spellings used across all 426 of our transcripts, and the title is the one used in the room. Being named here is NOT evidence that a person attended or spoke · only that the name was said. Speech recognition mishears names, so a spelling may be wrong even where no alternative is offered.

8x **Senator Novelle Francis**
heard in this transcript as: Francis, Francis'

3x **Senator Alma Francis-Heyliger**
the surname alone also matches: Alma Francis Heiliger
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