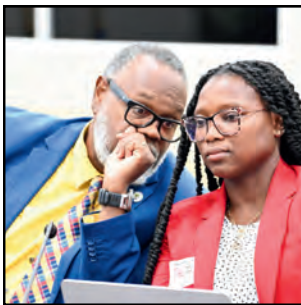
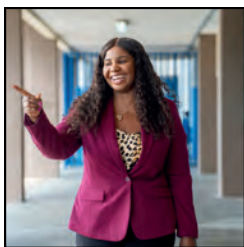


# FISCAL YEAR 2026 PROPOSED BUDGET

Presented By  
**The Honorable Justa E. Encarnacion**  
*Commissioner of Health*  
US Virgin Islands Department of Health





## INTRODUCTION

Good day, Honorable Senator Novelle E. Francis, Jr., Chair of the Committee on Budget, Appropriations and Finance; Honorable Senator Marvin A. Blyden, Vice-Chair; Committee and non-Committee members, those listening and viewing, and to our DOH family and community members who have joined us in Chambers, in both St. Thomas and St. Croix. I am Dr. Nicole Craigwell-Syms, Assistant Commissioner of the Virgin Islands Department of Health (VIDOH), presenting on behalf of our Health Commissioner Justa “Tita” Encarnacion.

We at VIDOH are grateful for the opportunity to appear before the Budget, Appropriations, and Finance Committee to share our Fiscal Year 2025 accomplishments and to outline our goals and objectives for the Governor's recommended Fiscal Year 2026 (FY2026) budget.

With me today are Assistant Commissioner Reuben Molloy, Chief Financial Officer Tatia Monell-Hewitt, Director of Human Resources Veronica Ortiz, and Budget Operations Analyst Monesha Brooks. Other members of the Department of Health Executive Body and Leadership Team are present in the chambers of both districts. Every day, members of our team are called upon to listen, learn and act upon public health issues locally and nationally that impact the health and wellbeing of our residents and visitors to our beautiful Virgin Islands. I extend my deepest gratitude to our department's staff and leaders for their unwavering dedication, resilience, and commitment to always being prepared and possessing the ability to act swiftly in efforts to safeguard our community's health. On a sad note, we would like to extend our condolences to the family of Lauris Harley-Lawrence, one of our kind and dedicated former employees. May she rest in peace and may the Angels of God comfort her family and friends. We always say thanks to God for providing us with the opportunity to serve the people of the Virgin Islands. After being selected by the Honorable Governor Albert Bryan, Jr and the Honorable Lieutenant Governor Tregenza Roach, Esq., we have built a strong leadership team, for this I am grateful and proud to say how magnificently we work together.

The Department of Health in the U.S. Virgin Islands serves as the regulatory and public health authority at both the state and local levels, as mandated by the Virgin Islands Code, specifically Titles 3, 19, and 27. According to the Virgin Islands Code, Titles 3 and 19, the primary

responsibility of the VI Department of Health is to provide public health services to the residents of the Virgin Islands. This includes safeguarding and enhancing community well-being through various health promotion and preventive initiatives. Preventive measures are widely recognized as crucial elements in enhancing overall health and reducing healthcare costs, especially concerning chronic diseases. The department oversees thirty operational programs. Additionally, it serves as the lead agency for Emergency Services Function 8 (ESF-8), which involves supervising hospitals during times of undeclared and declared emergencies or disasters. The goals and objectives outlined are captured and guided by our Community Health Assessment of which our 2030 Healthy VI, and our Strategic Plans were built. In collaboration with the Office of Management and Budget, we have developed Key Performance Indicators (KPIs) which are also in alignment with our primary goal of delivering preventive care. These measures are provided in an Addendum.

The proposed FY 2026 budget totals **\$60,067,986** comprised of **\$29,754,129** in General Fund, **\$27,183,047** in Federal Funds, **\$1.5 million** designated for the Health Revolving Fund and **\$1.6 million** in Non-Appropriated Funds.

#### COMBINED FUNDS

General Funds	\$	29,754,129.00
Health Revolving Funds	\$	1,500,000.00
Federal Funds	\$	27,183,047.00
Non-Appropriated Funds	\$	1,630,810.00
<b>ALL FUNDS TOTAL</b>	<b>\$</b>	<b>60,067,986.00</b>

The breakdown of the **\$29,754,129 in General Fund, found in Graph 1**, is as follows:

#### General Fund (Fd 0100):

Personal Services	\$	11,869,082	39.89%
Fringe Benefits		5,361,698	18.02%
Supplies		887,189	2.98%
Other Services & Charges		11,573,160	38.90%
Public Utilities		63,000	0.21%
<b>Total General Fund</b>	<b>\$</b>	<b>29,754,129</b>	<b>100.00%</b>

The breakdown of the **\$27,183,047 in Federal Funds** covering over 34 grants, found in Graph 2, is as follows:

<u>Federal Funds(Fd 3100)</u>		
Personal Services	\$ 10,843,702	39.89%
Capital Outlay	35,000	0.13%
Fringe Benefits	5,008,789	18.43%
Supplies	5,399,708	19.86%
Other Services & Charges	5,732,311	21.09%
Indirect Costs	-	0.00%
Public Utility Services	163,537	0.60%
<b>Total Federal Funds</b>	<b>\$ 27,183,047</b>	<b>100%</b>

The breakdown of the **\$1,500,000 in Graph 3** is designated for the Health Revolving Fund is as follows

<u>Health Revolving Fund(Fd 6079):</u>		
Capital Outlay	\$ 38,278	2.55%
Supplies	189,719	12.65%
Other Services & Charges	1,272,003	84.80%
Public Utility Services	-	0.00%
<b>Total Health Revolv. Fund</b>	<b>\$ 1,500,000</b>	<b>100.00%</b>

The breakdown of the **\$1,630,810 in Graph 4** is Non-Appropriated Funds, which includes the Indirect Cost Fund, Health Casino Fund is as follows:

## Revenue Cycle Management

We are projected to collect **\$2,164,490** in FY 2025, which is lower than the fiscal year 2024 collections of **\$2,378,684**. Revenue collected as of June 2025 totals **\$1,543,743**.

## The Office of Federal Grants Management

The Office of Federal Grants Management oversees **34** core projects and **93 single account budgets, ending various fiscal years. The single grant accounts have decreased from 103 to 93.** Seven (7) COVID-19/ARPA Grants were de-obligated, and three (3) COVID-19 grants ended. Currently, 70 grants are on track to be fully expended during FY2025, FY2026, and FY2027. The expenditure rate across 23 grants is currently low and requires more team effort to ensure timely fund utilization. The CFO, Deputy Commissioners, and Directors are working diligently to expend the remaining funds. Some Directors are planning to request a carryover of funds to the next grant period.

**Federal Grants breakdown, by Federal Agencies are as follows:**

Agency	# of Award	Amount of Award
CDC	31	\$ 18,931,384.00
DHHS	07	\$ 1,979,655.00
Workforce	03	\$ 15,416,112.00
HRSA	10	\$ 6,937,688.00
SAMHSA	09	\$ 2,824,208.00
USDA	05	\$ 10,579,656.00
USDE	02	\$ 1,791,060.00
COVID19	25	\$ 39,209,821.00
USDVA	01	\$ 300,000.00

The department's total federal grants budget award is **\$97,969,584**. This portfolio reflects the strategic distribution and alignment of funding across programs, priorities, and fiscal years. Our well-balanced portfolio ensures that the Department is maximizing available federal resources while mitigating risk and maintaining compliance with grant requirements. Various grants were approved through expanded authority. "Under expanded authority for carryover, the recipient may spend unobligated funds in a following budget period for any approved cost that falls within the scope and objectives of the project" [CDC External Fact Sheet Template](#). The total Federal Grants expenditures as of June 30, 2025, are **\$52,895,396** and **\$2,059,306** in encumbrances.

The Department continues to pursue new funding opportunities to meet the needs of the community, including current efforts to support Mental Health and enhance the Department's technological infrastructure. The following identifies new funding opportunities secured by the Department in FY 2025:

- **Suicide Prevention Cooperative Agreement - \$300,000/year**, 2-year grant – Office of Mental Health and Suicide Prevention – Department of Veterans Affairs.
- **Transformative Transfer Initiative- \$500,000** 9-month subaward through SAMSHA for two programs: *Crisis Care and Suicide Prevention for Underserved Youth* and *Training and Professional Development for the Non-Clinical Crisis Workforce*.

In addition, the Department has recently applied for and is awaiting a decision on two new grants.

- **CBDG-MIT - \$4.75 million** through the Virgin Islands Housing Finance Authority (VIHFA)
- **AIM-AHEAD Consortium Development Program – \$800,000 /year** (2-year grant) through the National Institutes of Health (NIH)

### **The Office of Procurement, Contracts Management & Reporting (OPCMR)**

The Office of Procurement, Contracts Management, and Reporting (OPCMR) oversees all departmental procurement activities—including agreements, goods, services, and leases—ensuring compliance with the Virgin Islands Department of Property and Procurement (DPP) rules and regulations. Operating as a centralized unit, OPCMR streamlines and manages procurement processes to improve efficiency and oversight.

During this fiscal period, OPCMR facilitated approximately **15 GVI-wide** service contracts for vendors providing extermination, janitorial, landscaping, household supplies, security, and trash removal. The office also managed six formal solicitations related to food services, psychiatric care, data management, and advertising. In collaboration with DPP, OPCMR executed **35 procurement actions**, including contracts, approvals to engage, change orders, and renewals. The team proactively monitors contract and lease expiration dates and confirms renewal options with divisions. Lease management also emphasizes co-location opportunities to reduce costs.

Currently, OPCMR is processing over **120 pending agreements** and solicitations, along with **21 pending leases**. The office has successfully executed **25 leases**—6 on St. Thomas and 19 on St. Croix—and is managing **76 active agreements** across the territory. To promote compliance and procedural consistency, OPCMR delivered department-wide procurement training in calendar year 2025 and will continue staff development efforts in FY 2026, focusing on procurement workflows, contract oversight, and best practices.

### **Bureau of Human Resources and Labor Relations**

The Human Resources Division plays a vital role in enhancing agency efficiency through streamlining functions and collaborating with external agencies.

As of the current fiscal year, the Virgin Islands Department of Health employs a total of **332 Full-Time Equivalents**, supported by both local and federal funding sources. Of these:

- *176 positions are funded through the General Fund*
- *156 positions are federally funded*

### **Geographic and Classification Distribution**

The workforce is nearly evenly split across the two districts:

- *St. Thomas/St. John: 155 positions*
- *St. Croix: 177 positions*

Employee classification includes:

- *182 Classified employees*
- *145 Exempt employees*
- *5 Part-time employees*

### **Personnel Movements (Fiscal Year-to-Date)**

- **Separations: 36 total**
  - *23 resignations*
  - *9 retirements*
  - *4 dismissals*
- **New Hires: 29 individuals onboarded**

### **General Fund Position Status Update**

The Department of Health continues to make steady progress in recruiting and onboarding personnel with minimal disruption. This progress has been supported by the implementation of a structured onboarding program and strong coordination between Human Resources and program leadership.

- **Commissioner's Office**
  - Chief Procurement Officer (Exempt) – *Selected*
- **Federal Grants Division**

- Director of Federal Grants (Exempt) – *Selected*
- **Vital Statistics**
  - Program Assistant (Classified)
- **Revenue Services**
  - Hospital Account Billing Specialist (Classified) – *Selected*
- **Environmental Health**
  - Health Enforcement Officer (Classified)
- **Behavioral Health**
  - Mental Health Worker III (Classified)
- **Long Term Care Division**
  - Assistant Director, Mental Health Residential Facilities – *Internal Promotion*
  - Certified Nursing Assistant (Classified)
- **Maternal and Child Health (MCH)**
  - Staff Nurse (Classified) – *Selected*
- **Community Health Clinic**
  - Chief Nursing Officer (Exempt)
  - Staff Nurse (Classified)
  - Assistant Head Nurse (Classified) – *Internal Promotion*
  - Certified Nursing Assistant (Classified)

### **Internship & Volunteer Program**

To support capacity-building efforts during budget constraints, the department's HR division implemented a volunteer and internship onboarding initiative from **May to July 2025**. This initiative provided students with real-world public health experience while supporting understaffed programs.

- **Total Participants:** 16 students
  - 3 interns from the Department of Labor
  - 3 volunteers completing advanced study practicums
  - 2 interns from the Office of Senator Clifford Joseph
  - 8 students from the Summer Crew Program

These participants were assigned across St. Croix, St. Thomas, and St. John, contributing to departmental efforts and gaining exposure to core public health operations.

### **Labor Relations and Compensation**

- Salary increases were fully implemented for the Registered Nurse Leadership Union (RNLU).
- In partnership with the Office of Management and Budget and the Office of Collective Bargaining, salary adjustments for classified non-union staff are being executed.



- The Bureau continues to actively foster positive labor-management relations and supports ongoing dialogue with union partners.

On March 24, 2025, the Department of Health had seven (7) COVID-19/ARPA grants de-obligated, totaling **\$3,194,468**. This loss severely impacted the Behavioral Health Division's plans to expand its workforce and services and significantly hindered the Immunization Program's ability to achieve key objectives under COVID-19 Supplemental Grants III and IV. Efforts to improve vaccine equity and outreach in underserved communities were undermined, resulting in the scaling back or cancellation of critical activities such as community assessments, data-driven gap analyses, educational outreach, and public awareness campaigns.

A total of **16 staff** were funded by the de-obligated grants, including **11 Disparities Team members, 1 Immunization staffer, and 4 Behavioral Health employees**. Despite the funding loss, strategic staff placements helped minimize disruptions:

- One employee relocated to pursue nursing studies.
- Two were reassigned to roles in Maternal and Child Health and Immunization.
- Four ARPA-funded Behavioral Health employees were reassigned to maintain service continuity.
- One PRF was initiated to place a Disparities staff member.
- Two employees declined placement offers for other opportunities.
- Four await position releases pending funding and approval.
- Two remain on medical leave.

Through coordinated efforts, the Department successfully maintained operational continuity and minimized displacement. No other grants are currently at risk.

## **Office of Legal Counsel/Risk Management – Medical Malpractice**

### **Risk Management – Medical Malpractice**

#### **The Public Health Significance of Medical Malpractice**

Medical malpractice litigation plays a vital role beyond individual compensation. It serves as a mechanism for quality assurance and public health protection, ensuring that healthcare providers adhere to professional standards and continuously improve their practice. The outcomes of such cases often influence broader policy, training, and risk mitigation efforts within the healthcare system. For patients and families, these claims provide recognition of harm and a pathway to

restitution. For the healthcare community, they underscore the importance of vigilance, ethical practice, and patient-centered care.

The VIDOH Risk Management Division remains committed to strengthening this system through proactive legal guidance, timely claim management, and strategic interventions aimed at minimizing risk, improving healthcare delivery, and protecting public trust.

*Premium payments for the period 2022-2025 YTD*

Premiums Paid 2022	<b>\$ 1,324,501.01</b>
Premiums Paid 2023	<b>\$ 1,081,818.84</b>
Premiums Paid 2024	<b>\$ 1,030,280.43</b>
Premiums Paid 2025 (YTD)	<b>\$ 472,209.26</b>

*Claims Settlements and Active Cases*

The summary of claims settlements and active cases for the period 2022-2025 Year-to-Date are as follows: Note that some of the active cases go back several years and are in varying stages of the process.

Claims Settlements 2022	<b>\$ 1,016,266.06</b>	<i>Average Payment</i>	<b>\$ 62,880.85</b>
Claims Settlements 2023	<b>\$ 704,577.52</b>	<i>Average Payment</i>	<b>\$ 78,286.39</b>
Claims Settlements 2024	<b>\$ 243,000.00</b>	<i>Average Payment</i>	<b>\$ 48,600.00</b>
Claims Settlements 2025	<b>\$ 343,000.00</b>	<i>Average Payment</i>	<b>\$ 68,600.00</b>
Active Cases Contracts Services 35 (Providers & Entities)			
Active Cases - Department of Justice 18 (SRMC & JFL)			

Since 2022, the Risk Management Unit shifted its approach to the malpractice program from **reactive management** to **strategic management** providing general orientation to providers with a seven-steps approach that health care professionals needed to consider for avoiding a malpractice lawsuit when performing their services.

## **Behavioral Health Services**

The Behavioral Health Division provides psychiatric services, case management, therapeutic interventions, substance use treatment, opioid treatment programs, forensic and outreach services.

## Behavioral Health Patient Breakdown

The patient population aged 6 and older spans a wide range of age groups, with the highest concentrations among middle-aged adults. The **25–44 age group** represents the largest segment, totaling **258 individuals**, followed closely by the **45–64-year-olds** with **244 patients**. Together, these two groups account for nearly three-quarters of the total patient population. This distribution highlights a strong concentration of service utilization among working-age adults, with smaller yet significant representation across both younger and older age groups.

Among the **676 patients**, males are more heavily represented than females. There are **412 male patients**, accounting for approximately **61% of the total**, while the remaining **264 patients**, about **39%**, are female.

### The distribution of patient diagnoses:

Schizophrenia and Related Disorders, **293 patients**

Bipolar and Mood Disorders, **123 patients**

Other Psychoses, **142 patients**

All Other Diagnoses, **118 patients**

This diagnostic breakdown reflects a service population primarily composed of individuals experiencing serious and persistent mental illnesses.

Overall, the data indicates a growing and evolving patient population, with increasing clinical complexity and sustained demographic diversity. These trends reinforce the need for targeted service planning, culturally responsive care, and expanded support for populations experiencing serious mental illness

## USVI School System Outreach

The USVI School-Based Substance Use Prevention Initiative is firmly grounded in evidence-based approaches that align with SAMHSA's Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) requirements. This alignment ensures that prevention activities meet national standards while allowing for adaptation to the unique needs of USVI students.

The initiative targeted both the general student population and identified high-risk subgroups within middle and high schools. This dual approach allowed for universal prevention strategies that reach all students while providing additional support to those who may be particularly vulnerable.

Throughout 2025, we strategically expanded the program and placed particular emphasis on building intrinsic motivation for healthy choices rather than relying solely on fear-based messaging about consequences. By helping students connect their personal goals and values to substance-free choices, the initiative aims to foster lasting behavioral change that extends beyond the immediate program period.

Training was provided to **6,066** students through educational workshops and engagement activities using a child-centered approach, targeting all our schools in the district, including our alternate academy and in-school suspension program.

- Also included was professional development and ongoing training for existing school staff (**575**) as well as a coordinated referral system connecting the school-based program to community mental health and treatment resources, often in collaboration with the Virgin Islands Child Psychiatry Access Program within the Maternal and Child Health division, creating a clear pathway for students who may need additional support. This system includes standardized protocols for identifying students at risk, initiating appropriate referrals, and following up to ensure that connections to services are successfully established.

#### Top Attended Sessions

- **“Stressed Out Activities”** focused on teen mental health education and reached the highest number of students at **659**.
- **“How Nicotine Affects the Teen Brain”** closely followed with **638 students**, highlighting strong engagement in substance prevention topics.

#### Additional Notable Sessions

- Suicide Prevention reached **329 students**, reflecting important engagement on crisis-related behavioral health.
- Avoiding Predators & Cultural Awareness during Carnival season drew **318 students**, showing responsiveness to safety-focused cultural education.



### Targeted & Early Education Sessions

- Mental Health & Drug Awareness and Understanding Polysubstance Use at the middle school level (Lockhart K-8) reached **342** and **95 students** respectively.
- The “Zen Van”, offering social-emotional growth support across school levels, engaged **204 students**.
- The Virgin Islands Child Psychiatry Access Program conducted **11** training events reaching **561** personnel (school monitors, counselors, teachers, other VIDE and partner agency personnel).
- The program has received **18** provider-to-provider consultations with the child psychiatrist to date, serving as a critical resource to providers serving children and adolescents in the territory.

Student Evaluations provided by the Department of Education’s Insular Superintendent showed that **89%** of the students surveyed indicated that they learned something from the presentations and **83%** of the staff surveyed indicated that they have implemented what they learned from the training into their classrooms. This data validates students' and staff increased awareness about the importance of mental health, exposing them to preventative education, and teaching coping skills to ensure their overall well-being.

This school year, we are collecting data to evaluate how this training influences student behavior and how effectively staff implement early interventions when students show signs of need.

### **Homeless Outreach**

Over the past months, our team has actively engaged with under-housed and homeless individuals on both St. Thomas and St. John, building meaningful connections and delivering critical support where it is most needed. We were honored to collaborate with the Virgin Islands Police Department (VIPD). The Department of Human Services (DHS) was instrumental in linking individuals to vital resources, including Medicaid and supplemental income programs. We also received strong support from partner organizations like the Salvation Army and the Family Resource Center.

We connected with approximately **52** individuals who met criteria for behavioral health services across both islands and completed **14** enrollments to the Projects for Assistance in Transition from Homelessness (PATH). Due to these and other collaborations, referrals or services have been

accessed, of the 52 individuals, **22 have been referred to outpatient services and 30 to other services.**

## Eldra Schulterbrandt Facility

The Eldra Schulterbrandt Residential Facility is operating at full capacity, providing treatment for **32 residents** at an annual operating cost of **\$1,488,512**. This vital facility plays a critical role in the behavioral health system of the U.S. Virgin Islands, offering a safe, structured, and therapeutic environment for individuals requiring long-term care and continuous behavioral health support.

The facility delivers a comprehensive range of services, including individual and group therapy, medication management, daily living assistance, and life skills development. These services are designed to help residents stabilize their mental health, build effective coping strategies, and work toward sustainable recovery and reintegration into the community.

We extend our heartfelt gratitude to the dedicated team at the Eldra Schulterbrandt Facility. Your tireless commitment and professionalism continue to make a profound difference in the lives of those we serve.

## Off-Island Care

### Behavioral Health Facilities

VENDOR	YEARLY COST FY2025	TOTAL PAID	OUTSTANDING BALANCE AS OF JUNE 30, 2025
<b>Facilities</b>			
<b>LARKIN (13)</b>	\$ 4,498,992.00	\$ 1,869,721.94	\$ 2,150,648.24
<b>CORRECT CARE (11)</b>	\$ 2,109,240.00	\$ 1,486,547.92	\$ 884,089.19
<b>DEVEREUX FOUNDATION (2)</b>	\$ 318,801.48	\$ 323,658.64	\$ 65,716.77
<b>JARZOFRAH (10)</b>	\$ 1,003,668.00	\$ 676,666.87	\$ 435,199.19
<b>ST. ELIZABETH (1)</b>	\$ 459,792.00	\$ 189,108.00	\$ 337,428.00
<b>SYLMAR (3)</b>	\$ 468,000.00	\$ 455,187.86	\$ 221,822.41
<b>SUNRISE COMMUNITY (3)</b>	\$ 337,770.12	\$ 281,783.36	\$ 345,308.60
<b>NEPTUNE MANOR (1)</b>	\$ 118,800.00	\$ 81,848.01	\$ 87,865.01
<b>PROJECT HOPE (2)</b>	\$ 111,600.00	\$ 81,900.00	\$ 91,950.00
<b>Total for Long-Term Facilities</b>	<b>\$ 9,426,664</b>	<b>\$ 5,446,423</b>	<b>\$ 4,620,027</b>

**\*3 year comparison graph\* Off Island Residential Care**

Fiscal Year	Funding	Actual Cost	Difference	# of clients
<b>FY 24</b>	\$ 6,388,412	\$ 7,834,572	(\$1,446,160)	38
<b>FY 25</b>	\$ 7,514,673	\$ 9,841,188	(\$2,362,515)	48
<b>FY 26</b>	\$ 9,195,136	\$ 9,426,663	(\$231,527)	46

Off Island Facilities annual cost **\$9,426,663**

Total Residential Care Cost to DOH currently: **\$10,915,175** (Includes ESF residential)

In summary, the outstanding invoices for FY 2025 total **\$2,362,515** which brings our projected short fall for **FY 2026** for off-island care to **\$2,594,042**.

## Environmental Health and Safety

During the first nine months of FY 2025, the Environmental Health Division generated **\$529,326 in revenue** from health permits and food handler certifications across the St. Thomas/St. John and St. Croix districts. These two program areas underscore the division's dual role in safeguarding public health and supporting the department's financial sustainability.

### Health Permits Revenue

The Division generated **\$261,802** in health permit revenue during this period. Monthly revenues fluctuated due to operational factors, with peak collections in **December (\$42,500)** and **February (\$47,495)**.

Despite intermittent system downtime related to the HealthSpace platform, the division maintained strong revenue collection and permit processing capabilities.

### Food Handler Permits

Food handler permit revenue totaled **\$267,524** for the same period, with notable performance in **February, April and June**.

The Environmental Health Division oversees approximately **4,500 permitted facilities**, including food establishments, childcare centers, salons, barber shops, hotels, and other regulated entities. The division has shifted to a risk-based measure of evaluating food establishments. More specifically, if vendors have been cited or closed and have been consistently out of compliance, those establishments will be reviewed more closely. The motto of “**Educate and then Regulate**” is being upheld. We thank Senator Angel Bolques Jr. and members of the Health, Hospital and Human Services Committee under the leadership of the Honorable Senator Fonseca for approval of the much-needed changes to our fines. We thank the Honorable Governor Albert Bryan, Jr, for signing **Act 9001** into law on July 9th. The division also aims to achieve a **15% monthly approval rate** for American National Standards Institute (ANSI) National Accreditation Board Approved Food Safety Training (ServSafe) certifications.

### EH Performance

Metric	FY 2023/24	FY 2024/25
# of Inspections	2500	785
# of Health Permits Issued	2457	1300
# of Health Cards Issued	11400	9411

*\*See KPI Addendum\**

### Professional Licensure and Health Planning

The Office of Professional Licensure and Health Planning (PLHP) is responsible for regulating professional licensure, administering the Certificate of Need (CON) program, and processing allied health clearances on behalf of the Department of Licensing and Consumer Affairs (DLCA). The office oversees compliance with more than **900 active licensed professionals** across **nine (9)** regulatory boards under the Department of Health. PLHP manages end-to-end licensing for **15 professional categories**, including physicians, psychologists, chiropractors, dentists, physical therapists, veterinarians, podiatrists, and pharmacists. The division’s core mission is to protect public health and safety by ensuring licensed professionals meet statutory and regulatory standards.

In FY2025, the Professional Licensing and Health Planning (PLHP) Program achieved several key



milestones. Online payment processing was launched for **over 80%** of PLHP services, streamlining access and convenience for applicants. The program processed more than **900** license applications and renewals, while implementing automated workflows to enhance processing efficiency. To date, PLHP has collected **\$349,478** in revenue.

## Vital Records and Statistics

The Office of Vital Records and Statistics, in accordance with mandates outlined in the Virgin Islands Code, is responsible for the registration and maintenance of all vital events occurring within the United States Virgin Islands, including births and deaths. In Fiscal Year 2023–2024, the Office recorded **837 births** and **715 deaths** across the Territory. Between October 2024 and June 2025 there have been **594 births** and **434 deaths**. As of June 2025, the Office has generated **\$119,111** in revenue through fees collected from birth and death certificates issued.

Since the initial digitization of birth and death records on December 11, 2023, followed by the launch of the Fetal Death and Death Modules on December 23, 2024, we have made steady progress and are on track to fully automate the Vital Records system by December 2025. This effort is guided by a comprehensive implementation plan with clear goals, objectives, and timelines aimed at improving service delivery and data management.

*\*See KPI Addendum\**

## Community Health Clinics

Community health clinics across St. Thomas, St. John, and St. Croix continued to provide routine health care services to adults, with a focus on individuals living with chronic diseases. Clinic staff continue to collaborate with the National Association of Chronic Disease Directors on initiatives addressing chronic disease management and are working on a strategic plan for the territory. Throughout the year, clinic teams conducted outreach events, including activities during National Public Health Week, VIDO Health Wellness Fairs, and signature health screenings and health promotion services during the three-day St. Croix Agriculture and Food Fair.

Collectively, the clinics generated **\$170,720** in revenue and served over **2,000 clients** through on-site services and outreach activities compared to the same period in FY 2024, when revenue generated amounted to **\$276,260**. Several factors have contributed to the current drop in revenue realized to date, triggering a plan to implement internal measures to improve documentation of

services rendered. Services provided by our public health physicians, advanced nurse practitioners, public health nurses, and support staff continue to play a critical role in advancing the Virgin Islands Department of Health's mission to reduce health risks and expand access to high-quality, community-based care.

*\*See KPI Addendum\**

## **Maternal Child Health Division**

The Maternal and Child Health (MCH) Division of the Virgin Islands Department of Health plays a vital role in supporting the health and well-being of women, infants, children, adolescents, and children with special health care needs across the Territory. The MCH&CSHCN Program serves more than **4,500** individuals, providing a broad range of essential public health services and generated **\$19,373** in revenue during the reporting period.

The division oversees several core programs, including Early Hearing Detection and Intervention (EHDI), the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), the Virgin Islands Child Psychiatry Access Program, pediatric care, childhood immunizations, and preventive outreach initiatives. These services are designed to promote early identification, timely intervention, and equitable access to care for families in need. During the reporting period, the various units within the MCH division

## **Family Planning**

The Family Planning Division provides comprehensive reproductive health care services and education to individuals and families, with a focus on increasing access to preventive care and reducing health disparities. Title X funds totaling **\$969,223**, awarded to the Virgin Islands Department of Health and supplemented by local funding, supported operations across both districts. The staff included two physicians, two advanced nurse practitioners, a licensed practical nurse, a certified nurse assistant, two certified medical assistants, and five administrative support staff.

As of June 30, 2025, the program served **1,621** adolescents and adults through daily clinics and generated revenue of **\$133,766**, an increase of **\$15,944** over the same period in 2024 (**\$117,821**). Services offered included contraceptive counseling, pregnancy testing, breast and cervical cancer screening, STD prevention and treatment, infertility services, and preconception health education.

The program emphasizes confidentiality, cultural sensitivity, and access regardless of ability to pay.

*\*See KPI Addendum\**

## Chronic Diseases

The Chronic Disease and Prevention Program integrates several federally funded initiatives to improve population health through health promotion and chronic disease prevention. These include efforts in diabetes and tobacco prevention and control, cancer prevention (including breast and cervical cancer screening, comprehensive cancer control, and the VI Central Cancer Registry), rape prevention, and health surveillance through the Behavioral Risk Factor Surveillance System (BRFSS).

The VI Central Cancer Registry and BRFSS serve as key data sources for tracking chronic diseases and risk factors such as tobacco and alcohol use, nutrition, physical activity, cancer incidence, cardiovascular health, and weight status. To support community education, the Tobacco and Diabetes Programs co-hosted the annual Chronic Disease Forum, reaching over **200 residents** with information on diabetes management and tobacco cessation. In January 2025, the Virgin Islands Breast and Cervical Health Program launched to provide screenings and diagnostics for uninsured and underinsured women. So far, **123 women** have been screened, with one confirmed breast cancer diagnosis. The Comprehensive Cancer Control Program published the first USVI Cancer Plan, outlining strategies across the cancer care continuum. Implementation is underway in collaboration with local stakeholders.

The VI Central Cancer Registry now holds data on **2,699 cases** from 2016 to 2024, covering diagnoses, demographics, staging, and initial treatment. A formal report will be released at the Annual Cancer Summit in September 2025. The 2024 BRFSS survey gathered responses from **1,348 residents** and will provide critical insights into chronic disease risk factors. Results are expected in Fall 2025.

## Bureau of Epidemiology

The Epidemiology Division (EPI) plays a crucial role in gathering surveillance data to identify, prevent, and respond to various public health threats, whether they are known, emerging, or unknown. The division focuses on building capacity in five essential areas: **1)** investigating,

responding, and reporting on cases; **2)** employing surveillance to guide public health actions; **3)** providing laboratory services; **4)** enhancing health information systems; and **5)** promoting coordination and collaboration. Within the realm of infectious diseases surveillance, key priorities for public health include dengue, Zika, and other arboviruses, 18 respiratory viruses (including COVID-19 and influenza), vaccine-preventable diseases, and other reportable diseases.

As of July 8, 2025, the U.S. Virgin Islands has reported **47 confirmed cases** of dengue virus, all occurring on St. Croix. Of these, **42 cases** were locally acquired by USVI residents, and 5 were locally acquired by travelers. Regarding COVID-19, case numbers remained relatively low in 2025, with a total of **32 confirmed cases** reported as of July 8. For influenza, a total of **160 confirmed cases** have been reported as of the same date.

**All of this data, which is updated in real time, can be found on our Data Dashboard at [doh.vi.gov](https://doh.vi.gov)**

Additionally in 2025 the Epidemiology Division has been closely monitoring the measles outbreak in the States, providing education to providers and testing suspected cases within the territory. Thus far zero cases of measles have been detected within the territory.

The Division of Epidemiology is recognized for their consistency with almost 100% federal grant funding annually.

*\*See KPI Addendum\**

## **Territorial Public Health Laboratory**

The Territorial Public Health Laboratory continues to provide critical testing for diseases of public health importance. The laboratory is operating out of a temporary site and expected to complete relocation to a new site this year, doubling the square footage of the current facility. In the last year, the laboratory has been providing important STD/STI and dengue testing, not available anywhere else in the Territory. Once the laboratory has been relocated it is expected to begin providing additional testing for public health diseases and begin building capacity for environmental testing. The laboratory was recently inspected by the Centers for Medicare and Medicaid Services (June 2025) and found to be in compliance with federal regulations and without any deficiencies.



The new public health laboratory site is also expected to begin testing capacity to detect and respond to chemical, biological or environmental threats that could harm populations through air, water, soil or consumer products. The laboratory is working collaboratively with the Virgin Islands Office of Cannabis Regulation, the Department of License and Consumers Affairs and the other Departments represented on the Cannabis Board to ensure cannabis testing is available in a safe environment adhering to high level regulatory standards. Our certified public health lab will adhere to environmental safety procedures that will include contaminant testing, standards development and oversight, forensic and compliance support, regulatory and emergency response.

## Project Management & Capital Projects

The Project Management & Capital Projects Division, in collaboration with the SuperPMO, oversees a **\$368.5 million portfolio** of critical public health infrastructure projects across the territory. Our federal partners, which include FEMA, USDA, HUD, administered through VI Housing Finance Authority, delivered an exceptional value of 97.9% federal funding with 2.1% local match requirements.

### Major Active Projects

- Charles Harwood Medical Center Demolition / Donna M. Christian Christensen Public Health Administration Building Rebuild - St. Croix  
**FEMA Award: \$279.1 million**  
Federal Share: 98% (\$273.5M) | Local Match: 2% (\$5.6M)
- Master Planning and Design Services  
**Total Project Cost: \$10.0 million**  
Federal Share: 95% (\$9.5M) | Local Match: 5% (\$500K)
- CHMC Demolition & Laboratory  
**Total Project Cost: \$8.2 million**  
Federal Share: 98% (\$8.1M) | Local Match: 2% (\$165K)
- Morris DeCastro Clinic Rebuild - St. John  
**SuperPMO: St. John Bundle**  
**Total Project Cost: \$17.6 million**  
Federal Share: 98% (\$17.2M) | Local Match: 2% (\$352K)
- St. Thomas Campus Projects  
*STT Clinic Temporary Build Out: \$2.0M (95% federal, 5.3% complete)*  
*Knud Hansen Tower Repairs: \$18.3M (98% federal, 1.7% complete)*

*Various facility repairs and improvements: \$5.9M total*

### Universal Data Warehouse

**Total Project Cost: \$6.75 million**

Projected Completion Date: December 2026

### Virgin Islands Universal Data Warehouse (VIUDW) – Building Tomorrow’s Public Health Infrastructure Today

The Virgin Islands Universal Data Warehouse is a **transformational investment** in our Territory’s public health future—a coordinated, secure data infrastructure designed to serve all **87,146** Virgin Islanders through unprecedented collaboration between DOH, UVI, BIT, OHIT, and DHS. Launched in April 2024 with **\$2 million in ARPA funding**—100% of which was successfully utilized by the December 31, 2024, grant deadline, the project has already validated its technical architecture and proven the strength of cross-agency partnership. However, with ARPA funds fully expended, the project is now on hold despite its clear potential to eliminate data silos, enable real-time disease surveillance, improve emergency preparedness, strengthen health equity, streamline federal reporting, and drive evidence-based policy decisions.

The **current total cost to complete implementation and initial enhancements is \$6.75 million**, leveraging the previously expended \$2 million in ARPA funds and seeking **grant and local funding of \$4.75 million** to cover the remaining balance and other essential project costs. We are actively pursuing grant funding to bridge the gap and reignite progress. Without FY26 support, we risk losing critical momentum, prolonging data fragmentation, and missing federal opportunities tied to integrated reporting. With it, we will leverage the established foundation, accelerate deployment, and position the Virgin Islands as a leader in public health innovation, delivering measurable returns in operational efficiency, revenue protection, and improved health outcomes.

### CONCLUSION

The Department of Health faces a complex financial and operational landscape entering Fiscal Year 2026. While the general fund increase provides some relief, we must address critical staffing

shortages, system inefficiencies, and revenue generation challenges to maintain effective public health services.

Honorable Governor Albert Bryan Jr., Honorable Lieutenant Governor Tregenza A. Roach, and members of the Cabinet, we thank you for your continued support and willingness to work towards a successful VIDOH. Teamwork leads to successful outcomes. Members of the 36th Legislature, thank you for your continued support in positioning the Department of Health to be able to continue improving the services needed in our community. To our awesome VIDOH family, thank you! The energy displayed and collegiality shown during this year's Wellness Fair showed your strength and willingness to do anything we need to succeed, and we did!

The Department of Health is committed to *reducing health risks, increasing access to quality healthcare provided in a culturally sensitive equitable manner, and enforcing health standards.*

Chairman, Francis, this concludes our testimony. Senators, we stand ready to respond to any questions you may have.





PROPOSED  
**FISCAL YEAR 2026**  
BUDGET PRESENTATION

Submitted To  
**The Honorable Senator  
Novelle E. Francis Jr.**  
*Chair, Committee on Budget,  
Appropriations and Finance*  
36th Legislature of the Virgin Islands