



**35<sup>TH</sup> LEGISLATURE OF THE VIRGIN ISLANDS  
COMMITTEE ON EDUCATION AND WORKFORCE DEVELOPMENT**

**The Honorable  
Marise James, Esq.  
Chair of Committee on Education & Workforce Development**

**THE VIRGIN ISLANDS DEPARTMENT OF HEALTH**

**Testimony  
By  
Justa Encarnacion, RN, MBA/HCM  
Commissioner, Virgin Islands Department of Health**

**Bill No. 35-0082**, “An Act amending title 17 Virgin Islands Code, chapter 9, Subchapter I, section 91 to limit the expulsion and suspension of students in pre-kindergarten through third grade and amending title 17 Virgin Islands Code, chapter 11, by adding a section to make a course in mitigating behavioral issues and misconduct in the classroom for school-based professionals a requirement

1 Good day, Honorable Senator Marise James, Chairperson of the Committee on Education &  
2 Workforce Development, Honorable Donna Frett-Gregory, Vice Chair, Committee Members, and  
3 all Non-committee members, and the viewing and listening audience. I am Justa “Tita”  
4 Encarnacion, Commissioner of the Virgin Islands Department of Health, I have with me, Assistant  
5 Commissioner Dr. Nicole Craigwell-Syms, and Dr. Tai Hunte-Cesar joining me from St. Thomas  
6 and the Deputy Commissioner and Director of the Department’s Behavioral Health Division,  
7 Renan Steele, and Dr. Shatel Noel, respectively. Thank you for the opportunity to provide  
8 testimony on **Bill No. 35-0082**, “An Act amending title 17 Virgin Islands Code, chapter 9,  
9 Subchapter I, section 91 to limit the expulsion and suspension of students in pre-kindergarten  
10 through third grade and amending title 17 Virgin Islands Code, chapter 11, by adding a section to  
11 make a course in mitigating behavioral issues and misconduct in the classroom for school-based  
12 professionals a requirement.

13 Some behaviors displayed may be attributed to Adverse Childhood Experiences (ACEs)

14 [Adverse Childhood Experiences \(ACEs\) | VitalSigns | CDC](#) Adverse Childhood Experiences  
15 (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence,  
16 abuse, and growing up in a family with mental health or substance use problems. Toxic stress  
17 from ACEs can change brain development and affect how the body responds to stress. ACEs are  
18 linked to chronic health problems, mental illness, and substance misuse in adulthood. However,  
19 ACEs can be prevented. Adverse Childhood Experiences impact lifelong health and  
20 opportunities.

21 ACES ARE COMMON AND THE EFFECTS CAN ADD UP OVER TIME.

- 22 • 61% of adults had at least one ACE and 16% had 4 or more types of ACEs.

- 1       • Females and several racial/ethnic minority groups were at greater risk for experiencing 4  
2       or more ACEs.
- 3       • Many people do not realize that exposure to ACEs is associated with increased risk for  
4       health problems across the lifespan.

5       **States and Communities Can:**

- 6       • Improve access to high-quality childcare by expanding eligibility, activities offered, and  
7       family involvement.
- 8       • Use effective social and economic supports that address financial hardship and other  
9       conditions that put families at risk for ACEs.
- 10      • Enhance connections to caring adults and increase parents' and youth skills to manage  
11      emotions and conflicts using approaches in schools and other settings.

12      **As a community we all can:**

- 13      • Recognize challenges that families face and offer support and encouragement to reduce  
14      stress.
- 15      • Support community programs and policies that provide safe and healthy conditions for all  
16      children and families.

17      Children with untreated mental illness sometimes act out in ways that are disruptive and unsafe.  
18      Often those behaviors occur within the school setting, as children spend most of their days within  
19      the school system - whether in class or in an after-school program. To avoid punishing the child,  
20      the underlying issue must be addressed adequately. If not, the statistics show that almost 70% of  
21      children and youth who have a diagnosable mental health disorder become involved with the  
22      juvenile justice system. Once in the system, these children are unlikely to get the services they  
23      need.

1 The Department of Health supports the Department of Education in challenging the "school-to-  
2 prison pipeline," an unsettling national trend wherein children are funneled out of public schools  
3 and into the juvenile justice system. By educating our teachers, administrators, counselors and  
4 related staff about learning disabilities and the interplay of poverty, abuse, and neglect, we can  
5 collaboratively end policies that criminalize minor infractions of school rules and equip both staff  
6 and administration with the tools necessary to assist students who may be crying out for help.

7 Poor mental health in youth can impact grades, decision making, and their overall physical health.  
8 Additionally, mental health signs and symptoms in youth often go hand-in-hand with other health  
9 and behavioral risks like increased risk of drug use, experiencing violence, and higher risk sexual  
10 behaviors that can lead to HIV, STDs, and unintended pregnancy. Behaviors are often displayed  
11 within the first years of school and continues into adolescence. Because many health behaviors  
12 and habits are well established in adolescence, many of these risks carry over into adult years.  
13 Therefore, schools and school personnel play a critical role in our communities in supporting  
14 children and family's overall well-being. While the expectation is that schools provide education,  
15 they also provide opportunities for youth to engage in physical activity and academic, social,  
16 mental health, and physical health services, all of which can relieve stress and help protect against  
17 negative outcomes in the future for the community.

18 While educators and school personnel play a vital role in promoting mental health and well-being  
19 and identifying and responding to emerging mental illness in children and adolescents, they often  
20 have not received the education, training, and/or ongoing support needed to respond in the  
21 classroom. Courses such as Positive Behavioral Interventions and Supports (PBIS), Youth Mental  
22 Health First Aid and Classroom WISE are informed by and co-developed with educators from

1 across the nation and can be used in mitigating behavioral issues and misconduct. These programs  
2 have been validated and seek to provide both the knowledge and hands-on, tangible skills that can  
3 be implemented in the classroom, creating a safe learning environment. More specifically, PBIS  
4 is a framework widely embraced by schools to foster positive behavior and prevent challenging  
5 behaviors. It takes a proactive approach to discipline by utilizing evidence-based strategies,  
6 providing social-emotional support, and cultivating a positive school environment. Additionally,  
7 training in Restorative Justice Practices can be incorporated as an alternative to traditional punitive  
8 discipline. Restorative justice focuses on repairing harm, promoting accountability, and fostering  
9 positive relationships through dialogue, mediation, and community involvement. To support  
10 school-wide implementation of PBIS, it is important to establish a curriculum that reinforces  
11 behavioral expectations and maintains consistency throughout the territory, as outlined in Act  
12 8688. PBIS should follow a tiered model, including:

13 Tier 1: Universal Interventions: All students receive universal support through the consistent  
14 implementation of behavior expectations, teaching social-emotional skills, and providing positive  
15 reinforcement for desired behaviors.

16 Tier 2: Targeted Interventions: Some students may require additional support beyond the universal  
17 level. This can include small-group social skills training or check-in/check-out systems, are  
18 provided to address specific behavioral needs.

19 Tier 3: Intensive Interventions: A smaller group of students with significant behavioral challenges  
20 may need more personalized and intensive interventions, such as functional behavior assessments  
21 (FBAs), behavior plans, or wraparound support.

1 Importantly, involving families in a collaborative manner is essential to ensure that behavioral  
2 progress extends beyond the school setting and helps prevent regression.

3 1. **Advantages and implementation** would include tremendous behavioral changes for the  
4 betterment of students.

5 **2. Economic Impact**

6 a. Improved Academic Achievement

7 i. By addressing behavioral issues student focus increases leading to  
8 improved academic achievement. This can result in higher graduation rates,  
9 increasing post-secondary education opportunities and employment  
10 opportunities.

11 b. Reduction in Special Education Costs

12 i. Behavioral issues often contribute to referrals to Special Education services;  
13 by addressing this, schools can reduce the requirement of extensive services  
14 in that area.

15 c. Decrease Disciplinary Costs

16 i. Behavioral disturbances often lead to suspension, expulsions, or in-school  
17 intervention. This is costly in terms of administrative resources (staff time,  
18 etc.).

19 d. Positive School Climate and Retention

20 i. With positive change, retention becomes more attractive to administration  
21 – reducing the need for additional or replacement hires. This can positively  
22 impact enrollment numbers and reduce costs associated with student/staff  
23 turnover and recruitment.

1 e. Long-term Societal Benefits

2 i. Contributing positively to our overall community. Reducing financial  
3 burdens on the judicial system, decreased public assistance, and improved  
4 community health and productivity.

5 In conclusion, the Virgin Islands Department of Health has begun a strong collaboration with other  
6 agencies that impact the lives and future of our children. Bill No. 35-0082 proposes changes that  
7 will yield positive outcomes, especially if implemented using the evidenced based methods  
8 recommended. The VIDOH supports Bill No. 35-0082. I would like to recognize our Behavioral  
9 Health and Substance Use, our Maternal and Child Health and Children with Special Health Care  
10 Need Divisions and Dr. Nicole Craigwell Syms for their work in reducing emotional pain and  
11 bringing awareness to the benefits of and highlighting mental wellness in our Virgin Islands. In  
12 conclusion, Senator Marise James, Esq., the Department of Health is committed to “reducing  
13 health risks, increasing access to quality healthcare, and enforcing health standards in a culturally  
14 sensitive manner.” We stand ready to respond to any questions you may have.