



**35TH LEGISLATURE OF THE VIRGIN ISLANDS
COMMITTEE ON HEALTH, HOSPITALS AND HUMAN SERVICES**

The Honorable Ray Fonseca
Chair of Committee

Testimony Presented By
The Honorable Justa Encarnacion, RN, BSN, MBA/HCM
Commissioner of Health

on

Status of “Mental Health” from your department, agency, or organization perspective.
Testimonies should include, in part, the frequency and types of interactions with persons
perceived to have mental disabilities

1 Good day, Honorable Senator Ray Fonseca, Chairperson of the Committee on Health, Hospitals,
2 and Human Services; Honorable Kenneth L. Gittens, Vice Chair, Committee Members, and all
3 Non-committee members, and the viewing and listening audience. I am Dr. Nicole Craigwell-
4 Syms, Assistant Commissioner for the Virgin Islands Department of Health, and I am in attendance
5 today on behalf of Health Commissioner Justa Encarnacion. Commissioner Encarnacion sends her
6 apologies for not being able to attend. Present with me today, between St. Thomas and St. Croix,
7 are Reuben Molloy, Assistant Commissioner, Renan Steele, Deputy Commissioner, Gesil Ramos,
8 Acting Director of the Behavioral Health Division, and other members of our Executive and
9 Behavioral Health teams in the audience. As we close out Mental Health Awareness Month, we
10 commend and highlight the hard work of our Behavioral Health and Maternal and Child Health
11 teams, as well as our sister agencies here with us today, and all community-based partners with a
12 keen focus on Behavioral Health.

13 The Behavioral Health Division provides psychiatric services, case management, therapeutic
14 interventions, substance use treatment, opioid treatment programs, forensic and outreach services.
15 The Division's outpatient team includes two part-time psychiatrists, eight counselors, three case
16 managers, two newly onboarded case managers (as of the first week of May), three clinical staff
17 members, an opioid project director, and additional support staff.

18 The Division is actively pursuing grant funding to expand psychiatric services. Notably, we have
19 successfully onboarded a psychiatrist who hails from the Territory, demonstrating a commitment
20 to addressing the critical need for psychiatric services in a culturally sensitive manner. Our overall
21 efforts are aimed at building capacity; however, a trained workforce continues to be a need for the
22 Behavioral Health Division.

1 In a proactive approach to crisis intervention, the Division continues to train law enforcement
2 and other agencies in Non-violent Crisis Intervention, CPI, equipping them with the necessary
3 skills to de-escalate individuals in crisis. The Behavioral Health Division has also initiated
4 recruitment efforts for crisis response specialists, with the responsibility of ensuring timely and
5 effective crisis intervention.

6 The Behavioral Health leadership recently returned from a Substance Abuse Mental Health
7 Service Administration (SAMHSA) 988 National Conference to continue the implementation of
8 the 988 Crisis & Suicide Lifeline in the Territory. The lifeline provides free and confidential
9 emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week
10 in the United States. By simply calling or texting the lifeline, individuals will be connected to a
11 behavioral health professional and can engage in confidential conversations. The Behavioral
12 Health Division is working with the SAMHSA and Vibrant, a non-profit crisis support
13 organization, to become a certified 988 call center so that calls, texts, and chats to the lifeline
14 would be answered locally rather than nationally. Additionally, the division is collaborating with
15 the Veterans Affairs 988 press 1 number to ensure that veterans receive specialized support
16 tailored to their unique needs.

17 Our federal partners have set a requirement that the local 988 Suicide & Crisis Lifeline project
18 must be fully implemented by July 2025. In coordination with the Division of Personnel, job
19 descriptions have been approved, and interviews have been conducted. Our goal is to begin
20 onboarding by the fourth quarter of this year. The completion of this lifeline will enhance our
21 community's ability to respond effectively to behavioral health emergencies and provide timely

1 support to those in need. The National 988 Lifeline received (492) calls that originated from the
2 territory between November 2023 and March 2024.

3 ***Community Outreach Programs***

4 Our department actively engages in community outreach programs to promote behavioral health
5 awareness, education, and early intervention for behavioral health and substance use disorders.
6 Between April 2023 and April 2024, there have been 22,033 behavioral health outreach
7 encounters, and 2,045 patients visited our clinics during the same period. These efforts include
8 providing information on available resources, facilitating support groups, and conducting outreach
9 activities for underserved populations within our territory.

10 Through 2023/2024 we have addressed the following topics in various settings including schools,
11 universities, government agencies, Rotary clubs, and professional development sessions for school
12 monitors. These sessions cover topics such as mental wellness, awareness of risky behaviors and
13 bullying, substance use, 988 services, social and emotional wellness, and grief counseling and the
14 establishment of “Feelings Fridays”. Our outreach efforts within the school system are exemplified
15 by the St. Croix Educational Complex's invitation for us to hold 6–8-week open group sessions.
16 Initially designed for students struggling academically due to loss, the positive feedback led to
17 requests for more sessions, showcasing the students' appreciation for the safe environment
18 provided. Subsequent collaborations, such as participation in behavioral health outreach with the
19 John H. Woodson Science Honor Society, further extended our impact. Additionally, an ARCH
20 Institute, Inc. initiative named Feelings Friday, as previously mentioned, introduced self-care and
21 coping skills to high school students across the territory, garnering interest and engagement from

1 participants. These efforts culminated in a successful event hosted by the St. Croix Rotary Club,
2 emphasizing the growing reach and influence of our programs.

3 On June 4, 2024, a comprehensive training session was conducted on the island of St. Thomas for
4 77 school monitors. This training focused on enhancing their understanding of behavioral health,
5 emotional wellness, and effective coping strategies. This initiative underscores our commitment
6 to fostering a harmonious collaboration between the VIDE and the BHU. Furthermore, we commit
7 to continuing this effort throughout the summer and into the upcoming school year.

8 ***Eldra Schulerbrandt Facility***

9 At present, the Eldra Schulerbrandt residential facility accommodates 25 residents, comprising 12
10 males and 13 females. The facility serves as a structured and supportive environment tailored for
11 individuals in need of continuous treatment and support for behavioral health challenges. Services
12 provided encompass therapy, medication management, life skills training, and assistance with
13 daily activities. Moreover, the facility benefits from the kindness of volunteers and community
14 stakeholders who generously contribute tangible items or their time to support and spend time with
15 residents. The overarching objective is to assist residents in stabilizing their mental health,
16 cultivating coping mechanisms, and progressing towards recovery within a secure and monitored
17 environment. We would like to take the time to publicly thank each member of our dynamic ESF
18 staff, your dedication is unmatched.

19 ***Off-island Care***

20 Currently, 48 USVI residents (22 NGRI, 15 chronic care, and 11 intellectually disabled) are receiving
21 essential acute care in various off-island facilities. We have two pending transfers off island, and one is set
22 to be transferred into Eldra Schulerbrandt Facility in June 2024. Often mandated by court orders, these

1 patients require intensive services to address their acute mental health diagnoses, highlighting the increasing
2 demand for specialized care for those facing severe mental health challenges.

3 The Division oversees all off-island residents, provides case management services, participates in all
4 treatment team meetings, and remains responsive 24/7. As the legal guardian in collaboration with the
5 behavioral health team, the Commissioner of Health approves changes to their care plans, including
6 medication management.

7 This dedication to specialized care underscores our commitment to prioritizing the well-being and recovery
8 of every individual in our community. Through targeted interventions and support, we strive to empower
9 individuals to overcome acute mental health challenges and regain stability in their lives.

10 While off-island care addresses immediate needs, our long-term goal is to construct an inpatient facility
11 within the Territory. A Task Order has been issued for Springline Architects and we have held several
12 productive design development meetings that have yielded four conceptual designs. Each design option
13 includes acute, transition, adolescents, detox, and forensics services, to ensure our vision of establishing an
14 accredited facility becomes a reality. Design development meetings are ongoing.

15 ***Interdepartmental Collaboration***

16 The Behavioral Health Act 8688, sponsored by Senator Novelle Francis Jr, approved by the 34th Legislature
17 and by Governor Albert Bryan Jr. as part of his Healthier Horizons initiative, demonstrates our
18 government's strong commitment to addressing behavioral health challenges systemically. As mandated
19 by Act 8688, the establishment of the Interdepartmental Coordinating Committee marks a significant shift
20 in our approach, fostering collaboration and coordination across various governmental entities.

21 The Interdepartmental Coordinating Committee brings together key stakeholders, such as the Health,
22 Education, Human Services, and Police commissioners, the Vocational Rehabilitation Director, the Chair
23 of the Virgin Islands Hospitals and Health Facilities Corporation, along with representatives from our

1 Federally Qualified Health Centers and non-profit organizations like NAMI. Additionally, the Committee
2 benefits from the valuable input of the Division's nurse, whose extensive insight contributes to
3 understanding daily operations and areas for enhancement. Holding monthly meetings, the Committee
4 engages in strategic planning and acts as a crucial platform for coordinating and exchanging information
5 regarding behavioral health initiatives in our community. Our most recent meeting took place in May 2024.
6 Serving as a permanent liaison among the departments involved, the Committee ensures cohesive efforts in
7 addressing behavioral health challenges. The primary goal of the Committee is to develop a comprehensive
8 work plan that keeps participants focused, defines clear objectives, and remains on target to satisfy those
9 objectives. Moreover, the creation of this Committee acknowledges behavioral health as a cross-cutting
10 issue that intersects with various facets of public policy and governance. By working together across
11 departments and agencies, we can break down barriers, streamline resources, and ensure that every
12 individual receives the care and support they need to thrive.

13 **Collaboration**

14 Our education system plays a vital role in identifying and supporting students with behavioral
15 health challenges. Our department collaborates with educational institutions to develop and
16 implement strategies for creating mentally healthy learning environments. Interactions in this
17 context include training for educators, counseling services for students and staff, and crisis
18 response protocols.

19 We must publicly commend the VIPD and VI Fire & EMS teams for always helping us provide
20 collaborative emergent behavioral health intervention to the community. That collaboration will
21 continue more formally with the full implementation of the crisis intervention team. We have
22 provided crisis prevention intervention training to law enforcement officers and peace officers.
23 The next training is scheduled for June 20-21, 2024.

1 **Responsibilities**

2 The VI Department of Health takes responsibility for individuals under court orders. During the
3 period from January to April 2024, the Behavioral Health Division's clinical therapists, case
4 managers, psychiatrists, and the Deputy Commissioner collectively participated in (90) court
5 proceedings. The team's clinical assessments aid in informed decision-making, potentially
6 resulting in the individual being declared Not Guilty by Reasons of Insanity or NGRI. Through
7 partnerships with the Bureau of Corrections (BOC) and private transport companies, the
8 Department facilitates transportation requests, ensuring safe journeys to off-island treatment
9 facilities or court appearances. While legal processes are ongoing, the Department retains custody,
10 overseeing administrative duties like record-keeping and adherence to court mandates.

11 The partnership between DOH and BOC improves resource allocation and elevates care for court-
12 ordered patients, emphasizing streamlined coordination to effectively address their requirements.
13 Additionally, DOH assumes financial obligations for these transports, covering costs for vendors
14 like JAD services, which typically amount to \$14,000 to \$16,000 per trip for two patients and
15 officers. The Behavioral Health Division also funds expenses for local officers, with an average
16 cost of approximately \$6,794 per trip, encompassing per diem, flights, and transportation to and
17 from off-island facilities. Over the period from January to April, a total of four (4) trips with local
18 officers at **(\$27,176)** and 2 trips for JAD service requests at **(\$30,000)** incurred a combined expense
19 of **\$57,176** for transporting (6) patients.

20 **Gap Analysis** *the GAP Analysis is included as an attachment to this document.*

21 **Critical Funding Needs for Crisis Response**

1 The Department requires additional funding to fully back the Crisis Response Team and has
 2 applied for supplementary federal HRSA funds to bolster the program, potentially accelerating the
 3 implementation timeline upon approval. Ensuring round-the-clock access to a comprehensive
 4 crisis continuum for all, irrespective of financial constraints, is crucial in delivering prompt and
 5 efficient interventions to individuals in behavioral health crises. Enclosed with this testimony is a
 6 funding breakdown chart outlining the \$1.8 million annual need for personnel and fringe expenses
 7 to establish and maintain a robust 24/7 Crisis Response Team.

Direct Personnel Costs	No. of FTE	Hours per Day	Rate	Projected Days	Projected Costs
Mobile Crisis Supervisor	1.00	8.00	\$33.66	260.00	\$70,012.80
Mobile Crisis Team Lead	1.00	8.00	\$31.25	260.00	\$65,000.00
988 Call Center Counselor					
STX/STT/STJ Crisis Counselor 7/7/4 16 hour live "on call" after 12am 7 days/week	18.00	8.00	\$25.00	260.00	\$936,000.00
"On Call" stipend rate TBD					
Personnel Subtotal					\$1,071,012.80
Fringe					Projected Costs
Standard employee benefits (check with provider) (Social Security, Medicare, Federal Income Tax) 40%					\$428,405.12
Fringe Benefits Subtotal					\$428,405.12
Direct Travel Costs		Miles	Rate	Projected Days	Projected Costs
Crisis/Lead Counselor Land Mileage		50.00	\$0.56	365.00	\$10,220.00
Travel Subtotal					\$10,220.00
Direct Equipment Costs			Unit Cost		Projected Costs
(3) Crisis Team Vehicles (Jeep Wrangler)			\$37,865.00	\$3.00	\$113,595.00

Virgin Islands Department of Health
 Testimony on Status of Mental Health Services
 June 5, 2024

Gas Coupons (\$35.00 x12=420 x 4 books)	\$420.00	\$4.00	\$1,680.00
Equipment Subtotal			\$115,275.00
Direct Supplies Costs	Unit Cost	No. of Units	Projected Costs
General office supplies	\$200.00	12.00	\$2,400.00
Ink Toner (\$180 x 30)	\$180.00	30.00	\$5,400.00
Cell phones (8)	\$400.00	8.00	\$400.00
\$50.00 monthly data plans for smart phones (8 phones)	\$400.00	12.00	\$4,800.00
CRISIS RESPONSE SOFTWARE "Estima"			\$40,000.00
Direct Supplies Subtotal			\$53,000.00
Contractual Media/Public Information Costs			
			Projected Costs
Subtotal Media/Public Information Costs			\$100,000.00
Total Cost:			\$1,777,912.92

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2 In conclusion, as we strive for progress in behavioral health services within the Virgin Islands of
 3 the United States, we emphasize our dedication to collaboration, innovation, and securing essential
 4 funding to propel these vital services forward. Our unwavering commitment to diminishing health
 5 risks, enhancing healthcare accessibility, and upholding stringent health standards remains
 6 steadfast. The VI Department of Health pledges ongoing collaboration with the members of the
 7 35th Legislature, standing prepared to address any inquiries and work collectively towards a
 8 healthier and more supported community.