



**36TH LEGISLATURE OF THE VIRGIN ISLANDS
COMMITTEE ON HEALTH, HOSPITALS AND HUMAN SERVICES**

The Honorable Senator Ray Fonseca
Chair of Committee

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

on

The Department of Health's efforts to respond to the growing mental health challenges facing our community.

1 Good day, Honorable Senator Ray Fonseca, Chairperson of the Committee on Health, Hospitals
2 and Human Services, Honorable Senator Hubert Frederick, Vice Chair; Committee members,
3 and all non-committee members, and those that are viewing and listening.

4 I am Justa Encarnacion, Commissioner of the Virgin Islands Department of Health. Joining me
5 today are Assistant Commissioner Dr. Nicole Craigwell-Syms; Assistant Commissioner Reuben
6 Molloy; Chief Legal Counsel Mackiesh Taylor-Jones; Deputy Commissioner for Human
7 Resources and Workforce Development, Joan Jean-Baptiste, and Deputy Commissioner with
8 oversight of the Division of Behavioral Health and Substance Use, Renan Steele.

9 Thank you for the opportunity to provide testimony on the Department's progress made in
10 addressing the growing mental health challenges facing the Territory.

11 Mental illness remains a significant and growing public health concern in the U.S. Virgin Islands
12 affecting individuals and families across the Territory regardless of age, background, or
13 circumstance. We continue to see rising rates of depression, anxiety, substance use disorders, and
14 serious mental health conditions, driven by many of the same factors seen nationally and
15 globally—economic stress, trauma, social isolation, and limited access to care—compounded by
16 the unique challenges of our small island community. This includes workforce shortages,
17 geographic barriers, and resource constraints. In addition to the risk factors identified, the use of
18 growth-enhancing techniques and selective cultivation practices can increase THC
19 concentrations and hence have been associated with an increased risk of psychological changes.

20 While awareness has improved and stigma has begun to decrease, many Virgin Islanders still
21 face barriers to timely diagnosis and treatment, particularly in underserved communities. The
22 COVID-19 pandemic further intensified these challenges, exposing gaps in our behavioral health
23 infrastructure while also accelerating opportunities, such as the expansion of telehealth and more
24 integrated, community-based care models.

25 The Virgin Islands Department of Health recognizes that addressing mental illness in our
26 Territory requires a coordinated, sustained, and culturally responsive approach. Our Division of
27 Behavioral Health and Substance Use has been working collaboratively across the Departments
28 and with community partners to braid and maximize both local and federal resources,

1 particularly in the face of declining funding streams. Through these efforts, we are strengthening
2 prevention, expanding early intervention, building workforce capacity, and improving equitable
3 access to comprehensive, community-based behavioral health services across the Territory.

4 **Use, Status, and Expenditure of Previously Appropriated Behavioral Health Funds**

5 A review of prior appropriations for behavioral health services in the Virgin Islands reflects a
6 pattern of delayed access to funds, partial utilization, and ongoing gaps in infrastructure and
7 workforce capacity. While the Legislature has authorized significant investments in behavioral
8 health, challenges in funding have affected sustainability.

9

10 **Act No. 7695**, enacted on November 19, 2012, amended the designation of Estate Anna's Hope
11 from Plot No. 184 to Plot No. 29. The Act was administrative in nature.

12 **Act No. 8152**, enacted on August 15, 2018, appropriated **\$3,000,000** for the establishment of a
13 behavioral health facility at Anna's Hope, **\$2,000,000** for mobile wellness vans, and **\$1,000,000**
14 for intensive outpatient services. However, these funds were not allocated to the Department of
15 Health, limiting implementation. In addition, the total amount appropriated was insufficient to
16 support demolition of the existing structure and construction of a facility capable of meeting the
17 community's needs. As a result, the \$3M was redirected to architectural and engineering plans.
18 The Department was unable to secure an extension of the statutory three-year expenditure period.

19 **Act No. 8187**, enacted in November 2019, appropriated **\$39,467,909** in retroactive federal
20 Medicaid funding, including **\$3,082,909** for Department of Health mental health programs,
21 contingent upon submission of a comprehensive plan. The Department satisfied this requirement
22 on August 20, 2019. Administered under Project M1941, these funds supported key behavioral
23 health initiatives, including the purchase of three mobile clinical units at a cost of **\$992,319**,
24 expansion of the Clubhouse Program, and investments in staffing, outreach, transportation, and
25 operations. The Act also appropriated **\$90,000** for an ADA-accessible van for the Eldra
26 Schulerbrandt Residential Facility. To date, **\$2,817,052** has been expended, with **\$265,857**
27 remaining. The Clubhouse Program currently serves 20 members and supports psychosocial
28 rehabilitation, recovery, and community reintegration.

1 **Act No. 8474**, enacted on September 28, 2022, provided the General Fund appropriation for
2 Fiscal Year 2022 in the amount \$725, 000, which included support for behavioral health
3 outreach. Through subsequent allotments, the Department established the Behavioral Health
4 Mobile Outreach Program, Project M22E7 utilizing **\$691,880** in personnel funding to support a
5 multidisciplinary team serving St. Thomas, St. Croix, and St. John.

6 Unfortunately, subsequent fiscal years, budget modifications resulted in a reduction in the
7 number of authorized positions. Personnel funds were expended in support of those positions that
8 were filled and which remains currently active.

9 **Act No. 8688 (Bill No. 34-0279)**, enacted on June 28, 2022, established the Virgin Islands
10 Behavioral Health Act, creating a comprehensive framework for behavioral health services in the
11 Territory. The Act addresses system coordination, community-based care, interagency
12 collaboration, and the development of a public behavioral health facility.

13 **Act No. 8759 (Bill No. 35-0104)**, enacted on September 19, 2023, provided the General Fund
14 appropriation for Fiscal Year 2024, including **\$69,375** for Behavioral Health Mobile Staff and
15 Supplies. Funds are used for annual maintenance of the mobile vans. All vans are operational.

16 **Act No. 8957 (Bill No. 35-0224)**, enacted on January 18, 2024, established the Territory-wide
17 988 Suicide Prevention and Mental Health Crisis System and created the 988 Trust Fund,
18 supported by a **\$1 telecommunications surcharge**. The Act allocates **30 percent** of Trust Fund
19 revenues to the Department of Health; however, the Department has not received any funds to
20 date because surcharge revenues have not yet been collected.

21 In the absence of dedicated 988 funding, the Department has continued to support crisis
22 awareness and service linkage through existing behavioral health outreach activities. We have
23 also accessed federal funds to outsource the 988 call center operations. The Territory received
24 234 calls between January 1, 2026 to March 31, 2026.

25 **Act No. 8920 (Bill No. 35-0380)**, enacted on September 26, 2024, appropriated settlement funds,
26 including **\$18,000,000** for a behavioral health facility at Anna's Hope and **\$3,500,000** for

1 renovations to the Eldra Schulterbrandt Facility. However, these funds were not received by the
2 Department of Health, preventing advancement of these critical infrastructure projects.

3 **Act No. 9011** amended Act No. 8920, as previously amended by Act No. 8985, and appropriated
4 \$6,900,000 to address outstanding payments to behavioral health providers and vendors. Of this
5 amount, \$6,778,594 has been expended, and the remaining balance of \$121,406 is encumbered.

6 **Act No. 9035**, enacted on September 10, 2025, allocated \$66,253 under the General Fund for
7 Fiscal Year 2026 to support Behavioral Health Mobile Supplies, including outreach operations
8 and vehicle maintenance. Expenditures include the acquisition of batteries and the coordination
9 of service appointments for the mobile units. We spent \$15, 708.87 with a remaining balance of
10 \$50, 526.13.

11 Collectively, these appropriations reflect a recurring gap between funds authorized, funds
12 received or utilized. While funding under Acts No. 8187 and 9035 has supported expanded
13 behavioral health outreach and service delivery, critical gaps remain, including the absence of an
14 inpatient behavioral health facility, workforce shortages, and limited sustained operational
15 funding.

16 To strengthen the system, continued investment will be needed in infrastructure, staffing, and
17 service capacity across the Territory.

18 **Timelines for Behavioral Health Facility Development:**

19 In response to the Legislature’s interest in advancing the behavioral health continuum, the
20 Department is evaluating potential uses of approximately 9.8 acres at the Anna’s Hope site on St.
21 Croix. One preliminary concept currently being explored is a small-scale, community-based
22 housing model utilizing modular or “tiny home” units to provide transitional and supportive
23 housing linked to behavioral health services. The anticipated funding source is the “The Fiscal
24 Year 2027 Community Project Funding Request” through the Office of the Delegate to
25 Congress, Congresswoman Stacey E. Plaskett. The request submitted for the CPF is \$4.5M.

26 This concept is not yet approved and remains one of several options being explored to identify
27 cost-effective, scalable solutions. If approved, the model would complement existing services by

1 supporting stabilization, recovery, and continuity of care in a community setting, while
2 preserving the broader site for future public health uses. The approach aligns with national best
3 practices emphasizing community-based, trauma-informed care with lower infrastructure
4 demands.

5 Any advancement of this concept would require a formal feasibility study, stakeholder
6 engagement, and multidisciplinary planning to assess zoning, cost, funding sources, workforce
7 needs, and long-term sustainability. No commitments will be made without thorough due
8 diligence and legislative and executive alignment. If implemented, even on a limited scale, this
9 model could reduce reliance on inpatient and emergency services, improve care continuity, and
10 support innovative service delivery approaches, including mobile crisis response, telepsychiatry,
11 and peer support.

12 **Behavioral Health Mobile Outreach Services:**

13 Behavioral health vans are deployed as part of a Territory-wide outreach initiative to deliver
14 accessible mental health services across the Territory. Vans operate regularly to support
15 prevention, early intervention, community engagement, and service linkage, and to have
16 presence at school-based outreach, in housing communities and public spaces. It is important to
17 note that the vans cannot be used for crisis intervention. The behavioral health jeeps and SUVs
18 are used to support crisis responses in collaboration with VI FireEMS and VIPD.

19 **School-Based Outreach:**

20 Behavioral health vans, including the Zen Van, are deployed at schools to support prevention and
21 early intervention. Services include coping skills development, emotional resilience education,
22 substance use and suicide prevention, and mental health awareness.

23 From June 2025 through March 2026, the Department of Health, Division of Behavioral Health,
24 implemented a comprehensive school-based and community-focused prevention initiative in
25 partnership with the Department of Education across St. Thomas, St. Croix, and St. John. The
26 initiative employed universal and selective prevention strategies designed to increase behavioral
27 health literacy, strengthen protective factors, reduce stigma, and promote early help-seeking

1 behaviors among students, school personnel, families, and community members. During this
2 period, a total of 16,524 students, faculty and staff were directly reached.

3 **Community and Housing Outreach:**

4 In partnership with the Virgin Islands Housing Authority, behavioral health vans are regularly
5 deployed in public housing communities to provide mental health education, outreach, referrals,
6 and service linkage. Vans also support outreach at health fairs, cultural events, and public health
7 activities across both islands.

8 **Homeless and Underhoused Outreach:**

9 Behavioral health vans are deployed to support ongoing outreach to individuals experiencing
10 homelessness or housing instability in areas such as Anna’s Fancy, Simmons Alley, Cruz Bay,
11 Coral Bay, Christiansted, Frederiksted, Blyden Memorial Home, and Altona. These efforts
12 include direct engagement, PATH enrollment, and linkage to Medicaid, outpatient behavioral
13 health services, and other supports.

14 **BUSH TEA & GEN Z IN THE MORNING Radio Podcast Series:**

15 This six-week, youth-focused initiative by the Department of Health’s Behavioral Health
16 Division engaged young people in conversations on mental health using a culturally relevant
17 podcast and radio format. The program addressed topics such as stress, relationships, emotional
18 well-being, and help-seeking behaviors, combining traditional “bush tea” dialogue with modern
19 media platforms. The series reached over **15,000 individuals** and generated more than **140,000**
20 **video views** across Facebook, Instagram, and YouTube, with the highest engagement among
21 ages 18–34 in the Virgin Islands. Strong audience interaction highlighted demand for culturally
22 relevant, youth-centered messaging.

23 Episodes covered key topics including mental health awareness, stress management,
24 relationships and boundaries, social media impacts, anxiety and depression, and when to seek
25 help. The final episode included parents and caregivers, reinforcing a community-wide approach
26 to supporting youth's mental health.

1 **SUICIDE PREVENTION:**

2 Suicide Prevention Campaign

3 The Virgin Islands Department of Health has launched a Territory-wide Suicide Prevention
4 Campaign on May 20th under the theme “I Geh You,” a culturally grounded message
5 emphasizing empathy, connection, and community support. The campaign aims to reduce
6 stigma, promote open dialogue, and encourage early help-seeking, particularly among youth.

7 Using a multi-platform approach, including graphic advertising, radio, and video storytelling, the
8 campaign will be supported by community outreach and partnerships with schools, healthcare
9 providers, and local organizations. All efforts will direct individuals to a dedicated microsite
10 (www.doh.vi.gov/Genz) for resources, warning signs, and access to support services, including
11 the 988 Suicide & Crisis Lifeline. By combining culturally relevant messaging with accessible
12 resources, the initiative seeks to strengthen community support and normalize seeking help.

13 The highly listened to “BUSH TEA & GEN Z IN THE MORNING” Radio Podcast Series will
14 resume during the campaign.

15 Substance Abuse and Mental Health Services Administration (SAMHSA) and Service Members,
16 Veterans, and their Families (SMVF)

17 Over May 12–14, 2026, the SAMHSA SMVF TA Center conducted a 2.5-day on-site technical
18 assistance visit in St. Croix, USVI, encompassing two parallel workstreams: a 1.5-day Suicide
19 Mortality Review (SMR) site visit with the Territory's newly forming Suicide Mortality Review
20 Committee (SMRC), followed by a full-day Governor's Challenge (GC) on-demand site visit
21 with the broader interagency suicide prevention team. Together, the sessions convened more than
22 30 participants from across USVI's health, veterans affairs, law enforcement, Virgin Islands
23 National Guard, emergency management, and behavioral health sectors — a strong showing of
24 cross-sector collaboration.

25 **Outcomes and Service Linkage:**

26 Across community, housing, and homeless outreach efforts, a total of **52 service connections**
27 were made, including **22 referrals** to outpatient behavioral health services and **30 linkages** to

1 supportive resources, excluding school-based activities, demonstrating how the consistent
2 deployment of behavioral health vans has expanded access to care, reduced barriers, and
3 strengthened engagement with underserved populations across the Territory.

4

5 **Continuum of Care Barriers:**

6 The Virgin Islands currently lacks a permanent supportive housing system for individuals with
7 serious mental illness and behavioral health conditions who are discharged from inpatient
8 psychiatric treatment, residential treatment programs, or off-island care facilities. This represents
9 a significant gap in the Territory's behavioral health continuum of care.

10 Many individuals who complete treatment are clinically stabilized and ready for discharge;
11 however, they often have no safe, structured, or supportive living environment available upon
12 return to the Territory. As a result, patients may experience homelessness, housing instability,
13 repeated psychiatric crises, involvement with law enforcement, emergency room overutilization,
14 or rapid readmission into higher levels of care.

15 Statue addressing housing services related to homelessness is not under the jurisdiction of the
16 Department of Health; however, we work with our sister agencies when referring individuals for
17 housing. We are all aware of limited housing and even more importantly affordable housing.

18 Permanent supportive housing is a nationally recognized evidence-based practice that combines
19 stable housing with ongoing behavioral health support services, case management, medication
20 monitoring, life skills assistance, and community integration. These programs are specifically
21 designed for individuals living with chronic mental illness, co-occurring substance use disorders,
22 and functional impairments who are unable to maintain stability independently.

23 The absence of permanent supportive housing in the Territory places additional strain on
24 hospitals, emergency services, law enforcement, families, shelters, and the overall healthcare
25 system. It also creates barriers to successful community reintegration for vulnerable residents
26 returning from treatment.

27 This gap should be formally recognized as a critical infrastructure needed within the Territory.
28 Investment in permanent supportive housing would strengthen continuity of care, reduce

1 recidivism into crisis services, improve long-term recovery outcomes, and align the Virgin
2 Islands with nationally recognized behavioral health system standards and best practices.

3

4 **Recruitment and Retention of Mental Health Professionals:**

5 The Department of Health currently maintains **17 full-time equivalents (FTEs)** in the St.
6 Thomas/St. John District (**14 General Fund, 3 federally funded**) and **23 FTEs** in the St. Croix
7 District (**4.78 General Fund, 18.22 federally funded**). Since October 1, 2025, **three positions**
8 have been filled (**two General Fund, one federal**).

9 To support recruitment and retention, the Department leverages the **U.S. Virgin Islands State**
10 **Loan Repayment Program (USVI-SLRP)** and the **National Health Service Corps (NHSC)**,
11 both funded by HRSA. These programs provide loan repayment and scholarship support for
12 clinicians serving in high-need areas, aiding in the retention of key staff, including a psychiatrist
13 and several registered nurses, while strengthening workforce stability across the Territory.

14 The Department is also exploring innovative strategies to address workforce shortages, including
15 flexible care models (in-person and telepsychiatry), partnerships with mainland institutions, and
16 non-traditional incentives such as housing support, relocation assistance, and time-limited
17 service contracts. Additional efforts include building workforce pipelines through partnerships
18 with academic institutions, residency and fellowship programs, and expanding training
19 opportunities within the Territory.

20 Retention strategies consist of professional development, leadership pathways, peer support, and
21 regional collaboration to strengthen system-wide coverage. While still in development, these
22 approaches reflect a shift toward sustainable, long-term workforce solutions to support expanded
23 access to behavioral health services across the Virgin Islands.

24 **Outpatient Service Line:**

25 Outpatient clinics remain central to service delivery, providing psychiatric evaluations,
26 medication management, therapy, substance use treatment, and continuity of care for adults and
27 youth. Partnerships with hospitals, community organizations, and social service agencies further
28 ensure coordinated and timely access to specialized services. These efforts have improved
29 behavioral health literacy, reduced stigma, strengthened coping skills, expanded referral

1 pathways, and increased access to care for underserved populations. Additional initiatives,
2 including workforce training, Crisis Prevention Intervention, and Social Emotional Learning
3 programs, support long-term system capacity, with ongoing evaluation guiding program
4 improvement and sustainability across the Territory.

5 **Case Management Services:**

6 Our Behavioral Health case managers provide critical community-based support for individuals
7 with mental health and substance use conditions. As part of their role, they conduct home visits
8 to monitor an individual's safety, stability, and overall well-being. When clinically necessary,
9 nurses may also accompany case managers during home visits to assist with medical and
10 behavioral health assessments. During these visits, case managers assess mental health status,
11 medication compliance, daily functioning, living conditions, behavioral changes, and potential
12 risk factors for crisis or hospitalization.

13 They also identify safety concerns within the home, including fire hazards, unsafe environments,
14 substance use risks, access to weapons, and potential suicide or ligature risks for individuals
15 experiencing a behavioral health crisis.

16 These services help prevent psychiatric emergencies, reduce hospitalization, improve treatment
17 compliance, and support individuals in remaining safe and stable within the community.

18 A significant component of the Case Managers' responsibilities involves the coordination and
19 monitoring of off-island cases. These cases often include individuals requiring specialized
20 psychiatric treatment, residential behavioral health services, substance use treatment, forensic
21 placements, or other levels of care that may not be readily available within the U.S. Virgin
22 Islands. Case Managers work closely with treatment facilities, healthcare providers, family
23 members, government agencies, and community partners to facilitate referrals, admissions,
24 treatment planning, discharge coordination, and reintegration into the community upon return to
25 the Territory.

1 **Collaborations with External Agencies and Other VIDOH Divisions:**

2 High Intensity Drug Trafficking Areas (HIDTA) program

3 The Department of Health’s Behavioral Health Division continues to collaborate with the Puerto
4 Rico–U.S. Virgin Islands HIDTA, Virgin Islands Police Department, U.S. Postal Service, and
5 Drug Enforcement Administration through the HIDTA Prevention Initiative. The Prescription
6 Drug Drop Box Program, launched on February 12, 2025, has collected **163.29 pounds** of
7 unused medications Territory-wide, providing a safe disposal method and reducing risks
8 associated with substance misuse.

9 Through the “Positive Vibes Alone” initiative, **1,716 students** across 10 schools participated in
10 discussions on substance use, peer pressure, violence, and healthy decision-making.

11 Virgin Islands Casino Control Commission

12
13 The Department of Health is proud to report the successful implementation of the Territory’s
14 first Gambling Disorder Treatment Program through a partnership with the VI Casino Control
15 Commission. Through a Memorandum of Understanding, the Casino Control Commission
16 supported specialized training and certification opportunities to strengthen the Department’s
17 capacity to address gambling addiction and related behavioral health concerns.

18
19 As a result of this initiative, four Department of Health clinicians have completed the
20 International Certified Gambling Counselor-I (ICGC-I) coursework and are pending
21 examination, two clinicians have successfully passed the certification examination, and one
22 clinician has officially earned the ICGC-I credential.

23
24 Building on this workforce development effort, the Division of Behavioral Health launched
25 gambling disorder counseling services in May 2026, providing assessment, counseling, referral,
26 and recovery support for individuals and families affected by problem gambling. This
27 collaboration has established a specialized treatment service that previously did not exist in the
28 Territory and represents an important investment in prevention, recovery, and public health. It
29 also reflects a proactive partnership between the public health and gaming sectors to ensure that

1 as the gaming industry continues to grow, appropriate safeguards and treatment resources are
2 available to support the well-being of Virgin Islands residents.

3

4 The Virgin Islands Child Psychiatry Access Program

5 The Virgin Islands Child Psychiatry Access Program (VICPAP), within the Maternal and Child
6 Health Division, supports pediatric mental health through a provider-to-provider consultation
7 model. To date, **26 providers** have enrolled and **27 psychiatric consultations** have been
8 completed, primarily addressing ADHD, aggression, and trauma-related conditions.

9 VICPAP has also conducted **19 trainings**, reaching over **900 providers, educators, and**
10 **community staff**, and **64 school-based outreach events**, engaging more than **2,400 students**.
11 An additional **17 community outreach events** have increased awareness, reduced stigma, and
12 connected families to available services.

13 Together, these efforts strengthen early identification, expand access to care, build workforce
14 capacity, and support a more coordinated and sustainable pediatric behavioral health system
15 across the Territory. Through continued investment and partnership, VICPAP is positioned to
16 further improve child mental health outcomes, ensuring every child is supported and equipped to
17 thrive academically, socially, and emotionally.

18 Nearing our conclusion, I express sincere appreciation for the support given by the Honorable
19 Governor Albert Bryan, Jr and the Honorable Lieutenant Governor Tregenza Roach, and our
20 Cabinet Members for the support given throughout the years.

21 I would like to recognize our dedicated Behavioral Health team, as well as our Maternal and
22 Child Health, Children with Special Needs, and Chronic Disease teams, for advancing the core
23 tenets of mental health care. I thank the entire VIDOH Family for their consistency in supporting
24 our missioner, *"To Reduce Health Risks, Increase Access to Quality Healthcare and Enforce*
25 *Health Standards"*

26

27 In closing, if we are serious about improving behavioral health outcomes in the Virgin Islands,
28 we must be equally serious about building the system required to support them. Effective

1 behavioral health care cannot exist without the necessary infrastructure, sustainable funding,
2 adequate workforce, and coordinated services.

3 This is not the responsibility of any one agency, department, or individual. It requires a collective
4 commitment from all stakeholders—government, healthcare providers, community
5 organizations, and this legislative body. We cannot afford to point fingers or work in silos. The
6 people we serve deserve a behavioral health system that is accessible, responsive, and built to
7 meet their needs.

8 Today, I ask for your partnership, your support, and your commitment to helping make that
9 vision a reality. Together, we can move beyond discussing the challenges and begin building the
10 behavioral health system our community deserves.

11 Senator Fonseca and members of the Committee, this concludes my testimony. I am available to
12 answer any questions. Thank you all.