

- Good morning, good morning. Welcome. This is Ability Radio, You and Your Health. I'm Amelia Headley LaMont, joined this morning by Iris Bermudez. Good morning, Iris.

- Good morning and good morning, Virgin Islands.

- We are sponsored by VI Lottery, making a distance. And before we begin today's program, just a little bit of ground rules, we request that there be no use of names, no personal attacks, no unfounded allegations, product pitches, no profanity, and we are not physicians so we do not give medical advice, so we will not be able to respond to those types of questions. If any of you out there have any questions or comments, please feel free to give us a call at 713-1079. Iris, what do we have going for today?

- Well, Amelia, today, we have, we're gonna be talking about a very important issue that, you know, not only issue but situation that's occurring in the Virgin Islands as elsewhere, Puerto Rico, United States, and that's about mental health. And I know that you've been involved with the whole mental health situation here in the Virgin Islands. So we're gonna turn it over to you so you can talk to us about what happened, give us some background information on mental health, and just take us through the, what you've been doing with respect to help and improve services for mental health consumers.

- Well, by way of background, first of all, let me identify where we work, which is the Disability Rights Center of the Virgin Islands. We refer to it short as DRCVI. It is what's referred to as the protection and advocacy organization for the US Virgin Islands. Every state and territory has what's referred to as a protection and advocacy entity or a P&A. That's what we call it for short. One of the programs, and every P&A has a variety of programs, one of our largest, if not, at least for us, our largest program has to do with persons with psychiatric disabilities. It's called PAIMI, P-A-I-M-I, which stands for Protection and Advocacy for Individuals with Mental Illness. Our organization has an advisory council that consists of seven members, most of whom are either individuals with mental health disability or family member of a person with a mental health disability. And the advisory council advises us, the management of DRCVI, to what kinds of issues are of importance to themselves and their family members and what can our organization do as the protection and advocacy group in the territory.

- In other words, they're your eyes and ears on the ground?

- Absolutely. Absolutely. So, our advisory council, as a result of many years of discussion and being, as you say, the eyes and ears in our community, said, you know, our mental health system is deteriorating. We are not getting the kinds of services that we used to get. In fact, in the US Virgin Islands, there were, like, community outreach teams, nurses and community workers and doctors in the community, visiting patients where they are, rendering us assistance. And as soon as the resources depleted, we didn't do anything as a community to try and supplement that so that that level of service and support could be sustained.

- And I remember that distinctly because I was working with Medicaid at the time and they had a very vibrant, especially on Saint Croix, I'm sure in Saint Thomas, too, but they had very vibrant outreach component that used to go out there and was always out there and then, you would see the patients or the consumers coming in to receive their services at the clinic.

- And it stopped. One of the triggers perhaps may have been and we have a film called Forgotten in Paradise which provides, that was done by Cane Bay Films which provides a very extensive historical account of mental healthcare in the territories. But a real pivotal moment was when the, Reagan, under the Reagan Administration, a block grant that used to be a few millions plummeted so that the funding source came to around maybe 300,000.

- Wow.

- So, the effect of that was immediate.

- Of course.

- It was immediate. So, our advisory council said, "Look, we need to do something about this because people are not getting the treatment, the support, the services that it, that they need."

- Right.

- And it's having, wreaking havoc on individuals who are suffering from mental illness and not getting the medication and the talk therapy and whatever other kinds of support services. So, what can we do about it?

- Yeah, and I recall that one of the external things that happened, too, was when the psychiatric unit at the hospital was closed down because it needed repairs and they needed folks to work with it, work within the unit itself, so that one type of service to the consumers was taken away from them as well.

- Absolutely. And again, where do you go with, when you're in a, in acute crisis and in need of care. So it was a, it was a disaster all the way around. What had happened was in 2003, our office Disability Rights Center brought a lawsuit alleging that there was a violation of what's referred to in our legal parlance as the Olmstead Decision in which the court in essence just some, you know, then summary said that, you know, the persons with disabilities should be in, as close to a community-based setting as possible. There needs to be efforts to not relegate, stigmatize, institutionalize persons with disabilities and so, that was the basis of our lawsuit and that was brought in 2003. The case was settled in 2009, a consent decree was entered by the district court of the Virgin Islands, and part of that decree required the creation of a commission that would focus on mental health issues here in the territory and it consisted of, I believe about seven members, representation from human services, both hospitals, Department of Health, Department of Mental Health, and representatives from the plaintiff class. And by that, I mean, persons with psychiatric disabilities were at the table as well to direct where we need to go as a community. Should it be something that's done by, you contract with a private entity, what role does the government have, and frankly, what role does the citizen, the person who is affected by the care.

- Right.

- Right? Kind of like the Affordable Care Act piece.

- Right. Patient center.

- The patient, all right. The patient also has a voice. And so, it took from 2009 to this year for the consent decree commission to complete its task and it's done. They prepared a strategic plan, a proposal for delivering health care services, mental health care services over a period of five years. It involved lots of meetings, committees, sub-committees, experts, input from psychologists, psychiatrists, family members. A consultant was hired and this consultant prepared and delivered to the consent decree committee this plan. US Virgin Islands five-year mental health strategic plan for 2014 to 2019. We're a little late in having this plan implemented but it by no means suggests that we not pursue what needs to be done. So at the present time, the consent decree commission has now folded, they've done their work. Now, it's a matter of delivering, formally delivering this plan to a mental health policy entity. We're gonna take a few moments to allow for some commercials.

- Hey, welcome back. Thank you everybody for joining us again. I'm Iris and I'm here with Amelia and Amelia just gave us an overview of the taskforce that was put in place as a result of the consumers complaining to her agency that, you know, there was a desperate need for services out in the community and what I wanted to talk to Amelia about was, you know, when we talk about mental health, we talk about consumers, the thinking is, well, adults. But there are children that are always part of a mental health system. Amelia, can you talk a little bit about that?

- There certainly are children who are also impacted. I mean, one of the things that I don't think we realize is how significant mental illness, mental healthcare is, not only here in the territory but nationwide. My information is that about 26% of people in the United States will have a diagnosable mental health

disorder in their lifetime. That's huge. And that could be something as recognizable as depression, dementia, Alzheimer's, autism would fall under the mental health, you know, diagnosable disorder, you know, rubric so to speak or, you know, aspect. Children, absolutely, and there are entities that are providing services for young people in the territory, Virgin Islands Behavioral Services being one of them. One of the things that has come up in our discussions with the hospital because I'm, you know, we mention that the psychiatric unit is no longer functioning. One of the things that, is my understanding that the hospital will be planning for is a separate, small but separate unit for children and adolescents. That has not existed. And it is certainly required that in the event we do or when we have a facility for adults, which hopefully is soon, that there'd be a separate unit, a separate wing for children and adolescents. It's a challenge, particularly when you're dealing with somebody who is not at the age of majority to, you know, represent that individual but, yeah, children cannot be and should not be ignored in that regard.

- And it is a challenge because I recall as a special teacher, I dealt with autism, I dealt with emotional disabilities, and the approach had to be so totally different for any set of disability that that child had because what worked for autism would not work for a child with emotional disability. So, you know, it, it's a very individualized plan that has to be done and even for the adults. I mean, I have never worked with adult mental health consumers but I'm almost, I know they have group meetings and community organizations approach, you know, to these, to the, to the consumers. But it's so, to me, it's so specific, so individualized.

- Yeah, and the brain is just so complex.

- Yeah.

- And there will be, I think, and other opportunities I'm certain and we can focus on, bringing on individuals who, are in the trenches so to speak, who can speak to this directly in a forthright manner because one of the issues, of course, that we still have to deal with regrettably here is the whole issue of mental health stigma.

- Yes.

- And an individual, like, self-identifying and saying "Yes, I am person with a psychiatric disability, but that doesn't lessen me as a human being."

- Uh-hmm.

- And so one of the, I find most incredible with clients and individuals that we work with is just how honest and forthright and how strong that cause is. And I don't think that this is an organization or, I know that our organization is not gonna let up in this regard. And I think the fact that we are working together, we've made an awful lot of progress in developing a plan. So, I am not going to let anyone feel that because we have a plan, the work is over. It is not. It is just beginning.

- Right.

- So we have this plan and it's just a matter of implementing it. Let's talk a little bit about this strategic plan.

- Okay. Okay.

- All right. What it consists of, and this is, again, after many, many years and months and weeks of negotiating discussion is, this is a plan that's supposed to, essentially it's a case management system. Okay. All forms of care within the mental health service system is gonna be led by a primary care group. Intervene early. Don't wait until an individual is in acute care crisis, okay, to render services. The whole scope or purpose of this plan is to get in early while the person, you know, may not need the help or, you know, the, at the early stages.

- Like prevention.
- Like prevention.
- Like prevention.
- Like don't present yourself at the emergency department when you could have been here a lot sooner.
- Exactly.
- Okay. So that's the goal. The whole goal is to keep you out of the hospital.
- Right.
- Okay? So, and this was done. There were teams that went into the community and met Mr. So-and-so, and gave Mr. So-and-so or Ms. So-and-so their talk therapy, their medication, and everything was, you know, more manageable.
- More manageable.
- A lot more manageable. So that's the goal, to have a case management system. And by a case management system, I mean that there's no door that prevents you from getting access to a services. Wherever you come in, whether it's from the emergency room or from the community or from the prison, there is no wrong door.
- That's right.
- And that's one of the other important features about this strategic plan. Now, I mention teams and by that we mean a team of workers, nurses, family practitioners, case managers. We know we're very limited with the amount of psychiatrists that we have here in the territory. But those few that we have, we wanna be able to make sure that we utilize their expertise efficiently.
- Correct.
- Psychologist and recovery coaches. I mean, quite a few of the workers that had provide a services in the division of mental health over the years were case workers.
- Uh-hmm. Uh-hmm.
- So, you know, back to the teams, that's what we're trying to mobilize and in fact, there is a provision of the code that recognizes the existence of a team.
- Uh-hmm.
- Which is incredible to me. I mean, it's there [laughs].
- Right. And I think when the Medicare parlance that the individual, the consumer is the most important part of that team because that person is the one who's going to receive the services that the team is going to be providing to him. And it's essential that even if he can't, perhaps the caregiver can make sure that they understand what's happening, what's going to be done for that particular individual.
- Right. That's right. So, you know, again the plan, there was a lot of back-and-forth, again, negotiation, that's the nature of any kind of litigation. And so, what the court, you know, required this consent decree commission to do is, "Okay. Come up with a plan." So, the consent decree commission did, and what came out of this plan was the creation of a mental health policy entity. It's referred to now as a Mental Health Policy Taskforce.

- Okay.

- And who is on this Mental Health Policy Taskforce is, or I should say are three co-chairs. One is the Commissioner of Health, the Commissioner of Human Services, and a representative from the plaintiff class. And by that we mean an individual who has a mental illness and a leader who takes an interest in how this Mental Health Policy Taskforce, you know, conducts its business.

- Okay.

- Now, what do we mean by policy? By policy we mean, "Okay. Let's determine what we're going to do and set a course of action."

- Okay.

- You know, because we used that word a lot, policy, policy, policy. What does that mean?

- Yeah.

- It means what we're gonna do.

- [laughter]

- Okay. What are we going to do?

- And how are we gonna do it?

- Exactly. Exactly. So, this policy group, what are they going to do? They're going to regulate mental health services. They're going to, as again, this is all in writing, they're going to assure quality of care. They're gonna oversee this case management thing we've been talking about where there's no wrong door to get in.

- Uh-hmm.

- They're going to ensure that contracts are in place. They might say, "Okay. This entity, they do a good job. Let's contract with them to do the work."

- Okay.

- And we'll, you know, we'll oversee and make sure that the contracts are in place and that the, they're providing appropriate services and whatnot.

- Uh-hmm.

- They're also going to assure this policy group that acute care services are available. Okay?

- Okay.

- And namely that means the hospital, or maybe some other entities, it could be.

- And some other entity, correct.

- This policy group will also purchase the service. It means they will buy. They will buy the service if, you know, if they say, "Okay."

- Contract?

- "Well," yeah, "We will contract with it, you know, with whatever entity can provide."
- That service.
- That's right. That's right. Now, this policy group will also be responsible for appointing an independent body to perform audits of the mental health system.
- So, it's separate from the government?
- Correct.
- All right.
- It's an independent body to perform audits because regrettably that has been an issue where, especially if you are a recipient of any kind of funding from any source, you have to account for how you spend the money.
- Exactly.
- And that is a feature that's contained in the strategic plan which, again, the co-chairs will have oversight over.
- Can we go back a minute, Amelia, to quality care, because I'm always fascinated by when entities say what will gonna do quality care and what exactly does that mean. I know that in Medicare, it means that you're receiving the services you're supposed to be receiving appropriately and efficiently. And by the provider of that service, is this the same definition for this quality of care for the taskforce is looking into and that there will be establishing policies within. Do you have any idea now at this point of who might be providing that type of service, is it gonna be a local, is it gonna be an independent. We don't know yet, right?
- We really don't know, I mean, but I think your definition or your understanding of quality of care would apply in this as well. It's my understanding actually that the Center for Medicaid, Medicare services had is familiar with this plan.
- Yes.
- And has indicated that they are willing and able to provide technical assistance to this policy entity.
- Good.
- Okay. To, you know, support this quality of care piece that you're referring to.
- Yeah, because I've had experienced.
- Yeah. Absolutely.
- A long time when I took this.
- Absolutely. And this group, this Mental Health Policy Taskforce, they must establish policies and procedures.
- Right.
- That covers those service offered by the Mental Health Service Providers. You know, we're not fooling ourselves. This is gonna be a big job.

- It is. It is.

- But it's here in writing, there are entities that can assist and making sure that it's successful. We've all had a hand in creating this and we want this process to succeed.

- Right.

- And the only way in which we can really make headway with this is to outreach, inform the community, present this to, formally present this and that's where we are right now. We, we'll formally present this, the Disability Rights Center and the VI Department of Justice will formally present this to representatives in our legislature, and the federal and local courts.

- Okay.

- And media. I mean, that's what the consent decree required us.

- Uh-hmm.

- And we intent to follow it through.

- Well, and that's good because in the consumers or their caregivers or their representatives will know exactly what to expect from this, the services that are gonna be provided by the, by the policy the full taskforce subside.

- That's correct. That's correct. So, you know, it's a case management system that's what we're trying to promote, or educate the community about. There had been and I'm not sure what the status of it now, of it is now. An electronic media database was, at least I was, we were told was being created within the Department of Health, so that it's easier to track individuals, again, so that it would support the notion that there's no wrong door.

- Right. And that you have numbers, that you have numbers of consumers receiving the service because at this point, I mean, I'm not sure what's going on now with respect to the documentation of cases or, but you do need numbers, you know, especially when having come, coming from a federal perspective in order for the federal agencies to dispense grants, they need to know how many people are you talking about, how many consumers, what is your potential in reaching out to all these folks. And if you don't have those statistics, then you're gonna have a hard time to try to justify, you know, your need for ongoing services or ongoing grants or, and, you know. And so, numbers are important. They're very important.

- Right. And as you know, Iris, the feds are very interested in outcomes.

- Yes.

- Measurable outcomes. That's the, that's the language now that, you know, we wanna have results.

- Yeah. Yeah.

- You don't give money just to give it.

- Yeah. And I remember that that, too, was happening before. You know, we were able to do that at one time until like you said, Amelia, at the beginning of the broadcast that, you know, funding dwindled and it's very hard, you know, when you have to parcel out whatever little funding you have to do all these things that are required, so I can also understand the frustrations, you know, that was being experienced. But now that we're on this track that hopefully, you know, this will continue and, in order to provide that service that the community needs because we see them all the time.

- Right.

- They're out there in the street walking around and it's really sad. It's really sad. But hopefully, you know, that this will help bring them back to the services that they need.

- Well, there's one of the things that was mentioned in this film, *Forgotten in Paradise*, and if those of you who are listening have not an opportunity to see it, please give our office a call at 772-1200 or in St. Thomas, 776-4303. Dr. Rita Dudley Grant said in the film that a barrier to care is requiring an individual to go to a hospital. It's a barrier if you live, say, in a town and you're not immediately close to a hospital.

- Right.

- Again, it was community outreach workers who went in the communities to provide the services.

- Uh-hmm.

- Frequently, we are told that, you know, and this is not a surprise.

- Uh-hmm.

- People don't have the resources to get to a hospital. Transportation is not, you know, free.

- Yeah.

- There's a cost involved.

- Yeah.

- So, when, you know, if you're in a situation where you need help and you can't get to the help, that's a barrier.

- That's a barrier, that's a barrier. And talking about community teams and community services, has there been any thought to like for example we know that the hospital in St. Croix is in the middle of the island. We do know that there is a health care clinic in Frederiksted but is it operational 24/7? I mean, what, if a person has a crisis in the middle of the night. Okay, you pick up the phone, call 911, the ambulance comes and picks them up from I think the center of the island and goes out to let's say Frederiksted. I mean, what kind of community-based organizations are being considered if any to provide these services.

- Wow. It depends again on resources. I mean, there is still an existence I believe 10,000 helpers of St. Croix.

- Okay.

- That has been doing a phenomenal community-based work. The Frederiksted Health Center is also an entity that has been providing phenomenal work and support. But, you know, it's, their hands are tied in a, in a number of ways because of again limited resources and mental health needs to be taken more seriously.

- Uh-hmm.

- It is not regrettably a priority and, you know, what is it gonna take for us as a community to recognize that and to start, you know, putting the resources into a critically important area. I mean, again one of the things that this strategic plan points out is that all agencies must work together in this process.

- Uh-hmm.

- All right. Hospital staff must be prepared to work with the community. Again, in this, our film *Forgotten Paradise*. One of the mental health case worker said he used to go to the hospital psychiatric unit to check on his clients and that's not happening.
- We don't, probably, he probably doesn't even know where they're at now.
- Yeah. I mean, well one he's retired.
- [inaudible]
- But I mean, it suggested that there was this give and take.
- Uh-hmm. Uh-hmm.
- You know, the mental health worker would go to the hospital work on a plan for when the person is out, a discharge plan.
- Discharge plan.
- There would be a plan in place for that patient and his or her family to, you know, "Okay. I'm out of the hospital now. The critical acute care is no longer needed. I will now go to the, this place or get support once a week or whatever."
- Uh-hmm. Uh-hmm.
- My understanding is that's not in place. So, one of, one of the reasons why again, this lawsuit was brought to the floor is because you had one entity doing one thing, another entity doing something else. There was no coordination.
- Uh-hmm.
- And that is still the case. There is no coordination. So, that's what brings us to where we are now. You know, you, when it comes to even admission to the hospital, one hospital does things one way, the other hospital does things another way. There is no consistency, no coordination, something as simple as that needs to be clarified and done and accomplished.
- And this is what will do that.
- Right, exactly.
- This whole place management thing.
- Exactly.
- One of the things I was thinking about that I remember, and this is in the film that you just, you keep mentioning and, you know, folks out there, you need to really see this, it'll really touch you, and it'll give you a really good idea of where the mental health system is at this point. But I recall that in the film, they talked about the patients that came back from St. Elizabeths and how, there was no real system setup to really provide that ongoing services because even though you're a patient or receive the consumer services that you should be receiving, sometimes you have crisis's so what happens to those that they're doing very well for a long time and, "Okay. Well, he's doing fine. Let me go work with John Doe down the, you know." And then the one you were working with who was maintained over for some time now has a crisis. You let go of John Doe and then come back to this one because like you said there's no real continuity.
- Right.

- Of care. There's no consistency in the care. So, just like you're back to square one with respect to the services that are being offered now in the community and that's hopefully what this, the task force will accomplish. The strategy for help put in place. All these little areas where you think that, okay, you're meeting your legal human and civil rights of the patients and consumers because that's what it boils down to.

- Right, right.

- Are we really, you know, and, are we going towards that?

- You know, and you mentioned St. Elizabeths, so I don't know if how many of you who are listening realized that for number of years, if a person with a mental illness needed care, they were shipped off island. Shipped away from their home, their family, their culture to a psychiatric institution in Washington, D.C. called St. Elizabeths. To my understanding at the present time, there were several Virgin Islanders placed there, lived there for years, died and were buried there, had all kinds of probably horrific psychiatric experiments performed on them. It's my understanding now that there may be just one person, at least that's what the film said. We have one Virgin Islander who's now been there for, oh, over 30 some odd years. One person referred to a relative who was placed in St. Elizabeths many, many years ago and he was returned home in an urn, that's how long. So, the point of the lawsuit, the point of the case of Holmstedt that the Supreme Court said is, "Take care of your family home. Provide services here in the community at home." And our whole point is it is doable, I mean, that's why we are struggling to make sure that we can do these kinds of things. We, you know, we don't have a huge population.

- Yeah.

- It's doable, and it, you can train non-MDs to provide therapeutic services.

- Uh-hmm.

- You know, sometimes all it requires is to talk, talk therapy even. So, I mean, that's what's keeping the whole movement for Civil Rights quite frankly going because you can have an individual who is really just ill but has a lot to offer.

- Right, right.

- Uh-hmm.

- And that's why the Affordable Care Act, one of the protections and rights was the implementation of patient-centered care because even though some of them may not be able to do that but others can, like you just said. You know, the patient is a part of that whole treatment center, service. They're the ones that are being impacted by the services being provided and one of the things that I think before the show started, Amelia, we were talking about, I asked you if there's any part of the strategy that needs to be legislated and where are we with that and is there anything that can be done to maybe help further that along if necessary.

- Well, certainly, there was an Act, an Act 7, oh gosh, let me get my glasses on. 7697 Funding 4 Phase 1 of this strategic plan. So, certainly, you know, people say well this sounds great, you know, it's gonna require some money. Absolutely. We're not, we're not fooling ourselves. Yes, it's Act number 7697, it was an Act designed for funding phase 1 of this five year strategic plan.

- Right.

- It was approved in October of 2014 and it outlines various ways in which to spend \$19 million plus the center for Medicare Medicaid, Medicaid reimbursement to the government of the Virgin Islands.

- Uh-hmm.

- So it outlines awards and how it should be doled out, initially there was money set aside of 1.5 million to Department of Health. One million to the Juan Francisco Luis Hospital and four hundred thousand to the Schneider Medical Center. Where that money is, we don't know. We do know that Juan Francisco Luis Hospital did receive I believe that one million for the purpose, my understanding is that a portion of that, if not all of it was good, was to be used for the rehabilitation of the psychiatric units, right. So, that is still pending. So, we're hoping that we can get some clear answers on that and I'm hoping we can invite someone from the hospital soon.

- Yes.

- So, that's a plan.

- Yes. We're looking forward to doing that too. Yes. And now, we're going to cut for a sponsor. Well, welcome back everybody. Amelia, you have provided so much information with respect to what's being done now for mental health consumers in the Virgin Islands which includes partnerships with Department of Health and Human Services in hospitals. So, where do we go from here and what needs to be done still and just, let's give the listening audience a recap of what you shared so far so they can get a really good understanding of this. And you know, try to think of how they from some perspective, can get involved in this, in the, in improving mental health services for our consumers in the Virgin Islands.

- Probably the first thing would be to have a better understanding of mental health.

- Yes.

- What it is and what it isn't.

- Uh-hmm.

- There is so much work that needs to be done and what our task will be for the immediate future is to inform the community about the existence of a mental health policy group that really has now the power to get started. They have a script.

- Right.

- And what's wonderful about it is that you're not starting from scratch, you have input from a variety of people who have been in the trenches for so many years telling you this is the way. This is what we can do to make our community a stronger one. One in which people here at home can take care of its own.

- That's right.

- I'm still chilled when I hear of a family member who has been institutionalized. Not being able to see their love ones for decades and come back home dead. What kind of a life is that? So, we owe it to our families, our friends, to build a community of support because we're all impacted. I don't think anyone can say, "I do not know." or have knowledge of an individual who's had a psychiatric issue.

- Right.

- You know, if not that, it's just not, the statistics don't bare it out.

- Okay.

- So, we have a system in place, it's just a matter now of get, garnering, you know, providing the information, get, garnering the political will, and consistency and being persistent to get this plan implemented.

- And you're right, Amelia, because you never know when that knock can come on your door, you know, I need services, what do I do? Because it will impact us, it will, it will happen, nobody's immune.

- That's right.

- Nobody's immune. Just like nobody's immune from developing cancer, or diabetes, or whatever unless you'd really take care of yourself, but it happens.

- And you know, Iris, you mentioned before the Affordable Care Act, one of the features if I'm not mistaken, is there's now a recognition that persons with mental illness, their illnesses are now being viewed on par with cancer or diabetes. You know, in the past insurance companies, you still limit or cap how much an individual could get coverage for if it was a mental health issue. That is no longer the case because that in up itself was viewed as discriminatory. So, you know, my whole point is, is mental illness is an illness like diabetes, like cancer, and so, we have a plan in place Virgin Islands, let's get it on, so to speak, okay? So with respect to this plan there is no wrong door. You can come in for services, this is a case management system which requires agencies working together, having an electronic data system so that if Mr. so and so comes in at, you know, this clinic on the west, clinic east knows, "Okay. Mr. so and so is over here. This is what's being done. Okay." So if Mr., don't have a situation with Mr. so and so comes, presents himself east and the east clinic, says, "Oh, no. Mr. so and so you're west." No. The whole point, right, go ahead.

- Or Mr. so and so goes to east, gets medications, and then goes down to west, and gets more medication, because there's no system.

- Right. Right. Well, you know, first of all, you're, Mr. so and so could get the medication, that's another story, that's another show in it up itself. But having a system so that we know what's going on, who needs care, why we haven't heard from Mr. so and so, what's going on, why, you know, what, what's happening? So there's no wrong door, that's the beauty of this case management system. The whole point is to improve what we have now, and my goodness, it can only get better, it can't get any worse. So, the whole point of this strategic plan is to develop and adopt universal procedures for giving care. Okay? We don't have universal process when it comes to even an admission to the hospital. One hospital does things one way, the other hospital does things another way. We need to develop a system that's consistent. We need to increase access to services. There are many doors open to give support and it's not just a one-way ticket to this entity, and if you don't go that way you're, you know, you're in trouble. The other issue is developing a workforce of primary care workers. We had it in the late '70s, mid '70s, and then, you know, early '80s and then it took a precipitous drop. And again, and this is where I think members in the community would be extremely helpful is to fight, combat stigma. People are still ashamed of acknowledging that, you know, mental illness is just like any other illness.

- Right.

- And, you know, I've seen this, present itself even at a university level. You know, if an individual wants to say, "This is who I am." and, you know, you'll have individual who'll say, "Oh, no, no, no, no, no. Let's take that out of your bio." You know, that's where we need to be more strong and upfront about who we are. "This is, this is, this is my issue and this is a part of me, it doesn't define me, but this is part of my struggle." Recognize it and respect it.

- Well, Amelia, like I said you've provided a wealth of information today. I think that we're going to your suggestion that we bring in health providers from the Mental Health System to talk to us about, you know, in-depth about mental health and how they're dealing with it, and how we can help get rid of some of the stigma that's in the community I recall as a, as a child hearing my mother talk about one of her sisters who lived, when they lived in Frederiksted she would get an episode and be running down the road, and they were calling her all kinds of crazies and that you, somebody did something to her, they got her, this crazy thingy, but now we've come further than that. Well, and hopefully with this plan, with this strategy, the mental health strategy will help, really help provide the services that are needed, the information that

is needed in the communities to help decrease stigma that is so prevalent. I remember being at a meeting in one of my occasions and one of the representatives from the federal government was at the meeting, and he asked, "What is the most present problem that you feel, you know, that you're facing here?" And most of the community-based providers said stigma. We're still, we still have to deal with the stigma that a form of mental health, and it's hard to kind of get rid of this because people aren't buying into it, people aren't educating themselves like you said. And there is a need for folks to educate themselves like you said, you know, I mean, we've been saying this all morning, it could happen to anybody.

- Absolutely.

- You know, and nobody's immune from this. If one simple life event can turn you into a very depressed person needing services or...

- Hurricanes.

- ...hurricanes, hey.

-- Divorce.

- Death.

- Loss of job.

- Yes. You know, so all of these are issues that we have to realize are real, and that it could, you know, depending on your constitution, and, you know, your personality, you know, it might go from one into the other, and we don't, we wanna make sure that the services are there to help people. And I think this is something that, like you said, and you said it repeatedly, we've been dealing with ever since the services took a dive back in the '80s. So let's all in the community work with this, talk about this, be more upfront about this, and there's no reason to hide or there's no reason to say "Well, I don't know." Yeah, let's get informed. You know, one of the things I said at the beginning of the show was that even though we retire we don't retire from reading and find...

- Or from life.

- ...oh, for life and finding out what's going on and see how we can help, you know, help improve services.

- You know, and, always people would say, "Well, it's gonna be expensive. We can't do it." Well, there are ways in which it can be done in a very efficient cost-effective manner. One discussion that I've learned about since this litigation began was something called partial hospital programs where you don't have to be in-patient 24/7. You can go in, have your treatment therapy, have your medications dispensed with and leave. And they call that a partial hospital, you know, yeah.

- Yeah, and I met somebody that was in one, and she loved it. She was, she's schizophrenic and it helped her so much that as a matter of fact she was removed from the partial hospitalization program when they saw that she continued to improve, she was adjusted to her medications, she knew who to call, she knew when to call which was, and of course she did need support, and I was really pleased that I was able to provide some support to her while I was in the community where she lived. But partial hospitalization is, does work.

- It's cost effective because you don't keep the person in for, you know, for the whole time.

- That's right. That's right.

- And so that's been an issue that has been included in the plan and that was part of the whole, you know, discussion of this Consent Decree Commission. Wellness centers, that's another cost-effective way of,

you know, providing a venue for persons who need support whether it's some things that we can do to just keep you balanced, less stressed, and give you a meaningful outlet, I mean, some jurisdictions have, like, little meeting spaces where people get together and talk. Coffee klatches, whatever you wanna call it, you know, I know that for example, for, I'm not sure if this is something that 10,000 helpers are still doing, but there had been a person who administered acupuncture...

- Acupuncture.

- ...to the residents of, you know, of the 10,000 helpers. You know, it's a way of, you know, promoting wellness.

- Right. Right.

- Drop-in centers, similar kind of things, clubhouses, oh my goodness, we used to have clubhouses, we don't have them anymore. But again, it was a vehicle for persons to, you know, feel productive, have something to do, be engaged, and these are things that can be done that are not costly.

- Well, I'll tell you, Amelia [inaudible] like again, we, we're going to invite mental health service providers to come to the radio and provide information to our listening audience. This is a very, very important topic to talk about and hear from them from their perspective, what they're doing to help improve the Mental Health System. And I think...

- Yeah, well, I would be remiss if I did not recognize Liston Davis who was the Chairman of the Consent Decree Commission. This is an individual who has volunteered from 2009 to 2015 and oversee the progress of this commission. I would be remiss if I did not recognize and commend his yeoman's effort in pulling this plan together, and so I am hopeful that he too will also be able to join us in a, in a conversation in this regard.

- Well, Mr. Davis, if you're out there listening. We're going to call you and, so that you can be at our show Saturday morning, bright and early, so you can give your perspective and we thank you again for the work that's been done. And not just by Mr. Davis but all the members of the taskforce in putting this whole plan together. After reviewing it my head was popping, I'm saying, "Oh my goodness..."

- It's a lot.

- ...this is hard." I mean this is, this is a lot, but it'll work because you're gonna have a program, you're gonna have a coordinated, like, Amelia mentioned, case management system, so that hopefully nobody's going to fall through the cracks. And hopefully, that person won't be trying to get into your house because you're trying to feed themselves, or get something, you know, whatever it is. So yeah we all need to be a part of this, we should be a part of this, and protect not just ourselves but protect them too because they have a right to be protected.

- Absolutely. And let me also say this, I'm excited first of all that we're able to do these series of health programs. If there's something that you've missed today that, you know, you wanna hear again, we will post this program on our podcast, it's on our website drcvi.org. And so, Iris, it's always a pleasure.

- It's always a pleasure, Amelia. Thank you so much.

- And thank you, Denise.

- And this is from VI Lottery, Making A Difference. Good day everyone.