

- This is Archie Jennings along with the multitalented, Iris Bermudez.

- Good morning, Virgin Islands.

- This is the Ability Radio Show sponsored by VI Lottery, Making a Difference Program. We are going to talk about health issues and issues related to the community over the next year, basically, Iris.

- Basically, yes.

- What's our schedule here?

- Our schedule is almost full. We'll be talking about different topics related to health from community-based organizations, from providers. It's just we want to make sure that the community understands and knows more about what services are available and what are their rights and protections under these services as well.

- Great. Great. This is a call-in show as well. You have call-in numbers at 779-1079 and 713-1079. And as a caller, we request that no use of names, no personal attacks, no unfounded allegations, product pitches, no profanity, and we don't give medical advice because we're a legal advocacy organization. So, I don't know anything about medicine.

- [laugh]

- Our topic today is gonna be about mental health and it's a continuation from last week.

- From last week and the week before wherein we talked about the mental health, five-year strategic plan. I think it's always good to go back and talk to the listening audience about that information because it's kind of difficult to understand at first. And the more they hear it, the more they become familiar with it. And last week, we had a phenomenal psychologist on the radio show talking about mental health illnesses, stigma attached to mental health, and other issues surrounding that whole mental health issue. And since you're the expert on mental health and that strategic plan, I'm gonna turn it over to you now.

- Well, I wouldn't say I'm the expert. I would say working with Disability Rights Center, we facilitated addressing the problem that had a, partly, a legal solution, but mainly a community resolution. The Disability Rights Center Executive Director, Amelia Headley LaMont, had, at one point, contacted me when I was in private practice. I practiced here in the Virgin Islands through legal services and private practice for a number of years, and brought to the attention that there were a lot of complaints with regard to, not only homeless people, but the lack of mental health services.

- Uh-hmm.

- And we had the opportunity because of a call from what was the director at that time, a Michelle Motel, and a Dr. Ortiz was the director, I think it was. And basically, through our walkthrough of the facility and starting with some discussions, we were led to what's called the intact report that was issued through, what's the services called, SAMHSA?

- Yes.

- That's what I thought. That's the Substance Abuse and Mental Health Services Administration.

- Yes, those are the federal, the federales who fund mental health services in the Virgin Islands.

- And they had sent down a team or gathered a team from the National Technical Assistance Center for State Mental Health Planning who, along with members who were physicians, psychologists, and mental health workers, including some from the Virgin Islands who made a report in the year 2000 and turned it

over to the government of the Virgin Islands for recommendations for improvement of the services, at that time, the report sat there [laughs].

- Right.

- They didn't go anywhere and that's when essentially the agency had taken on its task of basically making it transparent, informing the public, "Hey, there's this report out here. Issues were coming up, not only before the legislature at the time. Representative Donna Christensen had brought down a team. They had a summit. I think that was year 2002 or somewhere around there, where, again, all the players in the field, not only here in the Virgin Islands but also in Washington DC met to say, "Okay, how can we address this problem?" People, the director from SAMHSA came down and offered technical assistance and program grants to upgrade the system. And the Virgin Islands technically was not in any different position than most states where there was a rise, at one time, in focus on mental health services in the '60s, and mainly in the '70s where congress threw a lot of money at the development of community mental health centers. And unfortunately, we had a turn of events around the 1980s with the Ronald Reagan coming into the office where they just basically cut back the amount of Federal Dollar to zero practically.

- Right. Right.

- And my understanding through our research, at one time, they had teams that were available to go out in the community. We had, during the course of the lawsuit that was started in 2003, had interviewed all the psychiatrists and many psychologists who described a system which was working.

- Right.

- It was a functional mental health services system. Unfortunately, too, Mother Nature took its toll on the Virgin Islands because of the back to back hurricanes, Hugo and Marilyn. The focus on mental health services became very, very weak.

- Right.

- And not only that, there was not replacement of personnel, people who were here and had some of the skills really took other jobs, like, I had talked to a couple people who worked in the mental health system and they said, "Oh, I remember the days when we could do X, Y, and Z and that was just, and those are dollars and the services were no longer there."

- Right, and that was the issue as pointed out by Amelia, our other co-host a couple of weeks ago that the breakdown of that whole, the decrease of the whole financial situation created serious problems with respect to the mental health services to the point that it was hard to hire, the salaries were low, and there was a lot of issues surrounding trying to bring back what was before. So, you know, what you're saying is so, so accurate because that's why we had so many, or right now, there are, you know, I mean, hopefully, we're gonna get back some funding or increase funding, but it's taking a while for that to happen.

- So essentially, the lawsuit was filed in order to spur on the effort to bring back and reestablish a functioning mental health services system and it took a, it took the community that was filed as what it's called a class action on behalf of all those persons who were not receiving mental health services but were entitled to mental health services within the community. So, with the filing of the lawsuit came various community groups, non-profit organizations coming together including 10,000 helpers in St. Croix, National Alliance of the Mentally Ill chapter in Saint Thomas. Various individuals who stepped up to the plate to lend a helping hand and addressing the much-needed mental health services, which, not only covers those who you may see wandering the streets, but other persons who need those services available because crisis can come at any time within one's life.

- Exactly.

- And as result of the lawsuit, which was initiated in 2003, 2009, it was a consent decree that was established. And the result of the consent decree, what was put in place, was called then a VI Alliance, which was the name of the lawsuit, Consent Decree Commission, and jointly, we were lucky enough to select Chairman Liston Davis who was a very good, very good taskmaster to help keep us on focus and on point, and essentially through two administrations, it wasn't just one administration, through two administrations, being the Turnbull and the Young administration, we were able to craft a five-year strategic plan for the restoration of the mental health services here in the Virgin Islands. There are a number of other players, including the legal counsels from the government of Virgin Islands. One of the prime ones that I'd like to mention, who passed away during this time, was Mr. Rooney "Bucky" Rhymer, who landed, who kept us on task as well and kept reminding us of moving forward on the lawsuit. Members of the, what's called the Protection and Advocacy Mental Counsel members connected with the Disability Rights Center. A major prime mover of the lawsuit to completion was a Dr. Horacio A. Millen, who had returned to the Virgin Islands and basically, as a territorial psychiatrist, had made an assessment in the year 2007 and turned in a report that essentially stated that the status of the system was stagnated and they, and needed assistance from, more support from the federal side, as well as critical restructuring of the services, and including having systems in place on a territory-wide basis. Essentially, what he was saying, that there was one side of the island may not know or could not really track when a mental health patient was seen in a clinic or not seen in a clinic. So, there were no island-wide or territory-wide systems in place. And also, with the government, there was the hiring on a contract basis of a Professor Christopher Higginbottom, we had a David Pendergast, Ph.D. as our expert witness, and it was led by, at that time, the director of mental health services within the government, Doris Farrington Hepburn. All these people and all the groups and, put this piece together, this strategic plan, and, because all were working together.

- Right. And it's very comprehensive, very process-oriented, and it, and it really list all the components that need to be put in place in order for the system to work. And honestly, to get a, get, one of the things that I, from a federal perspective, since I work with the federal government before, was funding is also based on numbers. They want numbers. They wanna see how many people are being serviced, how many people are part of the system, and if you don't have numbers, it's difficult for the feds to say, "Well, this is what you need," even though it's based on formulas. But I think that this five-year strategic plan meets all the criteria that is needed to, not just improve the system, but to, hopefully, you know, be used to bring down even more funding. One of the, one of the points that Amelia had touched on was community teams, and that's a very important concept, especially when you're talking about integrating of services.

- Correct.

- You can act to that.

- Yes. And, say, in a community team, one of the plan calls for a case management system, because what was discovered is that we have people receiving services or, say, a mother calls in and is saying that her daughter's in crisis, instead of trying for the mother to take that child or that adolescent or their young adult to the emergency room, a team could go out there and try to deescalate, and rather than just the police, have that person receive some services at the home site and then move them to a hospital location, if needed. And through the case management system, once they're in the system, then they're tracked.

- Uh-hmm.

- What I found out, and what we find out through the lawsuit, is essentially a one person may be admitted to the hospital on a repeated basis and, but who they see at the hospital and the emergency room may be various different people at various different times. So, there's no continuity of their medical treatment or their medical services and they get repeat, sometimes they may be even given the wrong medication, which gives contraindication for their, what they really should be in the hospital for.

- And there was no follow-up care. I recall a situation of a relative of a friend of mine's whose sister required, well, she would have breakdowns, psychotic breakdowns, and every time they took her to the emergency room, she was, like you just said, provided medication, calmed down, but then it was like a revolving door, you know. She would go out in the community, there were no follow-up, there was no follow-up, and she'd have another crises and she'd end up court-ordered.

- Correct.

- You know, inpatient services, but yet, like you said, there was no integration of services and that recreated that revolving doors situation.

- And without the tracking or like a case management system, no one really, the, each time they're seen, there's a new doctor making a new diagnosis.

- Diagnosis.

- And therefore, that person may not really, they get stagnated, they get stuck, you know, like we were saying, the revolving door situation. And how prevalent is this in the Virgin Islands? Well, from a NAMI report, it, they say African-Americans are 20% more likely to experience serious mental health problems than the general population. So, if you take that amount, 20% with, as a hundred thousand person population, we have a substantial number of people who may or may not be at various degrees of need for services, not, maybe not serious, it may be minor depression, but some of the issues relate to major depression, attention deficit, hyperactivity disorders, suicide ideation, and posttraumatic stress order, disorders are some of the more prevalent mental health issues in the African-American community, as well as here. Post, and people always think of posttraumatic stress connected with just the military service because that's where you hear it.

- Right.

- But unfortunately, posttraumatic stress could come from loss of a job.

- Disasters, a hurricane.

- Yeah, disasters in hurricane, a mortgage foreclosure, those items that we don't really think of on a regular basis that a citizen may meet were as more stressful than your everyday life can lead to post, stress, stress disorder. I'm tongue-tied this morning. And also, what we don't think about and always, I'm always a little bit upset about it, become, traumatic brain injury. I think, I just saw this movie, Concussion, and we only think of concussions coming from, like, a very hard hit in the head, falling down, people fall down, from this community, many people might remember Mark Marin, who is the headmaster of Antilles School. He basically had a fall at home but he didn't go to the hospital. He laid down, and because of a traumatic brain injury, because it's hidden, he died.

- Oh, wow. Wow.

- And those falls, take them seriously, even if you don't, you don't get a headache or anything like that, because it's a hidden disability. And this movie, Concussion, talks about repeated head blows, which caused a disease that they had never even imagined could exist as a result of repeated head injuries over a long period of time. But traumatic brain injury can also, for young mothers and young fathers, shaking the baby, don't shake your baby.

- That is so true.

- I can't say it more and more, over and over again, don't shake your baby. Because you may, you may think it, or sometimes, when they're very, very young, even throwing them up in the air and catching them, because their skull is very soft and the brain is moving, and there's liquid fluid and it's sitting there suspended in this fluid, you're having that brain hit the side of the skull, and even at, and that's why it's

encased in such hard bone, it's not supposed to hit the side of the skull. So that many times, in the military, that's one of the big things. I remember I went to a traumatic brain injury conference at the start of the Afghanistan War and heard this huge lecture from the head of the veterans administration indicating based upon the bombing that was gonna take place, they expected this huge spike of a lot of soldiers having traumatic brain injury because all they had to be was within a certain range and the sound waves would cause their head to hit the helmet and the helmet to, again, to reverberate.

- Reverberate.

- So, it was a bad design in the helmet that they predicted it.

- Wow.

- And they asked, they were out, basically telling us, too, so we could lobby to get the congress to pass more money knowing that this was, and of course, it's true now, there's what we see sometimes with all these, sort of, military people who seemingly, out of nowhere, decided that they were gonna do mass killings or shooting, were people who never really got treatment for a traumatic brain injury, returned to the United States, and somewhat diagnosed, but they decided, "We'll keep them in the military and we'll see how it goes over time," but they were left in the field for a number of years untreated.

- Right.

- And so it, what comes home to roost sometimes is something we create ourselves, but we, there was a lot of preliminary information that told them this was going to happen.

- But when you talk about veterans, I looked up some information in the National Alliance of Mental Health, and they, too, recorded how, or documented how each day, an estimated 18 to 22 veterans die by suicide. Suicide is a high indicator of people that are not receiving treatment.

- Right.

- And one of the other things that I found out was very, very, it was fascinating, was that mental health, serious mental health illness cost America \$193.2 billion in loss of earnings per year. That's how, that's astronomical.

- And unnecessary.

- Unnecessary.

- Because, and that was one of my pet peeves and I, that's why I purchase [inaudible] the lawsuit is that why treat mental illness different than you would any other disease? It is a disease. I was talking to Iris before, I said, "When I was growing up, I think I got interested in this because when somebody had some problems, you couldn't quite see, you, we, as children, were always like, "Well, they had a nervous breakdown."

- Yeah.

- And I, and I would think, "Well, I never saw them really act nervous." [laughs]

- Yes.

- So I couldn't quite put it together when I, and my parents would go visit somebody who was in an asylum in Ohio. But, and that's the only explanation I got. So, I think I was curious coming out of high school because the person seemed okay, they weren't injured or anything. And, but when you go would visit them, they might be moving a lot slower and talking a slower, and it just sort of piqued my curiosity. And, but in regard to here in the Virgin Islands, the need is evident. There are more and more families

that are reaching out because they need assistance, they want to have their relatives receive the medical treatment that they need, and this is reflected. We have a movie called "Forgotten in Paradise," that we can show to any community group or organization, it gives a history of the mental health services provided in the Virgin Islands. Even going back to the 1930s where the military health removed the people with serious mental health injuries up to St. Elizabeth's Hospital...

- St. Elizabeth's, yeah.

- ...in Washington D.C., which was a good humanitarian move, but unfortunately, some of those people got lost in the system and stayed up there for years. And the, and the movie was, it reflected. They even passed away in the hospital up there, because they got lost in the system. And no one was, like, aware that they were still there. And when it got to the law suit in the, in the year 2000, that same experience was still occurring. How many people were up at St. Elizabeth's and another institutions that had to be in an inventory taken to determine where Virgin Islands was situated in the United States, and not only St. Elizabeth, but other mental institutions across the United States. Mainly in Texas and Florida at the time. So, again, we have a call-in number. Please, if you have any comments, questions, 779-1079 and 713-1079. Okay. Welcome back to Ability Radio sponsored by VI Lottery, making a difference. We have a caller. I am going to address the callers. Go ahead. I don't...

- Good morning.

- Good morning.

- You guys are doing great.

- Oh, okay. Why is this a familiar voice?

- I have a question for Ms. Bermudez. I understand that for many years you were the Social Security expert for the Virgin Islands and Puerto Rico, is that right?

- No, not Social Security, it was Medicare. I don't...

- That, that's why I meant. I misspoke.

- Yeah, Medicare. Yes.

- Let me ask a question. If you're a Medicare recipient and you go to a physician, or another medical provider, and that medical provider provides you with services covered by Medicare, is it acceptable for them to bill you separately for writing a report to the Medicare administration?

- It depends. If you go to the office, and he wants to bill you for writing a report, can you give a specific example on that?

- I went to a provider who provided a service. I don't wanna identify the provider.

- Okay. That's fine. That's fine.

- And I went in and they took the pictures they needed to take. They accepted my Medicare card and my supplemental insurance card. And two months later, I got a bill for \$50 for Social, for Medicare report. I've never gotten any such thing from any other provider in the four or five years I've been on Medicare. And so I was curious as to whether that was a legitimate billing.

- Well, it depends on what type of test was done. I don't know what it, what it, what type of test was done, but when you receive any information or when you go to a provider and he bills Medicare, and then you turn around and receive another bill or a statement, then on that same, a statement that's called the Medicare Summary Notice, it tells you, if you disagree with this, this is what you need to do. That's called,

it's called an appeal, kind of, in a sense that you're, you wanna know specifically what is this all about, or you can either call the contractor. The contractor for the Virgin Islands is First Coast Services Incorporated. And they will talk to you about it. They will tell you, "Well, this is why you're being billed or why you need to pay this." But, again, when you receive that Medicare Summary Notice, and that information is there but they charged, or they want you to pay \$50 for a reading, a test, or a lab, or a picture or an x-ray or whatever and you have questions about it, you need to contact either 1-800 Medicare, you can contact the contractor, the Medicare administrative contractor carrier who is responsible for [inaudible] service, services in the Virgin Islands.

- And Iris, you said that was First Coast?

- First Coast Services Incorporated, yeah.

- Is that on the Medicare information that the beneficiary receives?

- That's all on the Medicare Summary Notice that the beneficiary receives.

- I never received anything further from Medicare other than notice that they had, you know, paid the initial bill. I never got anything about a subsequent bill other than from the provider who sent me a bill.

- Okay. Well, then, again since, if Medicare paid for a service you receive related to this bill, then you should still call Medicare and ask them, I got, I receive this from the provider. Is this something that you guys were supposed to pay and didn't pay or why do I have to pay for this? And they'll explain it to you.

- Thank you very much.

- Oh, you're welcome.

- And thank you for the good question because that's a question a lot of people...

- Very good question.

- ...need to know about because Medicare fraud is one of the biggest problems that's causing the increase in Medicare and their budget over the years. So they're trying to crack down on making sure that payments receive are for payments...

- Provided.

- ...provided.

- Exactly. Exactly.

- Thank you so much.

- You're welcome.

- Have a great, have a great rest of your morning.

- Thank you.

- Okay, thank you. See you soon.

- Take care.

- All righty.

- Bye-bye.

- Well, one of the things, Archie before we, when we were addressing, when we were talking about mental health services was that I found also that over one-third, 37% of students with a mental health condition aged 14 to 21, 14 to 21 and older who are served a special education drop out. Again, given this is not a statistic for the Virgin Islands, this is a national statistic but I'm interested in this since we all have something to do with special education in the past. And I remember Dr. Dudley Gran talking about half of all chronic mental illness begins by age 14. Can you talk about this? Can you say something about this?

- Well, two things are occurring. You're absolutely correct that having been in a juvenile justice system and actually started when I was law school, you, and having been a public defender for a very short period of time, one of the things you, I notice was that a lot of those in even a juvenile justice system or the early stages in jail had learning disabilities. I learned that or could spot it because my mother had been a teacher and had special students. And it somewhat came to me at that point in time an ounce of prevention is worth a pound of cure.

- Pound of cure? Uh-hmm.

- And in regard to providing mental health services, those children never received anything. People I grew up with who may have needed early intervention or what they're calling it now never received it. We don't really realize how childhood trauma affects someone for the remainder of their lives and how they take a turn. And essentially, now is the time as President Obama's out a plan to protect children in our communities, not only for reducing gun violence but by providing more mental health services. So in this recent budget, they're reaching out to give support to individuals 16 through 25 who they consider at high risk for mental illness. Some of that money is gonna come through the Department of Education but also should come through the health department. They're creating different projects for training, for teachers and other adults who interact with youth to detect and respond to mental illness in children and young adults and also making sure that students with signs of mental illness get referred to treatment at a very early stage. So this is a very well recognized problem but it's never been addressed.

- Uh-hmm.

- Dropouts many times if you intervene, they will go back to school or continue with their education instead of lingering and before they know it, they don't have a skill, they don't have a job, so what are they gonna do? They're gonna go to underground economy and commit crimes, they're gonna get involved in everything that they see on TV, they want as well. They want the car, they want the bling, they wanna be able to feel accepted in society and unfortunately, a measure of success in American society is money.

- Money.

- So that's what they go after and that leads to more violence. It's amazing how many guns are out in the street but it's as a consequence of a lot of underlying factors that has given rise to not only dropouts as well as, I think Dr. Dudley mentioned it, many times the dropout occurs between, like, the 8th and 9th grade.

- Yes.

- That you have more, the same number of girls and boys who go through school at one through eight or nine but those who graduate, there's always about, almost two to one ratio sometimes of girls graduating rather than boys. And it's one of those over long term issues that's finally being addressed or given a voice through the federal government to provide money to the local communities to participate on innovative state-based strategies to help and support young people through the age of 16 through 25 because the, especially why they indicate the age of 25 is because the executive functions of the brain are still developing past the age of 18 and doesn't really come to full fruition until age 25. So when you see or while you have schizophrenia or a deep depression, it's because the person is going still through

some traumatic issues as well as brain growth during those ages and it's more now evidence-based. Before, I think it was just a theory but we have, now we have a lot of evidence-based, and strategies to assist those with mental illness or the beginning stages of it. One of the things that we had talked about under the strategic plan was the early assessment tool. Fortunately between the two experts and three experts, in-house experts as well, you know, including like Dr. Spencer, who was part of the [inaudible] team but also sat on the commission. You had Dr. Corinne Allen who is a psychologist but provided not only [inaudible] but other information over the years to the legislature and to the Department of Health that these issues lead to, if you address them early, you have less of a population with chronic or severe mental health issues in their later years of life.

- And it'll be less costly too to treat.

- And less costly, it's save you money but it also would be for a safer community.

- Right.

- We all, we don't think about it but sometimes, when people are acting out, many times that's a result of the mental illness. It's not just that they're angry or they're trying to, you know, be obstructive, they have a disease. They're in need of help and we just to give recognition. Even for the ones who throw stones at store windows, there's that issue and none of the merchants really wanna say it, they just wish they'd go away but it's not gonna go away. We're an island, we're one community and what we need to do is reach out and give the assistance and help that will help cure the problem.

- Now that some of us are getting up into that elderly...

- Oh, yeah.

- Yeah. I think there's also something that has to be done with respect to the geriatric population because they too experience depression, they too experience emptiness syndrome and all the, I mean all these things that we're talking about leads to mental health illnesses and if it's, even with the, with the elderly, if it's not a addressed, then, you know, what's gonna happen to them? They're gonna live lonely, lost lives I guess towards the end of their life when there's, when they should be surrounded by family and, you know as well as I know that a lot of the young generation has gone and the folks are left behind with hardly anybody to take care of them unless they're lucky

- Yeah, I'm sure, I'm sure. I think I already had some issues addressed by ARP on the show regarding caregiving.

- Right, right, we did. And now we're taking a station break. Okay, welcome back to Ability Radio where VI Lottery, Making a Difference Program sponsors this health literacy program to help you understand and become familiar with those services within the Virgin Islands community. Iris, you have brought up a very critical aspect of mental health services related to the elderly and I was gonna mention that ARP is an organization that we're also connected with and some issues regarding services [inaudible] and are consistent with some of the issues we're talking about today. Along with mental health services, I went to an elderly conference and people had complaints about getting services for their parents or grandparents with regard to diagnosis or assessment for dementia or Alzheimer's.

- Yes.

- And one of the aspects of this lawsuit is to bring in more mental health professionals, being psychiatrist, being available for the community so that they cover that area as well. If you can't get a diagnosis of dementia or Alzheimer's, they can't get to services that's needed to treat it.

- Uh-hmm.

- So we are really at a loss for more mental health professionals being available to the community.

- Right.

- And addressing not only the youth in a community but the elderly as well so that they can take advantage of the insurance policies that are in place to give them the help and assistance. Many times we get calls within our agency about contacting or how can I get someone transferred to the United States Secret Services. Many people are looking off-island as for a solution, which calls into question guardianship. Guardianship and those issues of transferring people to the United States is also being addressed by ARP to, trying to make sure that the guardianship laws are in place to assist the families who need those caregivers. Yes. We got a caller on the line?

- Hi, good morning.

- Good morning.

- Good morning. How...

- How are you doing, you guys? I'm doing great.

- Oh, Amelia, great. Great hearing from you this morning.

- Hi, Amelia.

- You know, you've covered a lot of phenomenal areas and I, there seems, there never seems to be enough time to cover what needs to be addressed.

- Yes.

- That's always frustrating. But what I wanted to also mention is of course next week is our agricultural fair and we will have a booth. The Disability Rights Center will have information, a wealth of information to share. One of the things that we ordered and I hope we do receive is a new publication showing famous people throughout, you know, our history who had a mental illness. Albert Einstein, Marilyn Monroe, Abraham Lincoln and, you know, it makes it more, what, less stigmatizing perhaps?

- Less stigmatizing, yes.

- Yeah. You know, how we can say oh, my goodness, these behaviors are something that I recognize in myself, in my, you know, friend in a, in a relative.

- Uh-hmm.

- So, you know, the education is ongoing, it continues and you ought to be commended really for helping move it from, you know, where we were to where we need to be and I'd like to ask, Archie and Iris, where do we go from here? What can we do to make, you know, things better for us?

- Well first of all, you should be commended because you're the one who's led the charge of our fearless leader here on this issue

- That's right.

- But as you well know, we, with the strategic plan, which we're trying to basically make known throughout the whole community to get behind the legislature and get behind the plan and have it implemented here in the Virgin Islands because you had some of the best minds sitting at the table over not just one administration but two administrations, having input and a lot of community input because even the consultant came down and met with community people and talked to them, went in and looked at both clinics, met with all the personnel that he could meet with, looked at the budget and so you had outside

objective view assisting the Virgin Islands develop a plan that would be tailored and customized and realistic for the Virgin Islands. So we're not talking about some pie in the sky approach.

- Right, right.

- We try to make it as practical and down to earth, taking what's in here in the Virgin Islands and one of the parameters we put on, no more excess expenditure, just take what you have here and make it more efficient and put the moneys where it would be more efficient so, because first thing that people say, "Oh, we can't afford it." Well, you can afford it. It's just a matter of taking what you have and redirecting where the moneys are going and being sure that they're in place. Such as like, we were just mentioning the use of a psychiatrist not only gonna help out one, it's gonna help out the entire population from age three through ninety-three because they're gonna be able to address and identify certain types of illnesses and do it on the preventive basis and then waiting until they became chronic and you're always spending money and money and more money on the revolving door that's occurring today.

- Right. And I also think, Amelia, that we do have the capacity in the Virgin Islands, we have people that are very dedicated to what they do, we have people that want to learn more about what they don't know, we have a University of the Virgin Islands, you know, that has programs, training programs that can help people who don't know learn so that we can use those skillsets wherever there are, we just have to be prudent and just work with what we have and we have it here, so...

- Right, right.

- That's the thing. Yes, we can.

- Yes, we can. Yes, we can.

- And remember there, and this is probably bad timing for it but I remember that controversial issue of having individuals who are non-physicians have the capacity to administer medication. I mean, that might be a show in and of itself where you would have trained psychologists in, you know, pharmacology and whatnot. We have the capacity to administer medications if we don't have enough, you know, psychiatrists who can do that. I mean, that's a whole other...

- You know, maybe in two shows, we can have both sides of the issue presented. Those who were promoting, basically psychologists having pharmacological administration authority and those who do, don't see it as a need or don't think it's inappropriate because I think we use, when it came up before, the model was, Louisiana I think has it on statute and I'm not certain but maybe it was New Mexico. So there were certain states that have that authority and part of it is if you don't have enough direct personnel, someone who can monitor the administration of the medication is also essential because persons can become overmedicated or undermedicated and they're not seen often and timely enough, it sort of undermines the whole therapy and the process of a person getting healing.

- Right.

- Right, right. And this is not of course to undermine [inaudible] therapy which has a huge, you know, effect.

- Oh, of course.

- Oh, yeah, definitely.

- You know [inaudible] anyway...

- Goes hand in hand.

- It sure does.

- Thank you.
- Thank you for going and...
- See you next week at the agricultural fair.
- Oh, all right. Come to, come to the booth of Disability Rights Center at the fair and get more information. You can never be fed too much information.
- That's right.
- Knowledge is the key.
- Take care.
- All righty.
- Bye-bye now.
- Bye-bye. Well...
- As I was talking about then before was that that's one of the issues regarding caregiving is the person's being elderly or many times those who are youth but not competent, for the rest of their lives they're gonna be dependent on someone, having the ability to not only have guardianship established here in the Virgin Islands but maybe other states as well. So one of the issues comes up of being able to easily move a person under guardianship from maybe the Virgin Islands to maybe Florida, New Jersey or wherever the family, or the daughter or caregiver may be without having to reestablish guardianship in a new location.
- Right. ARP was working on something like that.
- Yes, that's one of the issues because again, we're talking about what are issues and what can function and would assist people in caregiving, taking care of one another and so then, I always took it as this is one of those humanistic laws that it doesn't look like it's a big issue until you have it.
- Right.
- And then you're blocked because parents are trying to move their children who may have autism or move an elderly mother or father and they, and they can't really do it long distance and sometimes they get stuck because they can't do it in a timely fashion.
- Right.
- Many times and when you're, and we got what we call those caught in the middle, they're taking care of their mother and father as well, they still have children that you're taking care of and you can't take off from work all the time to make those moves but you, and we want to make the legal system as, less obstructive as possible.
- Right, right.
- So ARP has taken on that task to address some of those issues which helps the elderly as well as those persons that have family members who are not confident to take care of themselves.
- Yeah, I have a cousin who's doing that just now where she had, she's taking care of her mother, an elderly person who, you know, she's okay but she needs care and a younger sister who's disabled and

she's caught in the middle of taking care of her own children, taking, you know, working full time and yet having to spread herself thin to take care of her mom and take care of her sister. So that has, that has an impact on people. And caregiving is not easy, folks out there. I know, I had personal experience. It's very difficult, it's very involved.

- Very difficult. And I think when they approach us or we're working on the issue with them is we don't want the legal system to get in the way of caregiving. Essentially, that's what it boils down to.

- Right, right.

- We're also talking about in regarding what is next is to give support to the mental health alliance. Five-year strategic plan and when the issue comes up before the legislature, those who have some of the family members who were, are mentally ill, less competent realize this is a plan to help yourself. It helps the entire community. But what we're attempting to do is highlight the problem, there's a solution that's been drafted and crafted by a number of people over a number of years and because I saw in the paper, one that the senators was saying, "We need a plan. We need a plan." Well, there has been crafted a plan. A lot of people put in a lot of time, effort, hours, money and thought into this strategic plan which, my understanding, from one of the experts, being Ms. Bermudez, it highlights all the essential aspects of a mental health delivery system. And it's a partnership. One of the things we tried to make it, it's not the government's total responsibility. They have, they have developed what's called a mental health policy taskforce which is gonna be the body that's gonna implement the plan. So government along with community members from different organizations are on this nine-person board to assist in developing and implementing the plan as set forth in the documentation. We called it a public-private partnership when we had these discussions at the development of it and it's worked in other jurisdictions. I think the, one that was highlighted was New York City and I think it was during January, I was away. But I saw it in the Time's newspaper what they're doing. And one of the critical aspects and always very controversial is that the person with mental illness be involved with the diagnosis and administration of what's going on with them because a lot of the medication is very, very I guess hurtful to them.

- Yeah.

- I wouldn't say harmful but hurtful. And they're very reluctant to stay on the medication. So that's one of the issues that's very critical is having a total plan and everybody being committed to making the plan work.

- Right. And as I mentioned in another radio show, with the Affordable Care Act, we talked about patient centered care. Now we know that in many instances, the patient might not be able to participate as actively, as verbally as we want them to because of their condition but there are some that can. And they should be afforded that opportunity so that they're part of that and to me, it would help with them feeling that they're part of this. This is why I wanna get better, this is what I would like to do, this is, you know, what's available out there. So this, the five-year strategic plan covers all that. I especially like the community participation of this plan and the quality of care.

- Correct, correct.

- To me, that is telling, that is so telling. And it talks to, well, this is what we have to do and this is how we're gonna do it. And then we do it, you know? You can't just talk about it but you got to, if you're gonna talk about it, then you got to do it too. That's become my mantra now. If you talk about it, you got to do it.

- All right.

- So let's do it.

- Okay.

- Yes, we can.

- Yes, we can. And again, we would like to thank the, as we wrap up today, thank VI Lottery for under, their Making a Difference Program to bring you Ability Radio and remind you about the Ag Fair next week. Come out, see, talk to the people, look at, pick up a copy of the plan, look at some of the other displays that are being at the Ag Fair and we'll give you as much information that we have any time that you have. We are Disability Rights Organization, Virgin Islands 7721200 and open for business almost 24/7 [inaudible] thank you.

- Thank you.