

- Good morning, Virgin Islands. This is Ability Radio brought to you by Disability Rights Center, and sponsored by the Lottery Commission. We are here to talk about health literacy and letting you know what are the health resources here in the Virgin Islands. As part of a health literacy program that we wish to make sure Virgin Islands are clearly informed about your health choices. As part of the program, we request that, it is call in program. You can call in at 779-1079 or 713-1079. My name is Archie Jennings. I'm one of the, what I call tag team co-host along with Iris Bermudez and Amelia Headley LaMont. And we also request that as you call in that you use no names other than your own name. No personal texts, no unfounded allegations, no product pitches, no profanity. And we do not give medical advice. So we won't respond to those type of questions. We also want to assure you that any of the views that are expressed on this show are those with Disability Rights, the guests and not reflective of the Lottery Commission or the radio station. And we have a special special guest this morning. Mr. Dennis O. Romero from the Substance Abuse and Mental Health Services Administrations. And he's from New York. I, and he's a regional administrator in it's a very long title. So I'm gonna let Mr. Romero explain what he does and what his title means to me.

- Well.

- To all of us.

- Good morning, Archie. Thank you very much for having me on the show this morning. Yes, I serve as the regional administrator for the Substance Abuse and Mental Health Services Administrations. Essentially, what that means is that SAMHSA in 2012, SAMHSA the mental, Substance Abuse and Mental Health Services Administration established a regional presence back in 2012, which allowed SAMHSA to have a senior official in these, in one of the ten US Department of Health In Human Services regions. I serve as the regional administrator for region two which includes the states of, overseas, the states of New York, New Jersey, Puerto Rico, the commonwealth of Puerto Rico, and the US Virgin Islands. And so, this is part of my territory that I oversea with respect to the behavioral health issues. And what I mean by behavioral health, obviously I'm referring to issues that involve mental health, mental wellness, substance abuse treatments, substance abuse prevention, and recovery support services.

- Okay. And that's it. That's a lot that you cover. And just sitting here and having a discussion with Mr. Romero, I just sort of happen to mention that we, Disability Right Center is the protection and advocacy program for the Virgin Islands. And he goes, "Oh, I've been looking for you, guys.

- [laughs]

- So he's been asking around, so most Virgin Islands may not know, we are one of fifty-seven agencies that represents persons with mental and physical disabilities. And this program is sort of, and under our agenda to give information to the public. And your visit here has been very productive. We had a meeting, and I was just wondering with your visit to the Virgin Islands, which are very helpful and informative, what are some of the goals you hope to achieve as to providing services and making sure the funding, and the funding is going to the proper places in the Virgin Islands?

- Yeah, well, you know, this is now my fourth year coming to the Virgin Islands. I make it a point to come and visit the islands once a year. And usually, when I come, I come for an entire week. I dedicate the entire business week to just getting a flavor of where things stand relative to behavioral health implementation, behavioral health services. And begin, and have those strategic conversations with key leadership both from the Department of Health, the Division of Mental Health, Alcoholism, and Drug Dependency, and organizations like yours, Mr. Jennings, the Disability Rights of the Virgin Islands. So on this particular trip, the goal was to engage and establish some collaborations. And that's one of the things that I try to do as often as I can, is to establish collaborations with key and or new partners to help leverage and improve the behavioral health conditions of the Virgin Islands. So on this particular trip, we had some new opportunities to engage with for example the Federally Qualified Health Center of Frederick Stead in Saint Croix. A publicly funded primary care agency that historically had very little involvement with behavioral health, or at least with SAMHSA. And I believe that we're all partners. If we all work in the, in the health related industry, it is our responsibility to engage partners and to collaborate,

and to work together on issues of behavioral health. I keep saying over and over again and this is something I say all over the country, in all over the region is that I believe that mental health, substance abuse treatment or substance abuse prevention, or addiction does not stop at the neck. It's part of the entire body. And so, the old song that the hipbones' connected to the leg bone, or, we, it is very true. We have to look at, looking at the individual holistically as a whole body, not just in parts. So we engage some wonderful conversations and started some relationships with the FQHC and Frederick Stead like I said. Another priority of mine was to address the issue of the workforce, the behavioral health workforce. You, we have, and I say we because I include myself across the entire nation, we are having an aging workforce behavioral health. I mean, this is, this is across the many health disciplines. But certainly in the behavioral health, in the mental health, or substance abuse arena, we have an aging workforce. And the older population is only growing older, and more. And so how do we ensure that by the, in the next 20, 30, 40 years, we still have a workforce, a behavioral health workforce able to respond to the needs of the patients. So this, and this go around, I established the relationship with the University of the Virgin Islands here in Saint Thomas to explore possibilities of how we can leverage their students in the Masters program. And possibly even in their Bachelors or Associates program to get some time in some of our publicly funded clinics to possibly serve as an internship site for them. And we all know that when we invest in students, there are those who would wanna stay there after they graduate, and so that helps to foster the workforce. So that was another big piece. Obviously, on every trip that I, that I make, I make it a point to also have a courtesy meeting with the leadership of the Virgin Islands. And so I had a chance to meet with the Department of Health Commissioner Nominee, Dr. Michelle Davis. And that was a great meeting with her. And some of her leadership folks including Ms. Taetia Dorsett who I believe is now the deputy commissioner or, for the Department of Health. And who has the Mental Health and Alcoholism, and Drug Dependency under her preview. So there's been a lot of great meetings. We also met with, as you said earlier, we met with you. And the protection and advocacy organizations, it's always important to hear from the consumers. And you, and you afforded us that opportunity, so thank you again.

- Well, you're very welcome. We want to make sure their voice gets, voices get heard. And also with that meeting, we also had the consumer groups that I thought one, you couldn't explain to me, I thought one was being NAMI was one that was been sponsored by SAMHSA, but maybe I'm incorrect with that.

- It's, I think it's somewhat indirectly.

- Okay.

- Yeah. We have at SAMHSA some programs that support recovery oriented communities, and NAMI being one of those communities that we support. We are, we have a technical assistance, that are now, that's working to establish a strong and support a strong recovery movement here in the Virgin Islands.

- Well, all right. Well, I'd like to explore that, but we're gonna have to step away for just a couple of minutes for some supportive advertisement. And, okay. This is Archie Jennings back again with Ability Radio and our extra special guest, Mr. Dennis Romero. And when we left off, one of the things we were talking about was the National Alliance of the Mentally Ill and perhaps, somebody or technical support that comes through SAMHSA to organizations like NAMI.

- Yeah. So, we have the Star Center which is a technical assistance center, an expert, a group, a group of expert, experts who focus their attention on helping to establish and promote the recovery community for mental health in particular. And so, they have come here, the current executive director is a Mr. Chacku Mathai and he visited the islands not too long ago. He has visited the islands in the past. He and I have come down together actually to look at ways how to bring the recovery community together, to essentially them into an, to an organized group. And so, there's some wonderful collaborations being established and, that are just starting. I know that he was here recently within the, with the disability rights organization as well. So, that's one of our organization. And then the other one is our bringing recovery support services to scale Technical Assistance Center and that's another of technical assistance that I can certainly bring to the Virgin Islands to support the work of the Star Center. Again, to work with people who are interested in being part of the recovery community.

- And that would be, the families, those like consumers or we don't, yeah.

- Absolutely. You know, we cannot separate and exclude family from those who are, the consumers who are involved in receiving those services. The families play a huge role. We have to keep them engaged and involved.

- Uh-hmm. And this also allows them to get a voice in the process, is that correct?

- Oh, absolutely.

- And that's very important because mental illness does not mean that you lose your rights, you lose your voice, you lose your opportunity to express your concerns because sometimes, it's the people who are receiving the services that are the best at articulating what the real needs are and where we need to change things.

- Okay. One of the other aspects of [ inaudible ] is the collaborations even within the Virgin Islands. I always felt while working the system here. There're so many silos that, there was the government. There was some non-profit but it was not seemingly like everybody was at the table and one side knew what the other side was doing. Is that typical in other communities as well or...

- Well, I have to be honest and this is where I think SAMHSA needs to, has to take some responsibility for having promoted that in the past, you know. But I would say within the last maybe eight to ten years we've been--we've been changing that emphasis. You know, the reality is that there is across the country and this is not, this is not typical to, of just or unique to just the Virgin Islands but it, across the country. We have states that separate the mental health side from the substance abuse side. The health side does not connect with the mental health or substance abuse but there's been some great collaborations in the, I guess a nice way of saying this that we've been dismantling a lot of those silos, not applies here to the Virgin Islands. Since I've been here, I've been able to engage the Bureau of Maternal Child Health in children with special needs to see how behavioral health can support and how SAMHSA could bring some additional technical assistance centers to them and support to their staff in training, so that for example when they go out to visit, the nurses go out to do some reunification assessment after the courts have both family back together. We have to look at issues of behavioral health, you know, isolation, neglect, abuse, and how to ensure that the nurses are well equipped to assess those kinds of things. So, we've done some great work in that area.

- And I would assume also that this goes into the fact that, for the Virgin Islands, it's a lot more onerous the, in regarding the separation because sometimes that the services aren't here, those persons are sent off the island for those services.

- Yeah. And that unfortunately, that's a challenge and again, that's one of the things that I think the people of the Virgin Islands have requested of the health department to figure out a way to keep the service, to keep the people who need the services here and how to engage those who are out there, who was sent off island. There is a, there is a psychological loss when we send our patients off island because most likely the families won't have the resources to go and visit. And we know that when family come and visit a, their, a patient in the hospital, that helps with the healing process. And it's a healing that we don't see through an x-ray, you know. So, I think we lose that opportunity, those opportunities when we send a patient to, off island, but I know that there's a commitment on behalf of the, of the Virgin Islands and the Department of Health to address those issues and I know that you guys are sort of keeping an eye on those things.

- Oh, yeah. When I first heard about it, it was a gentleman who was the legal director for Alabama and they sort of the same problem and we sort of made a commitment to a Bring Them Home campaign. And so, we've been working on and ever since is that I keep bringing up the issue to highlight that these are people can't get therapy away from the family. You're gonna have a total therapeutic and bring, and have the rehabilitation and have them get well again. They need to be around familiar circumstances, family, and community.

- Absolutely. Absolutely. I could not agree with you more. That's so important. It's, again, it's a part of that healing process and when we're talking about mental health and addiction, there's such a degree of isolation and the stigma associated with these, with these illnesses, which by the way they are illnesses of the brain. They're not, they are not a sign of weakness, of personal weakness or that there's a character flaw in that individual or that somehow, God is punishing them for something that the family has done in the past. It's a biological illness. It's an illness of the brain and we need to continue to see it in that fashion.

- As a health issue.

- As a health...

- And stop being afraid of it in that regard.

- It's a public health issue. Exactly.

- It's, moving along and I was wondering if, what are some of the priorities that maybe coming up for SAMHSA and does the Virgin Islands and under the national scope and umbrella fall into some of those priority areas.

- Oh, absolutely. You know, SAMHSA and HHS, the US department of Health and Human Services includes the Virgin Islands and its, and its plans and its priorities as it looks us, as it begins to plan ahead every year on public health issues. So, for the Substance Abuse and Mental Health Service Administration, our 2017 priorities are essentially for engaging the severely, mentally ill population into care, the SMI population into care, addressing the opioid crisis that is happening across the country. Another focus will be for the, for the prevention of suicide particularly in our youth. We see it as you may know. We've seen a rise based on some recent reports from the centers for the CDC, Center for Disease Control and Prevention. And then, and then the last focus will be on maintaining the behavioral health safety net and that's very important because SAMHSA like other federal agencies, we give funds which we call them block grants. They're essentially a block of money that is every year it's dedicated, you don't have to apply for it. It automatically comes to you. And so, we wanna make sure that although those moneys are not getting bigger, we wanna make sure that they are being leverage to the fullest extent possible.

- So, that leverage would mean, that's what where the collaboration comes in. Working with the community, the non-profits, and the government coming to the table and working on these issues together. And so far, you said you've been to the Virgin Islands for like four times?

- Yes.

- What are your assessment? What are some of the gaps that you see that Virgin Islands could focus on?

- Well, there are some gaps that are just, that are just unique to the Virgin Islands because of your, of your geographic layout. You know, you can't, there's an effort need requiring to go from one island to the other. So, there is, there is a different mentality I think between islands as might sense. So, that, that's just a natural challenge that I think, there's an experience here. I don't see any unique challenges separate or apart from what I see across the country. So, there's some good things in that regard. What is interesting is that culture here in the Virgin Islands doesn't the Commonwealth of Puerto Rico plays a stronger role, has a more emphasis than I, than I think in the States.

- And was that a good thing or a bad thing?

- Well, I'll give you the example that I, that I always use is the Virgin Islands is very good about promoting tobacco-free environments. There is, there is a real concerted effort, and it's almost, I think it's perceived

that something almost disgusting to be smoking tobacco. Yet in the same vein, I'll say it, but I, when I smoke some marijuana that's okay. To me, that's a bit of a contradiction but I also can appreciate the cultural implications of the use of marijuana here and there's some cultural appropriate place for those things in a cultural, in a cultural environment. So, that's a bit disconnect there as an example.

- I'll tell a man of perspective, right? And all the opioid issue we've had, there's a perfect example of that recently with the death of Prince.

- Yes.

- There, with the use of, I guess it becomes at first, ameliorative, it helps and then he becomes addicted to the point where...

- Yeah. You know, right now, you know, the drugs that are out there in the streets do not compare to what they used to be. You know, when you, when you look at nowadays, I know in my region in Region two, you know, that when police people overdose in heroine eight out of ten times don't realize that they, that the heroine that they had used was laced with fentanyl for example or other drugs. And so, the potency of the drugs today are so, so much more dangerous.

- Oh, I see. I see. Because they were [ inaudible ] Percocet with sweating.

- Oh, yeah. Percocet, you look at the pain, opioid pain management medications. That's a huge issue, you know. Here in the Virgin Islands, one of, one of my concerns is that, you know, we end up having too many medications laying around in homes and making sure that that does not getting to the hands of children because that's where, that's how the majority young children become exposed to [ inaudible ]

- But it's also doctors because I played football in Ohio in 1969. I remember my mother sent me to Dr. Frank to get and get something and I realized later in college, it was Percocet because I would be so much in pain. So, I go to Dr. Frank, she called down there, I couldn't see him and he gave me some Percocet. So, I didn't realize how easy it was but it's, I'm sure it's about much restricted today.

- It is and, but we're challenging States. We just sent a letter from the Department of Health and Human Services, the Department of Agriculture, and the Office of the National Drug Control Policy in, of the White House. A combined letter to all governors across the country giving them 11 examples of how to handle the opioid epidemic and one of them is to focus on prescribers and doctors, and we do, and teach them again the benefits and the contraindications of overprescribing and how to monitor that.

- Yeah, because I think when I was moved here, there was a one point Xanax was, sort of, the drugs that doctors were giving out and then there was a big crisis in that. Also you mentioned this and I'm not certain with the Virgin Islands is in that regard regarding suicide and suicide prevention. From your assessment, are there enough resources in the Virgin Islands that covers that issue?

- I, that's a hard question to answer. I will tell you that in the Virgin Islands, you have an incredible, talented group of mental health and substance abuse providers. There are a few. They're not, they're not as many as we would like to see but those that are here need to be commended for their hard earned of effort and for their passion, their commitment to, working with this very difficult challenging population. So, that's number one. The reality is that suicide happens for a variety of reasons and one suicide is one too many in our estimation. The challenge, this is just a huge challenge among our, among our youth population across the nation and I don't believe the Virgin Islands is any worst or any better than the rest of the country in that regard.

- And you're bringing up a point, I always called the, those who work in the [ inaudible ] field here in the Virgin Islands are some of our unsung every day heroes, because they're, they carry a huge case load. They're there for a lot of people, many times sometimes over weekends, and you know, 24/7. So, we some in the Virgin Islands have to give those workers, their just due and praise them for the work that they do to help the, our families and our friends here in the community.

- Absolutely. And that's a, you know, we need to do as a society, we need to do a better job and as a government. We need to do a better job of acknowledging the great commitment, the great work that happens at every level of the behavioral health workforce, from the provider, from the case managers, from those who go out on the streets to do outreach work, to those that also do the management, the administration of these agencies, you know, it's easy to find blame, to find fault, to criticize, but as a wonderful saying goes by Native American, you have to walk in someone else's moccasins to really appreciate the challenges that people face. And so every time that I come to the Virgin Islands I always make it a concern of effort to stop in at the Division of Mental Health, Alcoholism, and Drug Dependency Agency in Barbel Plaza here in Saint Thomas as I do also in Saint Croix. Because they need to be, they need to know that not only is SAMHSA monitoring and watching all this, but we're also committed to supporting them as well.

- That's great and I think your idea about creating more clinical and basically for those who are in college or looking in builds opportunities in the future to look at the field and realize that there's opportunities to work in the field as well.

- We have to be creative. Our workforce is a, is a, doing the link and this is across the entire spectrum of health, and obviously for us who are concerned about behavioral health. So, I think right now we're open to any ideas and any possibilities for collaboration, and I think what the US Virgin Islands, the University here at the Saint Thomas campus, we had a wonderful meeting with folks there and which included via video conferencing the Saint Croix campus to explore those opportunities. Not only for internships but also how we could, SAMHSA bring some additional training to either the faculty here or the students to bring, because we've got some a wealth of training opportunities for all audiences regarding behavioral health.

- Well, that's [ inaudible ] do you talk to Mr. Chacku Mathai when he was here. And he's, was willing to do some webinars. And I was wondering if somehow we can expand that to include the academic community as well.

- Absolutely. Another [ inaudible ] assistance center, similar to the Star Center is the Addictions Technology Transfer Center, which is out of the University del Caribe in Puerto Rico. They over, they also have responsibility in the Virgin Islands and they could be [ inaudible ] with me throughout this entire week and when we met with University of the Virgin Islands, we talked about bringing some specific training to the academic community. So, yes, and I would love to be able to support any efforts that either the Disability Rights Center for the Virgin Islands or the coalition of the NAMI of Saint Thomas and Saint Croix or 10,000 helpers, you know, I think the more we can bring attention to these issues, the better.

- And inform the community and allow the community to become informed about it. Is there an, you talked about priorities, you also mentioned your focus here, is there any difference between your priorities and what focus areas you have for Virgin Islands?

- Well, you know the, I mentioned earlier the need to engage to severely mental ill population, addressing the opioid crisis, the prevention of suicide, and maintaining the behavioral health, safety net, those are the areas that we're going to be focused in 2017 from our funding standpoint, from our policy standpoint, from a regulatory standpoint, we want to help insure that we are addressing these critical areas. So, those are our focused areas and everything that we will be doing will be working towards, decreasing ameliorating, addressing these four topics, and they will come in various forms by providing trainings and providing education to the provider community, to the consumer community, or to the general community for that matter.

- Well, you talked about the block grant. Block grant goes directly to the government of Virgin Islands, right? You told me that's discretionary.

- Yes, that is correct.

- Are there any opportunities for private non-profits to also apply for, sort of, any supportive grants and services that they could provide as part of, because these are one of things that may have, may have non-profits but sustainability or having access to funds, to carry out their agenda is not always present.

- Yes, absolutely. So just to go back a little bit very quickly. So, when we fund the Virgin Islands, we give the Virgin Islands substantial amount of money to, as block grant. And that, those funds are given to the, to the government of the Virgin Islands Department Of Health to address the mental health and substance abuse treatment and prevention communities. They in turn take that money and they can either provide those services directly and, or offer opportunities for agencies and non-profits to submit applications to, for addressing any of those issues. That's one way that we, that the money's get used. Another way is the Virgin Islands can open it up for competition, you know, more general competitions. So, and then we also have that discretionary grants that you mentioned and when we give discretionary grants that does, that can go the states but it also can go directly to non-profit communities. So, as an example, and I don't know if you guys received this when I sent this out in late December, or early January. I started to create a document around that, around November and one moment calling it the Behavioral Health Forecast and what that document has, it was 19 pages long, this last one. And what that document had, it listed all of the grams that SAMHSA will be, is planning to give out throughout the entire fiscal 2016 year which ends in October 1st, oh September 30th, excuse me. And we listed all of those grants and we identified also the eligibility criteria. So, you need those criteria before you could apply for those grants. I will, I intend to do that again and if the disability rights of the Virgin Islands did not receive that this last go round, please let me know because we get to making sure that everyone gets those documents. And it serves as a wonderful planning document.

- Certainly will, I got writing it down right now. As we proceed and what [ laugh ] and with those discretionary grants there is, there will be sort of a criteria and focus, oh we got a caller? All righty. Yes, caller?

- Hi, Good morning, it's Amelia. How are you?

- Oh, good morning. My tag team co-host.

- [ laugh ] great information, Mr. Romero, again thank you so much for agreeing to appear this morning.

- I'm happy to oblige.

- I can attest to the fact that I am a recipient of many of your email [ laugh ] but the one that just mentioned specifically, you may happen, I may have missed it, so I would certainly welcome, you know seeing that again. I just have a few questions. First of all, I do recall doing your last visit, you did also training in technical assistance and you have indicated all we needed to do was provide a venue. So, at some point I would like to you know, hone in on some topics that would be very, you know, used to given up to certain situation because that is something that I would like to follow up on.

- Absolutely, Amelia, I'd be more than happy to coordinate some training moving next year, in fact I think it was in the break that we Mr. Jennings and I discussed another opportunity, and I offered to recommend that maybe for the next time that I come to the Island, because there some things that are better done in person than by phone, or by video conferencing, or by telephone conferencing.

- Right, I agree.

- And that is maybe to hold a community town hall meeting, where you can do not only a presentation of behavioral health topic, but then, engage the audience in a, in a question and answer period and help inform the community, we can open the sub to the community as a whole or if you wanna do it to the consumers only, or the provider community, or, you know, however you think would best serve to get traction. So, the town hall is something that I would, I would welcome.

- That sounds great, that sounds great. I mean, it's something that obviously we would be to replicate, you know, in the districts. I couldn't help but, I've observe your observation about, you know, the differences between the Islands and I won't put you in the hot seat and ask you to elaborate on that, but obviously we know it is something that will need to bring, you know to the various districts here. So, that would be wonderful, I welcome that, oh, [ inaudible ] we look forward to that.

- Oh, well, thank you.

- One thing that you did mention, I know, you know you have a lot of administrator experience but I think it would be remissive we don't talk about your workers acquisition.

- Oh, [ laugh ] well, thank you.

- You know, I know it may have been awhile, but I think it's very helpful to people to also know, that you yourself have been in the trenches and has been an unsung hero so I would love to hear a little bit, a little bit about that and I'll hang up. And thank you, this has been a great show.

- Thank you Ms. LaMont, I appreciate your kind words. Well, yes, I started my career when I was in graduate school and had the opportunity to work in a, in a very challenging intercity community, the Highbridge Community Life Center in the South Bronx, New York. That's where I began working, helping to create a career center for those consumers who are receiving behavioral health and social services in the community. One of my tasks was to go out to the shooting galleries and engage the young ladies and young men who were shooting up drugs in the alleyways of the, of the big apartments. I did that for a while, I worked in the inpatient detox unit in a chemical dependency program. You know, I've had the opportunity to work in a mental health program as well. So, I, it's, I do miss that work. I will tell you every now and then I do miss that work, but it's good work that a lot of people are doing today. We just need o continue to support them.

- Okay. Well, thank you for that background and we're gonna step away for a few more supportive advertisement minutes.

- Welcome back, Virgin Islands. We would have again this is Archie Jennings, disability rights center and Ability Radio. We have Mr. Dennis Romero. Mr. Romero, you were just telling us about some of the frontline early clinician work that you did. You said shooting gallery, I'd say, Oh, my God I hope he's not got people on the firing range [ laugh ] but you were talking about shooting up the heroin and drugs and, but so you were there on the frontline and saw all the various mental illness states in many people in New York and encountered them firsthand. Why don't we talk a little about, dispelling some of the myths people may have about mental illness. Such as we hear, we used to be manic depressive and now I think they call it bipolar?

- Yes.

- And what, and give some examples of that kind of state of mind.

- Sure. Sure. So for example, many times, when we think of somebody being depressed, we don't realize that there's actually many types of depression or many indicates, manifested in many forms and sometimes, medication in conjunction with therapy will work. So you hear, you may hear the labels such as manic depression as you said or bipolar illness, or schizophrenia, borderline personality disorder. All of these have very unique characteristics and they get, they get manifested very differently in people. At the end of the day, depression in all the other illnesses that I mentioned have one thing in common, is that there is a distortion in the reality, a distortion in the way people are seeing the reality around them. Obviously, with schizophrenia, it is quite more severe whether maybe actually the individual maybe experiencing visual, auditory hallucinations, where they see or hear things that are not there in reality. And it gets to the point to where those delusions overcome the individual's ability to see the reality that's out there. And we have to remember that when that happens, that individual is hurting. He or she are in real pain and they need to be treated for those services. We see people talking, who are maybe talking in

the street and having a great conversation or an argument just among themselves and people say, "Oh, well, he's just a homeless person." Well, he may be homeless, but he also, he might be in pain, a mental illness and that, that's a huge issue. So, you know, most of our medication that we used for the depressions have a slight tinge of anti-psychotic because to help correct the misperception of the world around them, the reality. Bipolar illness is one where individual can experience an incredible high, an incredible impulse to do radical things like write checks with, of a thousand dollars all at once, you know, or being such lows where they don't even get a, can't get out of the bed. They haven't taken a shower in days. They haven't eaten, no desire, no will to do any of that. And that isolation, the isolation from real highs to real lows, it really does a real number on the physical body. So we need to recognize if that all these illnesses are brain related not character issues. We have to always remember the dignity of the individual regardless of their, of their behavioral health or physical conditions. So, yeah, I think when one, you know, when, please stop me if you think I'm going too much into this. But I think we as a provider community, as a, as a research community, we're not doing enough to catch mental illness earlier. And we should be doing that, a better job. Unfortunately, in my estimation, we tend to begin to address mental illness when, after the individual has passed that threshold, that line of early intervention, early identification, and early involvement into the health, in the behavioral health system, we usually wait until the individual is showing these behavioral symptoms. For example, hearing voices, not eat enough for several days, not getting out of the, out of bed. By that point, really, we have, we have, we are treating individual after the barn doors had been opened and all the horses had left.

- Had left. Yeah. Yeah.

- You know, so we need to do a better job because it is a brain disease, we need to focus more in understanding the physiology of these illnesses.

- So systematically, some of that being addressed through the Department of Education under IDA because they're trying to do early intervention, early assessments. And, you know, since we do that kind of work with, in the school system. But also as you spoke about it, I also remember you said the various highs and lows people took, taken advantage of as I was in college where a friend of mine, very high manic, gave away all her worldly possession and joined an Ashram, right? And they said they will take care of him. So, and it happens even on the, until then I also represented people one point in time, we gave all their good some evangelical guy who said, "The church will take care of him." And so they, it's one of those things is not just people who are doing drugs, but if they have an illness like you said, it comes from their resources but some of the symptoms may look the same. One of the interesting, I guess, professional disputes that were, sort of, quite in here the Virgin Islands is dual diagnosis. Could you sort of explain why the professionals have issues with that and some professionals will treat persons with both alcoholism and, or, you know, some narcotic and mental illness, and some will not?

- Yeah. I have not had those specific conversations with the providers in the Virgin Islands, but I will give you a more general impression from, there are those cool, there's that small group of providers who will say I only will treat the mental health side, but I will not treat the substance abuse side, right?

- Yeah.

- Sometimes, it is out of lack of training. And so lack of training leads to lack of familiarity and therefore, there's an uncomfortable miss in the part, in the part of the provider to address those issues. And they may be just good because they never were trained in that area or they have a pre-conceived notion and that's just less. I have to say that in the field of behavioral health, there is the, not only the stigma, but there's also the, I'm not sure what the right word is, but we, if we put mental health, mental illness and we put substance abuse and addiction. We will tend to see mental health, mental illness it's a little bit better than substance abuse, for some reason, we view substance abuse, alcoholism, drug addiction, beneath in order of priority, for whatever reason. And it's a lot of a, has social implications. So we need to look and treat the individual holistically, that's the goal.

- And that's, well, hopefully, system-wise. But we have so few service providers in the psychiatric field that what are our options other than that?

- Well, we, well, we need to, well, one of the things that we need to do is we need to leverage the consumer community. The provide, the, those whose, who receive services looking at peers in, at SAMHSA. We are promoting the use of peers, those who have walked in the, in the steps of the consumers to also serve as promoters.

- Well, let's hold it there. We're gonna take a break and go into that a little bit more. All right. Again, Archie Jennings here with Disability Radio and, I mean, Ability Radio and Mr. Dennis Romero. And Mr. Romero, we were just talking about something we, program concerning peers. And I would like you to expand upon that.

- Sure. So we at SAMHSA, you know, in light of the challenges that we're facing with our workforce, we have to also begin to address the problem, not from an, not only from an academic standpoint in the, in the training standpoint, but also from the consumer standpoint. There, consumers of mental health or behavioral health issues, conserve as great advocates, as great promoters of engaging and helping to ensure the people who, in, experience the first engagement with the mental health system, that they're not, they're not afraid to stay committed to their services or stay compliant with their treatment. So we are promoting and supporting opportunities and looking at ways to engage the peer community here in, here in the Virgin Islands, but also in commonwealth of Puerto Rico. We're looking to build recovery, organize recovery communities that can really serve as, as an anchor and that's in support. And right now, States like New Jersey is an example, they have already moved forward with not only engaging the peer community, but also securing that they are, their services are buildable and are, and are paid through the States. So that's something that we wanna explore and I've ask for New Jersey to serve as a mentor to the Caribbean.

- Okay. And that was the program that you were talking about? The, in New Jersey, what's that called?

- Well, that's in the work, over all workforce initiative and I've brought, I had brought the leadership of my region together to New York for a dinner, have summit on just workforce strategies and to share opportunities, to share lessons learned. And that's where we learned what New Jersey was doing and I thought, instead of having the Virgin Islands and Puerto Rico having to reinvent that will, just take it, take it, take a stuff that's already there from someone else. So there's some good work doing there, but I think the need to leverage the consumer community and to, many of this folks were in, well, consumers themselves are leaders.

- Correct.

- And we wanna support them.

- Right. And that what Mr. Chakum and that was gonna do some leadership training. And we're talking about doing this webinars to get leaders trained. But also we mentioned Brass Tax Program, I wasn't sure what's that. Can you explain it?

- Sure. Sure. So Brass Tax is another training and tactical assistants armed of SAMHSA and Brass Tax stands for recovery, bringing recovery support services to scale, technical assistant center. And they also work to provide trainings to communities, to advocacy groups, to organizations, non-profits, and using evidence-based practices to, that have already worked well then other parts of the, of the country bring those strategies to a new community and help that community empower themselves through training, through online courses, to actual day-to-day support.

- Okay. Mr. Romero, you got a lot on the plate here and I'm, my head is spinning, but we have to go to the telephone.

- Hey, good morning, Archie. Good morning, Dr. Romero. This is Iris, how are you?

- All right. They're on, another tag team member.

- My goodness. I'm sorry, I didn't get through you, but the show has been phenomenal, you put up so many wonderful points and so many ways that we can collaborate. And I think you're right. We don't live in a vacuum and a holistic collaborative approach is necessary. We have children that are growing up and we need to help strengthen their, theirs, their mindset and before we get into this peer group where they start taking on other people's behaviors, we need to become stronger. I really appreciate you being here, especially on our show and I'd love to help coordinate home meetings with Emilia and Archie. That would be a pleasure.

- Well, thank you.

- So thank you again. Thank you again for being here.

- Well, thank you very much, Iris. It's great to hear your voice again and next time that, I commit myself to coming to the Virgin Islands on an annual basis for at least a week if not longer. So...

- Thank you.

- So I will definitely would like to see you and connect with you next time that I'm here. Thank you for your kind words. And yes, I think we need to continue to empower the community, the provider community.

- Yes.

- So that's the only way we're going to tackle decision. It's not just, initially, that needs to be addressed in the clinical setting. It's gonna be addressed in the community setting, in our homes, in our, with our faith-based organizations as well.

- Yes, as well, yes.

- Well...

- I believe...

- Again, thank you, Iris and...

- You're welcome.

- ...remind this, Mr. Romero, it takes a village.

- That's right.

- I mean, for health. And again, this has been Ability Radio brought to you by the Lottery Commission part of SAMHSA as well. We, we've realized that we had now the PNA. And I would like to thank you, the radio station for allowing us the time and the opportunity to bring you Ability Radio and the health information, health resources here in the Virgin Islands. Have a good weekend, Virgin Islands.