- Okay. Good morning. This is Archie Jennings for Ability Radio. Good morning, Virgin Islands. Today, we're gonna do something a little bit different although our show is always a live show, we're doing a pre-recording this time, and therefore, we won't have to worry about, if you're, as to the call in information. But we would still like to thank the Lottery Commission on making Ability Radio happen for you and your health, and today issue is gonna be about mental health. As background information and an introduction to our special guest, Mr. Chacku Mathai is here from the Star Center. Good morning, Mr. Mathai.

- Good morning [inaudible]

- And Chacku, we'll go ahead and just, we've been going back and forth with Chacku.

- That's right.

- And we do explain what the Star Center is all about.

- Sure. The Star Center is one of the federally funded technical assistance centers founded by the Health and Human Services Agency, Substance Abuse Mental Health Services Administration. And our center is focused on, there's a few different kinds of grants. Ours is focused on infrastructure development for states and territories who are trying to support mental health systems transformation.

- Okay. Mental health systems transformation and that's what we are engaged in in the Virgin Islands. And I think I wanna give a little explanation about what has taken place. Over the last 20 years, it has become recognized that there was a severe lack of mental health services in the Virgin Islands. I was actually in private practice but the executive director of the Disability Rights in the Virgin Islands, Amelia Headley LaMont, asked me to participate in a walkthrough, and that walkthrough is with at the Michelle Motel where at that time, it was considered a long-term care facility for chronically, mentally ill patients of the Virgin Islands. We had a discussion and with Dr. Ortiz at that time who invited the walkthrough. And that's part of what the, what's called the protection advocacy agencies do is look for abuse and neglect in federal funded facilities and that was one of her walkthrough monitoring of the facility. Once we had that conversation with Dr. Ortiz and come to the realization that there was really nothing emplaced as systemic approach to mental health services here in the Virgin Islands. With that information and a follow-up report from Intech with the National Technical System Center which I think was also a part of the Substance Abuse and Mental Health Services Administration. We took that report and talked to a couple of community groups and a lawsuit was filed on behalf of chronically mentally ill patients and others with mental and for the need from mental health services in the Virgin Islands as result of based upon the Supreme Court decision called Olmstead. Are you familiar with Olmstead?

- Uh-hmm. Yeah. Absolutely, yeah.

- Okay. And community integration is the basic element of Olmstead saying that person should be rehabilitated and allowed to heal holistically within their own communities not segregated or separated from their families nor their communities in regard to, just because they have a mental illness.

- That's right.

- We don't really extricate people who have broken legs and arms and don't send them to the hospital but send them somewhere else just because they have a physical injury. Why should we look at it? Why should they do it with persons who're mentally ill? And part of their issue with the Virgin Islands is not only where they segregated physically by sending them to off-island facilities but many times, we were looking to see what were they using to integrate them back into the community. So as a result of that filing there that lost with around year 2011, there was a consent decree reached after basically reports from various psychiatrists, psychologists, reviews of the systems emplaced. The government of Virgin Islands agreed, "Okay. We are not fulfilling our Olmstead obligation and instead of just having the court imposed their view upon what we agreed, let's do a strategic plan to transform the system and bring it back to a workable, holistically, healthy system for people in the Virgin Islands." As a result of that, they're strategic plan was led by a commission, the commissioner was chaired by former [inaudible] Liston Davis who

brought the parties to the table [inaudible] there was a plane of class representing the people with mental illness, there was a government, and their representatives sat down and over about a three to four-year period completed, what's now called the Five-Year Strategic Plan for mental health services in the Virgin Islands and out of that was a task force that's gonna implement the plan. That's where you come in. We already talked it up with the SAMHSA Administration about what we like to see done from our point of view being the platinum class, and we were introduced to you, Mr. Chacku, as to what we should do next and I'd like to hear what Star Center can provide to the Virgin Islands.

- All right. Great. Well, thank you and that's a great description of the process. The fundamental principle of the strategic plan and the consent decree and all the work that you did from the beginning being focused on those of you us with psychiatric disabilities, diagnoses, relate, mental health related conditions being able to recover in the communities in which we are most wanting to be in or the most integrated settings is what, is kind of language we use something that has been very challenging for a long time and so the federal government have provided grants to provide technical assistance to communities to be able to make that transition because a lot of times, some system is really just didn't understand that many of us could recover. So myself, I'm a person with diagnosed with mental illness, also co-occurring addiction history, my family, I'm an Indian, I'm born in Kuwait, we didn't really know how to reach out for help. We didn't really know whether we should reach out to help to be honest. And so until it got to a crisis point and I'm in a hospital after trying to kill myself and my family doesn't know what to do. So, I bring this up because the people who my father reached out to weren't necessarily professionals in the system. He reached out to another man in his church, asked him, "What would I do? My son is in the hospital, you know, he just tried to kill himself, he's on drugs, I don't, you know, he's on the street. You know, where do I go? Where do I turn?" And this other man, before he even started offering any solutions said, "Me, too." He said, "My son is also struggling." And connected my father to him and another group of families who had children and young people who were also struggling and wanting to do something about their situation. And they had organized something called the recovery center, and this was completely run by these, by the young people in the families. So these are called Peer & Family Run Organizations and so the Star Center is a center that's actually our specialty isn't helping states build that capacity for Peer & Family Run Organizations to actually be a central and collective voice for the community in regards to mental health systems transformation and part of that infrastructure is actually being able to offer services like peer services and family support services being able to be at the tables of advisory groups or implementation, we have the table of, a research that's needed really leading the process as opposed to what usually happens is policy makers, researchers, professionals end up setting the policy but then leaving the community who is actually affected by those policies behind. And so we wanna flip that.

- Where, and what community did you start this organization or were you involved with this [inaudible]

- Okay. So the Star Center is actually operated by, well, it's funded by the federal government. It's operated by a non-governmental organization called NAMI, the National Alliance on Mental Illness. And they, and a few other, and the other five were also ran by non-profits around the country. NAMI is based in Arlington, Virginia and has also supported Family-Run Organizations all over the country including here in USVI, we have NAMI Saint Croix, and NAMI Saint Thomas that are very actively involved in this process.

- Would you explain to the audience, when you mean peer services, what does that involve?

- It's a great question. So peer, well, peer really means people with shared experiences, so it, or similar life experiences. So those of us who have been through the mental health system or have been diagnosed, or if have had the struggles of being overwhelmed with a psychiatric issue, get to support each other around that process and a peer supported environment. So what that means is we might have one-on-one supports, we might have supported, there's all kinds of models all over the country. We started a project in New York, The Peer Bridger Project. The, we helped each other and get out of the hospital and stay out of the hospital. We actually had a line we said, "Not only we support each other to get out of the hospital and stay out of the hospital, we support each other to get the hospital out of us."

- Okay. That's a good one. And I think one of the thing followed by systems transformation is the concept that people wait for the government to do something for them. And I, what we tried to embed in our consent decree and strategic plan was a private-public partnership, and is that in-line with what the Star Center helps organizations to do.

- Absolutely. So that's, I know, I noticed that about the plan and I really appreciate it seeing that because that is one of the fundamental beginnings of our systems transformation is involving the private or community sector in the solution finding and the development of the plan. So that's been done on some level and now the actual implementation of the plan will have more meaning and will have, people will actually come. It's not like you can just build it and they will come. It actually has to be built by the people who are actually going to use it in order for to be effective.

- Okay. And that includes the families and those persons with mental health issues.

- Absolutely, because every, it's a whole family support approach that we wanna see, and then what's great about the opportunity, I mean, I really wanna say that US Virgin Islands has real opportunity here even though there's a great challenge in all, and scaling up all the services that are in the plan, the opportunity is that, because lot of these services aren't necessarily even there yet, you have the opportunity to create something that's based on the strengths and the culture of the Virgin Islands that brings the actual priorities, and the hopes, and the dreams of the people, the community forward first as opposed to trying to ratchet that in later after something has already been built, which some states are still trying to do.

- Okay. And you said, the Star Center is based in Arlington, Virginia, but how does it actually operate? Could you sort of explain it?

- It's a great question, yeah. So we're based in Arlington at NAMI, however, I, for example live in New York, and we support nine other states and territory, nine total states and territories, so I support Region II, which is New York, New Jersey, Puerto Rico, and the US Virgin Islands, and Region VI of the country which is Arkansas, Oklahoma, Louisiana, New Mexico, and Texas. And each of these states are in different stages of their mental health systems transformation process. Some have been involved in the process for some time and have already built strong infrastructure like in New York and in New Jersey. While other states and territories are just starting out like USVI and Oklahoma. We have identified three priority states and territories, Oklahoma, Texas and, yeah, US Virgin Islands.

- Okay. I'd like to follow up on that and as we take a break and then get right back to the story.

- Okay. Thank you.

- Hello, again this is Ability Radio, You and Your Health, sponsored by the Lottery Commission and Disability Rights Center of the Virgin Islands. And we have with us this morning from the Star Center, Chacku Mathai. We were just talking about the various communities that are also in Systems Transformation and I wanted to sort of step back and give a little input, because of my civil rights background being that for me it's been a civil right issue that persons with Mental Health Issues deserve equal treatment under the law. And therefore that was the concept sold to the Supreme Court as well, is that persons should not lose their life, liberty, or pursuit of happiness or property without due process of law. And for what many people do not know is that there are thousands of people in the institutions across in United States who were basically held without their rights, their rights being protected and I was in law school when the Supreme Court decision of Goss versus Lopez came down saying, "People must be represented by legal counsel in order to be held in these institutions." Which led to the Olmstead decision to deinstitutionalize many people, because they were being segregate from the rest of society what we have in, you brought it up as an opportunity to create the new vision for treatment of persons with mental illness instead of out of sight, out of mind leaving them up to their own devices and or any other aspect with regard to it and working together as a community to build the infrastructure for a new system. So the Virgin Island is not ahead or behind it's in, it's online with what many other jurisdictions are doing it, am I not correct with the…

- No, you're absolutely right, it's, and it's a strong point that you're making because a lot of times the, you know, we're, a lot of times we see things like, you know, those of us who have been through the process and crisis and we think, "Oh, my gosh, there's no way to support people who are in such, devastating circumstances or with such disabling conditions.", and this is not what we've learned, we've learned for so many years now that and it's taken a while for this research to really hit the ground in terms of actual practice, but longitudinal studies are, is now showing that even those people who we thought would be always on the back wards of State Hospitals, these people that you talked about, that were languishing for, you know, many years. Could and would and did leave the hospital, recover, go back to work, go back to school, relate well to family and friends, get off of medications, never even look like they've ever been in the hospital and these are the people that in previous research always thought they would never recover. And so disability to even, predictual recovery's gone. So, that flips the script a lot of times on the system or in so now we have an opportunity here to build the system based on what we know today which is we get better, a lot better, the way to do it is through discovering our hopes and dreams, our strengths, our skills, our culture and really connecting with persons and families as a whole and really involving them in the whole process and so that's what the strategic plan really allows for and actually doing it earlier instead of waiting for people to be at their worst [inaudible] heading it off when it's, when early signs of struggle are starting on being able to offer what people really want at that time, not necessarily the most intensive or invasive supports, but actual, just, you know, maybe some strong, you know, counseling that somebody might, you know, that's available more often, a place to go, a place to get a job, a place to connect with people. These things can make a difference.

- Okay. Can you explain some the successes you've seen and as a result of the, your interaction with some of these systems.

- Oh, absolutely, so for example I mentioned the Peer Bridger Project, this was the project that started in 1993, '94 and at the time in New York we were just starting a process of closing State Hospitals and the State agreed through something we call the Community Reinvestment Act and this took some advocacy to make happen, but that act basically allowed for the, you know, reinvestment of money from the closing of State Hospitals and reinvesting it in the community, so models like the Peer Bridger Project like supported housing, supports actually where people could go and live in an apartment, coming out of hospital, support an employment supports where people will get supports to get them, find and keep employment. All were being offered to people not just for those who people thought could do it, but for everybody. You know, everybody coming out was given a chance to really be involved in this kind of support, so you were asked, you know, what's important to you, where do you want to live, what kind of goals do you have and not everybody knew the answer right away, but we were, you know, taught how to support people in that process, right and so when that happened, people started to go, "You know what, I haven't told anybody about this, but I'd really like to be in a bus, be a bus driver, I'd like to really be a teacher, you know I always like go over this dream of being a parent, you know, and that's who I want to be." So, when somebody gets hold to their hope, it's an amazing thing, because then, you can't stop them. That's kind of how I feel about at a system level too, when you've kind of get a hold of the hope for the system, it can't be stopped, you know, that's gonna continue.

- And you were saying that they basically took a funding source that was going to State Institutions and redirect it and they ain't creating any new money, did they.

- No, yeah, it really was about reallocating funds from where, now there is only, by this time, there are only, you know, 4,000, 5,000 people in the State System or maybe 9,000 at that time, particular time. But the idea was that the majority of the people were in the community and that's where the support was needed, so the deinstitutionalization that you'd talked about, that the funding still hadn't been reallocated to where the people were. So, when, and when you did that, then you actually, and then you involved people in saying, "What do you want?" And people say, "Well, you know, we want some real basic things, we want housing, we want employment, we want social supports that really help us, including peer and family supports." And so, home, a job, a date on the weekend is kind of what people came out with, you know, and so we reorganized services to focus on that and that mean, that meant the Mental Health

System claiming some responsibility for housing and employment. At one time, they never, they thought, "Oh, that's not really our job, that's for Department of Labor or for [inaudible]

- Right, they created the silos that we keep talking about.

- That's correct and so we decided we needed to collaborate with systems and that's another thing in this strategic plan, it's very exciting, it's an interdisciplinary, very, it calls for care coordination and a coordination of systems and an accountability of those systems to the people being served.

- Correct, correct. And I was also very enlightened or I'd like to say, about reallocation of funds and that the senate or the government didn't have to spend anymore new money to just redirect the money that they had in place. And I, and I was thinking that's where we are in the Virgin Islands, I think we have a lot of persons being placed off Island and they're spending at one point, it was quote as 13 or $15,000,000 on off-island facilities. So there's jobs, there are systems emplaced in some other location, be it Texas, Florida or whatever, but we could do the same thing here by just redirecting those funds back to the Virgin Islands expenditure of funds in training and to, and bring those folks home, who are in off-island facilities.

- Yeah. And I think it's really worth looking at, for example the Federal Government also offers block granting and discretionary funds support, to states and territories, you know, United States Virgin Islands has access to that funding as well. Some of which could be even more utilized than they probably are. So, that's something to be looking at, so the idea that funding is important then it absolutely is to scale up support the more efficient use of it and the more targeted use of it something that ought to be considered.

- Yeah, so you're showing and saying, for the state of New York, funding wasn't a barrier, so those barriers can be sort of…

- Well, in New York it all, I mean, there's, in New York they had already built a system with, you know, stakeholders that cared about that system, so that was a negotiation, a fight even, you know, in terms of whether those systems ought to be closed what does that mean, how do you privatize services that were normally state-run, you know, the, all of those conversations were long term and sometimes difficult for us to have, but I think, people landed on a common platform which was, looks like we're spending a lot of money on hospitalizations, that repeat hospitalizations for certain groups of people, looks like we're spending a lot of money on emergency rooms where people are coming in and not getting what they need and going back out onto the street and crisis services, so if we could even reduce a lot of bad support, the kinds of needs that are happening in re-hospitalization, emergency rooms and crisis kind of supports and actually be more pro-active that saved a lot of money and that showed to be true and then that's why when, you think about managed care opportunities to managed care, private kind of models look towards that and actually said, "Oh, okay, we actually think that might be an opportunity to be able to manage the what are now known as run-away Medicaid costs." New York and many states had a situation where 75 to 80% of their Medicaid funding was actually being incurred by 20% of the population, that 20% were those of us with mental health addiction and physical health co-occurring issues. So, that, kind of, what they call the comorbidity treating mental health, physical health issues and addiction issues was causing a repeat of involvement and hospitalizations, emergency rooms, whereas if you did a more pro-active approach by providing peer support, family support, health, patient care [inaudible] kind of support at, you know, case management, a number of supports actually help people stay in the community and avoid those more costly services, they actually were going back to work and utilizing more incentives and that regard and then Medicaid Utilization went down as well.

- Okay, okay. Well, you were with me when we visited a community center yesterday and I think the numbers that they were saying that one point they had more or less 300 who were on the rolls and now down to 100 on the rolls but 35 active and just as an example, but they're saying, what's increases the number of homeless persons and persons have stopped coming back to the system to get assistance in health. Do, have you ever heard of those kind of situations where once they got the infrastructure in place people start utilizing the services more.

- Yeah, I think, you know, what we're noticing is that, you know, whether it's in New York City or, you know, other parts of the country and going on the other west coast in California, the models that really engaged people were what we needed to look at. So engagement is very different than compliance for example. So asking somebody to come in to an office get their medications, set for an appointment for 45 minutes and then go back out to the same conditions of their life was actually a pretty tall order. The no-show rates for that kind of an ask from a person receiving services was pretty high. The people would come for one appointment and never comeback. So, engagement means feet on the street, being able to go to people. Connecting with people where they are, engaging people about what's important to them and so the 35 people for example that are showing up at the clinic, these are asking for things that are important to them. And a lot of times there was a connection with counselor that could support them and problem solving an issue that was going on right then in there. It was about the group in social supports that there were important to them and sometimes there was meds and connection to clinical services as well but those were kind of secondary to their goals, you know? And so the homeless community, you know, including on Saint Croix where we were really needs to be reached out to, not necessarily creating something for them to come to, you know, and be at alone. So we need to go to go out and get people's attention, bring people in to save spaces like a, like a, you know, club house, recovery center, clinics, that are community based but then also help people go through it not just stay stuck there but really go back to what's important to them and discover, you know, new opportunities whether it's volunteering or other kind of things.

- Oh, so, well, we're gonna take a little break but I'd like to get back to that engagement aspect as well because part of it is I think that's where a barrier is being set up in. After the short break, let's start talk about that a little bit.

- You got it.

- Hello, again this is Ability Radio, You and Your Health sponsored by the Lottery Commission and Disability Rights Center of the Virgin Islands. We have with us this morning from the Star Center, Chacku Mathai. And we were just talking about engagement of persons with mental health services and what do you consider a proper way to engage persons who have mental health issues because we have many who come into our offices and we'[d listen but we can't really assist them with their mental health issues. But we would like to direct them to proper the locations where they can receive those services.

- Right. I appreciate you asking because, you know, anyone has the opportunity to engage someone effectively and in a way that actually supports them to move towards the next step as you were saying, right? And so one of the first things that I look for in terms of how I approach people and how I was approached that was effective was people listening to me and you just said it, you know, we listen. So when someone has a lot to say and they're opening their mouth even, I mean, that's a big deal. So I tried to stay out of the way of that and really try to understand what they're saying, summarize well, ask questions that aren't trying to lead them anywhere but really, really just to try understand what they're saying, and where they're coming from. A lot of times we might be hearing things that challenge us or we disagree with or we think are delusional or overly, you know, we might have judgments about them, yeah. So there's, so, we start thinking and using clinical language like paranoid and other kind of things. And a lot of, what I encouraged people to do is try to drop that and actually remove all of their system or clinical language or whatever it is they use to label, kind of, behaviors, things and actually use more neutral language and all the more concrete language. So when someone's they're feeling like they are being, you know, followed by someone, you know, we, I've heard people say, "I've said that myself." So, maybe you can say, "Well, so you're feeling suspicious about who's around you right now", can you say more about that? And some people think that exploring a perspective like this is actually dangerous. It's not all. It's actually helpful for somebody to feel understood and hurt. So really feeling like someone's connecting with you is in important part of the engagement process. The next one is around what somebody feels like they need right then and there. So if, even if you'd get to a point of where somebody stuck around in a conversation with us about what they're struggling with and then that's the big deal to somebody's, you know, a lot of times we want people to know how cool we are before we'd get into anything messed up about, going at, you know what I mean? So we need some, a sense of appreciation. So, when somebody is talking with me, I try to really make sure I'm showing an appreciation for them. And the last time I was

here I was actually, you know, talking to a man who's happened to be homeless here and he just kept coming back to me to ask me, to remind him about the beautiful thing that he heard me say about them. And I said a bunch of the nice things about them that I had reflected back to him that I noticed about him, you know, and about the way he is with people and about his eyes and about his smile. And but throughout the, I notice, throughout our interaction he kept coming back when it almost like, when he forgot it, he'd said, "Can you remind, can you tell me again what you'd like about me?" It was almost like he needed that validation and that sense of support that it wasn't just about him being a problem or something that needed to be fixed. As way he was a human being that had goals and hopes and dreams of his own that needed to be connected with, right? And supported somehow so that is where it starts just to give a basic example.

- Okay, well that's great because I mean, I think a lot of people needed to hear that because what they see in lot of persons who are maybe acting out in public or having problems they see the other. I mead, and I would like to, for the whole entire community, they had sit back and reflect that, that person who you take is a problem is a human being and maybe they have some issues you do not, can't connect with, but just remember not to, I guess, basically to think of them as something less than human being. Is essentially what I'm trying to get at because we were in that position right now, were they're not getting help. There's a lack of services and they may persons may have issues at any point any time in stores, on main street, and other locations and instead of turning them away we're basically just calling the police on them. Maybe sometimes just engaged in a conversation may calm them down.

- It definitely does. I've noticed that every time myself. I'm not saying that people shouldn't be asked to, you know, expected to be treated respectfully or, you know. So I think that's part of the challenge there, there's a lot of times people think engagement means just making it all about you. When actually, "You know what? My needs matter too." And when I'm centered about, "Look, I'd rather you yell at me, I'd like you to tell them and talk with me, you know, respectfully like I am with you." And that's, we can do that, right? But sometimes people struggle with that but they can also learn how to, you know, build that capacity and so that's what the, a lot of the peer services that we've talked about do is to help people make the adjustment into community. Learn, re-learn a lot of times, how to, how to connect with people, how to go to resources like libraries and doctor's offices and, you know, book stores, wherever they'd like to go and you know, find what's important to them and find another kind of way to be so as opposed to what they've always done, which sometimes it's easy to forget, you know, how, you know, how, you know, what's best for you or what, you know, how you are at your best, you know. So, It takes time.

- Takes time. And then, what sort of things did the Star Center add as you reviewed the Virgin Islands as far as infrastructure and what do you see as a vision for the Virgin Islands?

- Well, I don't wanna impose any vision of my own but I can definitely, you know, say that part of the process that we'd like to support is creating community conversations. So one of the things we did for example in Puerto Rico couple years ago this resulted in a pretty good process there already is we did a round of listening sessions around the island. And that resulted in bringing community, family members, faith-based communities, providers, you know, anybody interested in the conversation in mental health. Forward, let's talk about what their hopes and dreams for the community, for their community were. And as a result to that they were able to mobilize together and start a planning process in that, in that vein. And I think that's what I would like to see is, some process where we bring people together and that's when I'm available to do personally and help facilitate. And I can do that both in person which is nice since USVI is identified as a priority state territory. And I can also do it virtually, you know, so we have virtual platform or we can bring, you know, organizers together to really be a part of that process. And I can also derive the trainings. So I could, community trainings and even the trainings for community members who would just want to learn how to engage people better, where to turn, you know, and so you can bring, what happens is in that regard you bring community, general public, and then also providers who are available to help, you know, into the picture so people know about them. And they're able to have a better relationship. Cops for example. We've, we trained cops at times and help support our relationships to the police and so here the USVI Police Department, you know, all to get involved because I've seen them, you know, actually interact really nicely with people. I've seen some successful

interactions, that, you know, I think a lot to be recognized and build upon as a way to move forward as well.

- Now I was wondering, even with Puerto Rico, we are able to engage the business community or some of those sectors into this conversation.

- I think so, I mean, Puerto Rico is in a process of doing a combination of things. And of course they, you know, they also have a, you know, transition in government and a financials, you know, issue that's going on there that that a lot of different areas of attentions they're focusing on. So right now they were focusing on developing the capacity to the pear and family networks to develop as well as the peer specialist kind of supports that could happen. Here, I've noticed already employers wanting, one employer, you know, met me on the plane and was very excited who wanted to get involved. And I think would be ready to hire people right away, you know. So I think that's the great thing we've done, we did that in New York. We created a small business network…

- Okay.

- …employers that were actually engaged and thought about reasonable accommodations and actually for people who have mental health issues, they are accommodation are so inexpensive. It doesn't cause you anything to give people extra breaks, reorganize duties, provide a different supervision model, provide, you know, access to peer supports things like that, time for appointments, things like that, right? Are they are kinds of accommodations, you know, it's not the system technology that sometimes is needed and some other org or physical accommodations that are needed by other people to explore this one.

- Right, but I'm also thinking about being in a small community, some of the minor crimes that persons with disability, mental health disabilities committed are like throwing rocks at stores…

- Oh, that's a great point.

- …or and, or being engaged in a, 'cause I witnessed an incident the, just the other day. And I overheard the owner of the store trying to wrestle this person out of the store and he made a comment to the effect by, "well," because this was an older gentleman and he's pretty well-known on this island, and he pretty much is from downtown over to, Raphune Hill area and the owner said something to the effect, "Just seems like they get older and never die." Now, that told me that this person has been coming through or coming in that area for a long period of time and probably the same interaction I saw, him becoming engaged in, 'cause the person's not homeless that I saw, and I just wondering what some of those conversations, and you think we can reach that level into the community to give everybody that…

- I think you can and I think it's a great idea. And so whether it's showing for example, we have this great film that you'd created several years ago, "Forgotten in Paradise," doing showings or screenings of that film and having conversations that result from that. Or, you know, some kind of debriefing or community dialogue, if you will, about that. As well as learning how to better engage and get your own needs to, it doesn't mean people shouldn't be, you know, asked to stop throwing rocks or held accountable, right? It also means how we do that is what you're talking about.

- Right.

- Absolutely.

- And I know the timeline, how much time would you been able to spend with us [inaudible]

- So, well, I'm going to be here for is the next five years. So I'll have--this is the first year, 2015 to 2016, it's a September to October Cycle. So the next--year two begins in October, so I come about twice a year, we can schedule personal visits that can last about a week. That's not, you know, rigidly in that way it's just kind of depends on what the needs are and then on a regular monthly basis, you know, as often

as needed virtually by phone or by web conference. We're opening up a virtual training capacity there as well. So that will be for through 2020.

- And the main contact will be both the [inaudible] and as they come more engaged in the process, I can give our office number 776-4303 to make these initial contacts but we can sort of envision at least over the next year or two year, having these community conversations.

- Absolutely, and I think--I think you're gonna notice that whether it's the NAMI community organizations or other non-profit organizations that are getting involved, there's a coalition, um, really being, you know, organized to support those of us who had lived and experienced mental health conditions to be at the forefront, to be leading a lot of those conversations, to be part of the advocacy framework that's happening, so that's part of what we're looking at, it's getting more people from the community, involved in collaboration with these strategic planning efforts. And then of course, more policy changes that result.

- Okay. Well, we're going to take a quick break. One more break in this regard and I would like to get into some of the things you've mentioned about clubhouses and issues with regard to what persons with mental health illness can do once they come back to the community.

- Absolutely.

- Again, welcome to the final segment of Ability Radio, You and Your Health. Sponsored by the lottery commission and the Disability Rights Center of the Virgin Islands, we're here with Mr. Chacku Mathai from the star center and one of the things we were just talking about is what community integration really means and what do person who have mental illness, coming back into the community, some of the ideas that their engagement in with the community, such as the clubhouse, you were mentioning that before.

- Right. So there are models that support people to come back into community. And so there's, you know, a distinction between what it means to be in a community and just kind of stabilized. As it's kind of the traditional language that's been used and kind of kept in community but not necessarily feeling like I'm a part of community. So that's a lot of the trap that ends up happening, there's all the services that get built up and then people are kind of shuffled from one-day program to a housing program, and then back to the day program, and that's supposed to be a satisfying life. Well, when you ask that person whether they're happy and connected with what's important to them, probably not. A lot of times, those services just on their own aren't enough, so the clubhouse model for example is one that was created where we create a place for people to feel ownership and a sense of membership. So example [inaudible] a model out of New York City that was called the townhouse, that started the clubhouse model, and this in the 70s and there are natural credentialing, there's an international credentialing system to actually identify the standards for the clubhouse model, which is now an evidence based practice. And that model allows for a person to be able to get access to employment opportunities, housing, membership in this clubhouse, an actual role. So, before they even go out and find employment, they might have employment in the clubhouse itself. So really, it's a sense of responsibility that's built in for what's happening in the community there, and a place to build community within a community, right?

- Okay.

- And so this idea of membership at that level and to have a place where I find my, you know, friends, and staff. There's a distinction between me and the staff, that kind of thing is what the clubhouse model for example, works.

- And along with the community dialogue, is there any type of, um, I guess, I would say compatibility or in no regard to having a clubhouse in the dialogues?

- Oh, I see what you mean. Well, I mean, I think, the question becomes what the community--so in the dialogue, let's say you learn that people would really like to see people, you know, getting jobs, going back to school, and that's what I'm pretty sure you'll hear, you know.

- Okay.

- But there's always this questions as well, you know, are they really gonna be ready for it, that they are people able to work, or people able to--are we gonna have the jobs, a lot of times, people worry that they aren't enough jobs, the good news about in the diversion islands is that we have a smaller community, you know, you can have a better sense of how many of the people that actually need support are. How many services you currently have and where you need them more, right?

- Okay.

- So because of that, then you can actually target those services more effectively, scale them off in certain areas and then follow certain people and show those outcomes. When I say follow, meaning, they'd be more attentive to their needs around where they are in their--in their process. So, for example, if somebody's struggling with getting to their appointments, peer-supports that actually could accompany somebody to those appointments as opposed to having the caregiver, the family member who's used to doing that on their own all the time. Letting go of that role and learning how to help somebody be more independent in those areas, that level if independence is part of what we're trying to help people build, in the sense of self-reliance and self, you know, capacity. And as people believe it themselves, the community starts to believe it too.

- As well, okay. And one of the things I noticed when we start some of these projects and I sort of say we underestimate the extent of the problem. I'll give you an example, one point in time I worked with that was called [inaudible] transportation services for persons with disability and I had a back and forth with the commissioner of the transportation as to the number of buses they needed. And I say "Well, you're gonna need more than that because what you're having, once people see that there's public transportation for persons with disability. The demand is gonna grow." And I sort of get the sense with regard to the mental health community as well, is that what we see are the severely disabled and crucial population but once the services start getting in place, the demand will grow and then I'm asking you just sort of, have you seen that in other locations or?

- Yes, yes, absolutely, I mean, you see the demand grow based on what you're offering, so if, you know, for example if people are transitioning to--from homelessness to apartment settings, the demand for housing is part of what's, you know, needing to be built up. Um, and we recognize it, you know, we may have underestimated the number of homeless people that we have on the island. And so as result, the word of mouth in terms of getting access to support might change that and we're gonna need to, you know, scale that up more and adjust accordingly. So, your strategic plan might've called for scaling up a different segment of the system whereas addressing the housing, you know, because you might actually be might more urgent to that point, you know, something to that regard.

- Well, in that regard, also I was thinking about the number of counselors just needed, the number of psychiatrist that's needed in order to provide the services because as we were on Saint Coy, our report yesterday was one psychiatrist, I think, was servicing all three clinics and which would've included the hospital and the two mental health clinics, and there's always the jail.

- Uh-hmm.

- And on St. Thomas, we--I'm not certain about the numbers but we have more than one that's able or available to provide services.

- So yeah, so I mean, so workforce development in terms of whether psychiatric services or nursing or counseling or case management support, that all will have to be addressed, absolutely, in terms of how much and when. I think the, you know, the beginning point in this strategic plan, you'll know overtime whether, you know, how that could be structured differently, it's probably areas where, you know, the budgets that are in there might need to be re-allocated in order to prioritize something like clinical supports.

- But I guess the emphasis should be who's in the forefront or should be in the forefront in the face of this solution?

- Well, like I said, I mean, whether if peer and family--mental health consumers themselves were receiving services and their families are involved in the process from the very beginning or in the forefront are not only helping design but are, you know, designers and directors of the process, there will be success here, I can assure you. I say that with such confidence because that's what we've already seen, you know, in our own experience, and that--we're so dedicated to this because it's our living experience.

- Okay. And as far as the next year, what do you see as envisioning as far as the progression of this dialogue?

- So the next steps, I'm hoping, will be so--I'm looking at coming back again in the next few months by that time, setting--we'll set up some community conversations around the island along with, you know, we've had a couple, uh, organizing meetings that we've had in the last few trips, both in Saint Coy and St. Thomas, tonight in St. Thomas, we'll come out, so I'm hoping we'll be able to give them information about that. But going forward, as that--if you're interested on the island to be an organizer or a participant of these conversations or just a supporter, people can contact us and contact you, and get involved right away. Those conversations will be involved with training around what's currently--what are the models we've only touched on a few examples here in this conversations for example. So, one of the models that we can consider in the various parts of this strategic plan, for example, an early intervention is the principle, there's a process called first episode psychosis engagement that we'll want people to know about, we'll be able to share that information and other kinds of models.

- And again, Disability Rights Center is 776-4303, to make contact. Get more information about this movement moving forward to get the community health through strategic planning in place. And also to address issues regarding having this dialogue about addressing mental health services and especially like we could repeat it again, early intervention, because we're were just--Chacku and I were talking about trauma and community trauma.

- That's right.

- Sometimes when I get back, I was gone for a month, a lot of talk about the number of shootings and killings in the Virgin Islands, that's community trauma when you have the numbers growing and increasing, this is a way to have a dialogue about addressing a very obvious problem that is occurring right now.

- Absolutely, I mean, you know, trauma informed community initiatives are something we've started and supported, so we would be happy to [inaudible] as well.

- Again, Mr. Chacku Mathai, I'd like to thank you for being available to the Virgin Islands and I'd like to thank SAMHSA, Substance Abuse Mental Health Services and Ms. Dennis Romero for offering your services to the Virgin Islands and [inaudible] providing community support and bringing out family and peers to address a critical problem in the Virgin Islands that has existed for many years. And again, thank you we'll be back next week. Ability Radio, You and Your Health, this is Archie Jennings, signing off.