

FREDERIKSTED HEALTH CARE, INC.

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Committee on Health, Hospitals & Human Services

June 5, 2024

Hearing on Mental Health

Testimony

Frederiksted Health Care, Inc.

Good afternoon Honorable Senator Ray Fonseca, Chairman of the Committee on Health, Hospitals, & Human Services, other Committee members, all other Senators and our listening and viewing audience. I am Masserae Sprauve Webster, the Chief Executive Officer of Frederiksted Health Care, Inc., otherwise known to as FHC. I am here today to testify on behalf of the Board of Directors of Frederiksted Health Care, our staff, and our patients.

Frederiksted Health Care is a non-profit organization, which provides primary care services on St. Croix. We are a community health center, funded under Section 330 of the Public Health Service Act. FHC provides health services to everyone regardless of economic levels. The vast majority of our patients are underserved by the traditional health care system.

Our mission is “to provide non-discriminatory, evidence-based, affordable, and accessible health care to the community of St. Croix.” We do this at four health center locations where we provide primary care, behavioral health and enabling services.

Thank you for your invitation to speak today on the status of mental health in the Virgin Islands, from Frederiksted Health Care’s perspective. We would like to begin by providing you an anecdote of our current experience regarding mental health in the Virgin Islands. The Health Resources and Services Administration, (HRSA), currently has a funding opportunity available to existing health centers to expand behavioral health services in their communities. Based on the priority points, which HRSA is assigning for this opportunity, we believe we qualify for receiving this funding. If granted, we will expand staffing to

increase psychiatric services, counseling services and case management services for individuals with mental health and/or substance use disorder conditions.

While we are excited about this opportunity, we are struggling to write our application. The application requires an extensive discussion of the prevalence of mental health conditions and substance use disorders within our service area. It requires the number of people without access to mental health and substance use disorder services and the most significant barriers to accessing mental health and substance use disorder services. The problem is that no data exists to quantify the size and scope of the problem faced in the Virgin Islands.

The Healthy Virgin Islands 2030 Community Health Improvement Plan issued in 2022 lists behavioral and mental health as Priority #3. However, a review of the goals and objectives under that priority lists more than a dozen times: “no baseline available.” We simply do not have reliable data to tell us where things stand!

This is not a new problem. When reviewing the Community Needs Assessment: Understanding the Needs of Vulnerable

Children and Families in the U.S. Virgin Islands Post Hurricanes Irma and Maria in 2019, the Caribbean Exploratory Research Center noted, the lack of morbidity and mortality data and the need to rely on secondary data from “either dated information retrieved from online sources or estimates from the Central Intelligence Agency World Fact Book (2018).”

We are all aware of the presence of mental health and substance use disorder conditions in our community. Yet, we know almost nothing about it. We do not have estimates of prevalence, or an understanding of the most frequently diagnosed types of mental health conditions, or even what the suicide rate is in the Virgin Islands. The World Bank indicates for suicide mortality in the U.S. Virgin Islands, “no data is available for the specified locations”

This lack of information makes it difficult for the government and individual providers to make data-informed decisions about the type and amount of care needed. We urge the committee to consider this knowledge gap, and identify a path to close it. Even if we cannot measure them, one place where we all see the impacts of mental health and substance use conditions, is on our

streets. Far too many individuals with mental health and/or substance use conditions are unhoused, hungry, and ignored. It is easy to place the blame on the unhoused themselves, however we all know that homelessness is not a choice!! National Institute of Health indicates 76% of individuals who are unhoused have a mental health condition.

Frederiksted Health Care provides services for over 100 unhoused individuals annually – both at special clinics for unhoused individuals and during our regular office hours. Our special clinics give us the opportunity to provide personal hygiene, clothing, and food in addition to health care. We not only provide primary medical services, we also provide mental health services and are seeing significant successes in this area. Several patients have come to us completely nonverbal and are now speaking and communicating effectively. Others are now living in stable housing and are now holding jobs. While these successes are real and important, they are simply not enough!! We do not have the resources in the community needed to expand on these successes. The lack of inpatient psychiatric care on St. Croix is in an of itself a Crisis!! Outpatient mental health care is not equipped to handle psychiatric emergencies. Although, we do our best to help those

we can, the lack of key mental health services puts not only the affected individual in immediate danger, but also our entire community. We must move expeditiously on establishing this long-planned inpatient facility.

Our community must also move expeditiously to add housing that is available to unhoused individuals. This means adopting a “housing first” model, which accepts individuals into housing with no preconditions, such as sobriety or stable mental health. A day-program to teach independent living skills would also be a great asset.

At FHC, we have provided a safe, welcoming environment for all, and we are proud to be trusted by many members of our community. Because we are trusted, by so many unhoused individuals, many have begun sleeping on our covered front doors. This is not a question of aesthetics but of safety and access for the remainder of our patients. And it is evidence that the situation is dire!! If we want to address the conditions of mental health and substance use disorder, we must also address homelessness in our community. The two are intricately intertwined!!

FHC provides psychiatric services and mental health counseling services. Each year, nearly 5,000 individuals aged 12 and over are screened for depression by Frederiksted Health Care.

The largest constraint to expanding behavioral health services at FHC is workforce availability. It is extremely difficult to recruit psychiatric providers. We currently only have a psychiatrist one week a month. These services are only available via telehealth. Behavioral health counseling positions are just as difficult to recruit. We are currently considering changes to our staffing model including increased use of telehealth and the use of dependently licensed social workers for counseling. If we are successful with our grant application to HRSA, to expand behavioral health services, workforce issues will be a significant barrier to implementation.

FHC is aware of discussions with Morehouse School of Medicine concerning placement of residents on St. Thomas. We are interested in participating in this or other projects that could address our provider shortage. Perhaps FHC could provide outpatient clinical experience for psychiatry residents.

Successful pharmacological treatment of mental health conditions struggles with access to medications. Certain medications, for example Adderall, require the use of a printed prescription since electronic prescriptions for controlled medications are not allowed in the Virgin Islands. This creates an added level of bureaucracy as our psychiatrist provides services via telehealth, and the patient is rarely at the health center for the visit. Printing the prescription and getting it to the pharmacy, takes time and coordination. Research indicates electronic prescriptions have curbed prescription errors, facilitated monitoring of prescribed controlled substances, increased safety, and reduced possible abuses. The use of electronic prescriptions provides a complete record of each controlled substance prescription: from the physician, through the pharmacy, to the patient; supporting monitoring of all three phases of the transaction. We urge the Legislature to take up this cause and reduce this unnecessary burden to the prescription of valuable medicines, in the treatment of mental health and other conditions.

In addition, access to long-acting injectable antipsychotic medications has been difficult due to the charges for these medications. These medications, for example Asistada and Invega Sustenna have been approved by the FDA since 2015 and 2014 respectively. They are significant advances in the treatment of schizophrenia that improve outcomes without the many negative side effects of older medications like Haldol. By providing individuals with an effective medication that is long-acting, many individuals who once had debilitating symptoms are able to lead normal lives. There is no doubt that these medications are costly. However, an article the Economic Burden of Schizophrenia indicates that the excess direct and indirect costs associated with uncontrolled schizophrenia are approximately \$90,000 per untreated individual per year! Ensuring these medications are available not only saves lives, it saves money.

We look forward to working with the Committee on Health, Hospitals & Human Services to expand access to care for both mental health and substance use disorder conditions in the Virgin Islands and welcome your questions.

Sincerely,

Masserae Sprauve Webster

Chief Executive Officer