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TESTIMONY TO THE 34TH LEGISLATURE OF THE VIRGIN ISLANDS
COMMITTEE ON HEALTH, HOSPITALS, AND HUMAN SERVICES
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Good afternoon, Honorable Senator Ray Fonseca, Chairman of the Committee on Health, Hospitals and Human Services, other Senators present, and the listening and viewing audience. For the record, I am Attorney Tina M. Comissiong, MPA, Chief Executive Officer of Schneider Regional Medical Center (SRMC). Thank you to this Committee for the opportunity to give testimony on the status of “Mental Health” in the St. Thomas-St. John District in the US Virgin Islands.

As an acute care hospital, pursuant to Title 19, Section 242 (a) of the Virgin Islands Code, SRMC is required to provide emergency stabilization and inpatient care to persons requiring treatment for acute presentations of behavioral health concerns. Additionally, as a public hospital, we are required to provide such care regardless of a person’s ability to pay.

Our inpatient Behavioral Health (BHU) accommodates up to eight inpatients and typically has a census of six inpatients. Patients admitted to the BHU most often have diagnoses of psychosis, manic/bipolar disorders, and substance abuse problems. We also see patients with suicidal ideation, secondary to depression, but these admissions are less frequent. For FY23, SRMC had 107 admissions to the BHU and for FY24 through May 7, 2024 that number is 83. Our BHU has an extraordinary average length of stay (ALOS). In FY23, the ALOS was 83 days. It cost SRMC \$1,177,522 to operate the BHU in FY23. For FY24 (up to May 7) we have expended more than \$764,071. For FY23, SRMC treated 541 patients in the Emergency Department (ED) for behavioral health related concerns. SRMC has also had to bear the cost of transferring BHU patients to other facilities. Between FY23 and FY24 air transportation has cost SRMC \$53,388.40.

The community's behavioral health needs are significant. Individuals and families across the Territory continue to be impacted by the lack of available and consistent wrap around services for the treatment of behavioral health conditions. This has led to a concerning trend of ongoing and frequent admissions to SRMC's BHU and long lengths of stay. Without sufficient funding, accessible treatment choices, short-term housing options, and community-based support services (including case management follow up and substance abuse rehab treatment facilities), individuals grappling with mental health challenges often find themselves in a cycle of crises, leading to recurrent hospitalizations.

Our facility is currently challenged by the mandate to accept court ordered patients from the Bureau of Corrections (BOC), Golden Grove Prison and patients under the responsibility of the Department of Health (DOH). Many inmates with mental health issues are involuntarily committed to our BHU to await placement off island. These patients often require additional security and monitoring. They have targeted and injured other vulnerable mental health patients on our unit, which in turn increases expenses for our facility as we must pay for the cost of additional, 24-hour security. We currently have one court-ordered patient on the BHU and are scheduled to get another this week. BOC owes us more than \$877K for services rendered from 2020 to present. We need this body to provide resources to the BOC or to us directly to resolve this arrearage. A total of \$694,741 is owed to us by the (DOH) for the care of their patients, of which \$157,133 is for security expenses alone. Due to our small size and limited space, it is difficult for us to safely house these varying levels of acuity. We are also not a forensic psychiatric facility and should not be housing patients to manage their chronic needs. Prisons and jails on the mainland have their own psychiatric and psychological teams in place. We are concerned that our unit could be overwhelmed by the sudden influx of BOC/Golden Grove patients that ideally should be managed in a psychiatric service within the BOC/Golden Grove system. In the short-term, we are advocating for collaboration with the BOC and legal system to provide resources to improve security measures. When patients are court ordered they must provide appropriate security and monitoring for these patients to ensure the safety of all individuals in the behavioral health unit. For the long-term, our community would

immensely benefit from establishing services within the correctional system as providing specialized care not only reduces the burden on our BHU, but it would also improve outcomes for these individuals.

Discharge planning is a major concern for SRMC's BHU staff as the lack of available housing in the St. Thomas-St. John District makes it difficult to ensure continuity of care. Due to the lack of availability of short-term housing and outpatient community treatment options, patients frequently do not follow up with their outpatient psychiatrist and/or therapy team, which leads to medication non-compliance and subsequent decompensation and re-admission to SRMC's BHU.

Most of the newer, long-acting anti-psychotic once-a-month injectable medications (such as Invega) that are easily accessible and affordable in the states are not covered by our Medicaid program here in the territory. These second-generation antipsychotics are currently the standard first-line treatment for psychosis with the most benign side effect profile available. Because these second-generation injectables are not covered by the insurance companies here in the VI, we are left with limited medication options for the outpatient treatment of the chronically mentally ill. If our Medicaid program were to expand coverage for essential medications, we would have a better chance at reinforcing medication compliance as the financial barriers that presently exist would be reduced. This in turn leads to better outcomes for our patients with chronic mental health issues.

It is also difficult to find consistent treatment options for patients with substance abuse difficulties. We have placed multiple patients at The Village in St. Croix in past years, but they currently have a two to three month waiting list. Investing in expanding and diversifying substance abuse treatment options through partnerships with community organizations and private providers would be one way to increase access to comprehensive substance abuse treatment programs.

We welcome the opportunity to collaborate with our policymakers to prioritize funding for short and long-term housing alternatives, outpatient resources, insurance reimbursement, and working with BOC, DOH, and the Courts to improve mental health care in the Territory. We need to work together to ensure that the mentally ill in our community receive the necessary support they need to be successful.

We support the expansion of behavioral health treatment options in the Territory. As the community's Hospital, we will continue to play an active role in the provision of behavioral services to the community by providing emergency stabilization and inpatient hospitalization for patients with acute behavioral health needs.

SRMC remains an advocate for the expansion of all healthcare services in the Virgin Islands and will continue to partner with all stakeholders to ensure that quality care is provided to this community. This concludes my testimony and I welcome your questions.