35TH LEGISLATURE OF THE VIRGIN ISLANDS
COMMITTEE ON HEALTH, HOSPITALS AND HUMAN SERVICES

The Honorable Ray Fonseca
Chair of Committee

Testimony Presented By
The Honorable Justa Encarnacion, RN, BSN, MBA/HCM
Commissioner of Health

Bill No. 35-0224 An Act amending Title 19, part V, chapter 45, subchapter VI to increase access to behavioral health services, with a focus on a Psychiatric Emergency Response Team to provide mobile crisis intervention services, and the 9-8-8 telecommunication system. Sponsored by Senator Diane T. Capehart.

Good day, Honorable Senator Ray Fonseca, Chairperson of the Committee on Health, Hospitals, and Human Services; Honorable Kenneth L. Gittens, Vice Chair, Committee Members, and all Non-committee members, and the viewing and listening audience. I am Justa Encarnacion, Commissioner for the Virgin Islands Department of Health. Present with me today are Dr. Nicole Craigwell-Syms, Assistant Commissioner; Renan Steele, Deputy Commissioner of Behavioral Health, and Dr. Tai Hunte-Caesar, Medical Director.

We are here to provide testimony on Bill No. 35-0224, an Act amending Title 19, part V, chapter 45, subchapter VI, to increase access to behavioral health services, with a focus on a Psychiatric Emergency Response Team to provide mobile crisis intervention services and the 9-8-8 telecommunication system.

We endorse the formalization of the National 9-8-8 Suicide and Crisis Lifeline in our Territory. Presently, the VI Department of Health's Division of Behavioral Health, in collaboration with local agencies, has successfully activated the "9-8-8" line in the Territory. Still, Bill 35-0224 is crucial in ensuring that the crisis line is answered locally and in codifying the federal 9-8-8 mandate.

The significance of the 9-8-8 lifeline extends beyond being just a number; it emerges as a beacon of hope, offering a genuine opportunity for timely intervention that can profoundly alter the trajectory of someone's life. Communities across the nation that have embraced the 9-8-8-crisis lifeline have witnessed remarkable success stories, illustrating the positive impact of this service in saving lives and providing essential help.

The advantages of 9-8-8 are diverse. It acts as a conduit for timely intervention, significantly reducing response times during behavioral health crises, and ensuring assistance arrives precisely when it is most crucial. Moreover, 9-8-8 plays a pivotal role in dismantling the pervasive stigma

surrounding behavioral health, fostering an environment where individuals feel empowered to seek the assistance they require.

Equally significant is 9-8-8's ability to facilitate more efficient resource allocation through a centralized and coordinated response. The Division of Behavioral Health has developed job descriptions supporting the measures in this Bill by integrating the 9-8-8 and crisis response. This enhances the effectiveness of our crisis response mechanisms and ensures judicious use of resources. By having the integration of 9-8-8 and clinical staff, it allows for immediate de-escalation and provides for access to early intervention. If a response is required or needed, it will also allow for increased efficiency response time to help that individual and family members in need.

While the Psychiatric Emergency Response Teams (PERT) model for crisis response has proven successful, Act 8688 section 1021 (a) and (b), which speaks to Crisis Intervention Teams (CIT), is already in our current law and is the nationally recognized approach by the Substance Abuse Mental Health Service Administration (SAMHSA). The PERT model has limitations, such as the requirement for peers on response teams. While the Division of Behavioral Health acknowledges the valuable contributions of peers, their availability and willingness to risk exposure to triggering stimuli may vary based on their behavioral health stability and recovery phase. Thus, the recommendation is to maintain CIT as the established approach to crisis intervention.

Act 8688, section 1018, also provides the avenue for peers and consumer voice by participating in the Behavioral Health Council of the Virgin Islands. We are selecting the council members. Once selected the names will be sent to the Honorable Governor Albert Bryan Jr. for final approval.

Section 1001(6), crisis receiving and stabilization services, require facilities to provide short-term services within 24 hours with capacity for diagnosis, initial management, observation, crisis stabilization, and follow-up referral services to all persons in a home-like environment. We recommend that short-term services be up to 5 (five) days instead of 24 hours, as written in Act 8688 section 1024a (g), which also includes follow-up referral services to all individuals.

Mobile Crisis Response Teams represent a transformative model in behavioral health crisis intervention, operating on the premise that timely and specialized assistance can make a profound difference in the lives of those facing acute emotional distress. These teams, equipped with empathy and expertise, bring support directly to individuals in need, whether responding to a distressed individual at their home, school, or any community setting. This on-the-spot intervention not only mitigates the immediate crisis but also establishes a bridge to further, ongoing behavioral health care.

It is essential to consider the long-term 9-8-8 financial savings although concerns about costs may arise. By preventing the escalation of behavioral health crises, we can alleviate the burden on emergency services and reduce overall healthcare costs. It is not merely an expenditure; it stands as an investment in the collective well-being of our community.

As stated in section 1020(c)(4), 9-8-8 fee revenue must be used to supplement, not supplant, any federal, territory or local funding for suicide prevention or behavioral health crisis services. However, 9-8-8 is a federal mandate that must be funded consistently for the program to survive. The Department of Health will request 1.1 million dollars annually, within our general fund to ensure access to crisis intervention and that suicide prevention efforts continue to exist. This will include crisis response counselors, vehicles, and operating expenses to include hardware and software.

In summary, the Bill is a proactive strategy for cultivating behavioral health resilience within our communities by meeting individuals in crisis where they are. 9-8-8 and the Mobile Crisis Response Teams represent a beacon of compassion, offering a lifeline to those navigating the complexities of behavioral health challenges. In addition, 9-8-8 and the Mobile Crisis Response Teams supports the Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF) in states, territories, and communities across the Nation. The Governor's and Mayor's Challenges is a project in which the Office of Substance Use and Mental HealthHealth Services (SAMHSA) has partnered with the United States Department of Veterans Affairs (VA).

The Department of Health is committed to reducing health risks, increasing access to quality healthcare, and enforcing health standards. The Department commits to continued collaborative efforts with the members of the 35th Legislature. I trust that, together, we can forge legislation that safeguards both our communities and the individuals within them and more specifically to reduce suicides in our territory.