TESTIMONY TO THE COMMITTEE ON RULES AND JUDICIARY

The Honorable Senator Diane Capehart

Chair of the Committee

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Good morning, Honorable Senator Diane T. Capehart, Chair of the Committee on Rules and Judiciary, Senators of the 35th Legislature of the U.S. Virgin Islands present, and the listening and viewing audience. I am Hazel Philbert, Interim Chief Executive Officer at the Governor Juan F. Luis Hospital and Medical Center (JFL). Present with me today is Dr. Evadne Sang, Chief of Psychiatric Services at the Governor Juan Luis Hospital and Medical Center. It is a privilege to be here today to provide testimony on Bill Number 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 (PERT) to provide mobile crisis intervention services and the 9-8-8 telecommunication system.

In June, leadership from JFL testified on the status of mental health, emphasizing the urgent need for a collaborative approach to address mental health concerns in the US Virgin Islands. Mental illness continues to disproportionately impact vulnerable populations and access to resources in our community is limited. To recap, we highlighted the importance of coming together to prioritize mental health services and support systems that are accessible, affordable, and culturally sensitive. Comprehensive solutions that address mental health challenges in our community can be realized by working collaboratively with government agencies, healthcare providers, community organizations, and individuals with real-life experience to promote healing and resilience.

The JFL North temporary hardened structured hospital is limited in capacity and has fifty-two (52) inpatient beds. This includes twenty-six (26) beds in the Emergency Department (ED) with thirteen (13) general observation/treatment bays, three (3) isolation rooms, two (2) trauma bays, four (4) fast track bays, and a four (4) bed crisis stabilization area for behavioral health in the heart of the emergency department as a function of emergency room care.

It is important to emphasize that JFL does not have an inpatient care unit for acute behavioral health care and is limited to only ED stabilization services. The current behavioral unit is unsuited for long-term, chronic hospitalization or residential care. These stabilization services can be accessed voluntarily or through emergency commitment and/or involuntary commitment as outlined in the VI Behavioral Health and Developmental Disability Act. (*See Key Definitions*). JFL's behavioral healthcare team works diligently to provide care to behavioral health patients who

present to the ED. The stabilization services include the ED medical team with the psychiatrist stabilizing patients admitted for observation. Patients can be held in observation for 48-72 hours per psychiatrist's order and therapeutic services are provided by JFL's behavioral healthcare team. Outpatient linkages to DOH's Division of Behavioral Health and /or licensed behavioral health professionals for continued psychiatric interventions as available are made prior to discharge.

The number of behavioral health visits to the ED has seen a significant national increase in recent years. Due to the emphasis on medical stabilization, the rising prevalence of mental illness, the shortage of trained mental health professionals, and the reduced availability of acute psychiatric care, JFL's ED often lacks the necessary resources to address the comprehensive needs of these behavioral health patients. Additionally, stabilization in the ED is more expensive, less intensive, and less focused on long-term rehabilitation to improve the quality of life for these patients.

In June, our leadership presented findings of 164 behavioral health evaluations carried out between April 2023 and April 2024. Further data analysis revealed 178 patients (from January 2023 – December 2023) presented to the ED with a behavioral health-related chief complaint and received behavioral health evaluation. From January to October 2024, we have recorded 142 and anticipate this number to increase through the end of the year. This data continues to be concerning for JFL given the previously mentioned limitations.

The most common diagnoses seen in our ED are substance use disorders, schizophrenia, psychosis, anxiety, and depression. After patients are discharged, there are limited community resources to aid them in obtaining the necessary outpatient services and resources to enhance their quality of life. Consequently, JFL's ED serves as the primary service provider, and patients frequently return to the hospital during crises. This dynamic significantly affects JFL as the sole organization capable of providing stabilization services in the community. Periodically, JFL has had to transfer behavioral health patients requiring inpatient psychiatric care services to our sister hospital Schneider Regional Medical Center (SRMC). A well-designed program can help reduce admissions and readmissions to the ED for behavioral patients and promote care coordination for these patients. Research shows that comprehensive psychiatric

emergency programs can lessen the impact of emergency mental health presentations and improve patient diversion to appropriate behavioral health care.

JFL supports Bill Number 35-0224, which aims to amend Title 19, part V, chapter 45, subchapter VI to enhance access to behavioral health services provided by JFL. This includes a focus on implementing a Crisis Intervention Team (CIT) to provide mobile crisis intervention services and the 9-8-8 telecommunication system. The introduction of mobile crisis intervention services and the 9-8-8 telecommunications system:

1. Empowers operators to conduct triage, facilitate care, and resolve situations in the community, as well as redirect non-emergent cases to mobile crisis units, significantly reducing the burden on the emergency department.
2. Ensures increased connection to services, guaranteeing that individuals who may be hard to reach and might not otherwise receive services have access to evaluation and treatment from a mental health professional.
3. Substantially reduces wait times for non-emergent behavioral health patients in the emergency department.
4. Ultimately promotes cost-effectiveness for several entities, including our hospitals and the Virgin Islands Police Department (VIPD).

The ED at JFL, the VI Department of Health (DOH), and VI Police Department (VIPD) have a long-standing working relationship when responding to behavioral health emergencies. Therefore, the CIT can aid in strengthening and expanding these collaborations. We look forward to the ongoing collaboration with the DOH and other key stakeholders on this initiative as well as serving on the mandated advisory board.

In closing, JFL acknowledges the appropriation of funds from this program for the purchase of hospital beds and as a contribution to the salaries for behavioral health nurses upon the passing of this bill. Consideration should also be given for the utilization of these funds for resources the hospital identifies as a high priority for the safe and appropriate care of behavioral health patients. We will continue to work with the Territorial Hospital Redevelopment Team (THRT) on developing a behavioral health space design for the new hospital facility to provide

comprehensive inpatient care. The new acute behavioral health unit proposal includes key patient-centered spaces such as therapy rooms, social rooms, and outdoor spaces necessary for a safe, modern, and therapeutic unit for adults, adolescent and children.

I would like to take a moment to express my heartfelt appreciation to the incredible staff at JFL, the THRT, and the Territorial Board of Directors for their continuous dedication and commitment to advancing healthcare in the community. I also extend appreciation to the DOH and other community partners for their continuous support and collaboration. The JFL Executive Team thanks the Honorable Senator Diane Capehart, Chairperson of the Committee on Rules and Judiciary, and all the committee members for allowing us to provide this testimony today. We stand ready to answer any questions that you may have. Thank you.

KEY DEFINITIONS

Term	Definition
Emergency Commitment	A treating medical practitioner/psychiatrist, behavioral health professional, relative, or anyone with personal knowledge of a person with behavioral health challenges who has threatened, attempted, or inflicted physical harm on themselves or another person and/or damage to property may file an application under oath to the hospital for behavioral health evaluation of the person. If the treating medical practitioner/ psychiatrist determines that the person is at risk of harm to themselves or another person and/or damage to property, the treating medical practitioner/psychiatrist can commit up to a maximum of five (5) days, not including holidays and weekends for continued medical treatment. After the five (5) day period, the treating medical practitioner/psychiatrist must obtain a Court order for any further commitment, and the person may be transferred to another appropriate treatment facility for continued care and treatment.
Involuntary Commitment	A treating medical practitioner/psychiatrist, behavioral health professional, relative, or anyone with personal knowledge of a person with behavioral health challenges may also petition the Court for a person to be involuntarily committed for behavioral health evaluation and treatment. There is a Court proceeding relative to the petition for involuntary commitment. Based on the Court proceeding and decision, a person may be court-ordered, or involuntarily committed for behavioral health evaluation and treatment. In these cases, JFL's medical practitioners/psychiatrists and staff work collaboratively with the Court and the Department of Health to address the care needs and medical treatment plans. The person may also be transferred to another appropriate treatment facility for continued care and treatment.
Voluntary Treatment	A person experiencing a behavioral health crisis can access behavioral treatment services voluntarily through the emergency department. The person voluntarily requesting behavioral health support is free to leave at any time after a behavioral health evaluation unless the person appears to be a threat to themselves and/or others or property damage. In cases where the behavioral health evaluation determined the person to be a threat to themselves and/or others or damage to property, an application for emergency or involuntary commitment is initiated by the medical practitioner/ psychiatrist for further behavioral healthcare and treatment.