



SCHNEIDER REGIONAL
MEDICAL CENTER

ROY LESTER SCHNEIDER
HOSPITAL

MYRAH KEATING SMITH
COMMUNITY HEALTH CENTER

CHARLOTTE KIMELMAN
CANCER INSTITUTE

November 19, 2024

The Honorable Diane Capehart
Chair
Committee on Rules and Judiciary

Dear Senator Capehart,

Schneider Regional Medical Center ("SRMC") is in receipt of your invitation to testify on Bill No. 35-0224: an amendment to 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 team.

Thank you for your inclusion of SRMC in this invaluable discussion. Due to a longstanding commitment to participate in the Office of Health Information Technology's (OHIT) USVI Digital Health Summit 2024 as a panelist, I am unable to appear before you and the committee today to provide testimony. Enclosed you will find my testimony which I am asking to be formally read onto the record.

Sincerely,

Tina M. Comissiong, Esq., MPA
Chief Executive Officer
Schneider Regional Medical Center



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TINA M. COMISSIONG, ESQ., MPA | CHIEF EXECUTIVE OFFICER
TESTIMONY TO THE 35TH LEGISLATURE OF THE VIRGIN ISLANDS
COMMITTEE ON RULES AND JUDICIARY
Tuesday, November 19, 2024

Good afternoon, Honorable Senator Diane Capehart, Chairwoman of the Committee on Rules and Judiciary, 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 Bill No. 35-0224 which amends 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.

SRMC supports this bill because additional outreach in the community setting through the Psychiatric Emergency Response Team (PERT) is a good thing. 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.

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.

For FY23, SRMC treated 541 patients in the Emergency Department (ED) for behavioral health related concerns. Our inpatient Behavioral Health (BHU) accommodates up to eight inpatients

and typically has a census of six inpatients. For FY23, SRMC had 107 admissions to the BHU and for FY24 through May 7, 2024, that number is 83. 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. 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. SRMC has also had to bear the cost of transferring BHU patients to other facilities. Between FY23 and FY24 air transportation for BHU patients has cost SRMC \$53,388.40.

The allocation of 15% of the Trust Fund through this legislation will assist SRMC with purchasing hospital beds and providing behavioral health care to the community.

The GVI needs to continue to allocate additional funding to ensure accessible treatment choices, short-term housing options, and community-based support services (including case management follow up and substance abuse rehab treatment facilities) exist in our Territory. We need additional community-based options so individuals grappling with mental health challenges can get themselves out of a cycle of crises and avoid recurrent hospitalizations.

It is important to recognize that the lack of sufficient outpatient mental health services leads to frequent re-admissions to SRMC's BHU and long lengths of stay at SRMC. Discharge planning is a major concern for SRMC's BHU and ED. The lack of available housing in the St. Thomas-St. John District makes it difficult to ensure continuity of care for patients with behavioral health issues. Due to the lack of availability of short-term housing, outpatient community treatment options and insufficient numbers of providers in the community, patients frequently do not get follow up with outpatient psychiatrists and/or a therapy team, which leads to medication noncompliance and subsequent decompensation and re-admission to SRMC's BHU.

We will continue working with DOH and BOC to improve mental health care in the Territory and continue to advocate for more short and long-term housing alternatives, outpatient resources, and insurance reimbursement. We recommend that the newer, long-acting anti-psychotic 3 once-a-month injectable medications (such as Invega) that are easily accessible and affordable in the states be covered by our Medicaid program here in the Territory. By expanding coverage for essential medications and adding services and providers, we will have a better chance at reinforcing medication treatment and compliance. This will lead to better outcomes for our patients with chronic mental health issues.

We support the expansion of behavioral health treatment options in the Territory and the addition of the 9-8-8 hotline and the Psychiatric Emergency Response Team (PERT). As the community's Hospital, we will continue to play an active role in the provision of emergency and inpatient behavioral health services to the community.

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.