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0:00:00 Go to Beadaholique.com for all of your beading supply needs! Thank you. Let's go. Thank you. Let's go! Let's go. We'll be right back. Let's get started. We'll be right back. Thank you. Let's do it Let's go. Let's go. Thank you. Let's go. Let's go. Let's go! Let's go. Let's get started. Let's go. Let's go. Let's go. Let's go! Let's go. Let's go. Let's get started. We'll be right back. We'll be right back. Let's go. Yeah! We'll be right back. Let's go. Let's go. Let's go. We'll be right back. Let's go Thank you. Let's go. Thank you. We'll be right back. Thank you. Let's go! Let's go. Let's go. We'll be right back. Let's get started. Let's go. We'll be right back. Let's go. Let's go. We'll be right back. Let's go. Let's go. Let's go! We'll be right back. Thank you. Let's go. Let's go. We'll be right back. Let's go Let's go. Let's go. Let's go. Thank you. Let's get started. We'll be right back. You Let's get started. The Committee on Health, Hospitals, and Human Services is now in session. want to say a pleasant good morning to all the listening audience blessings we have to give

0:34:36 thanks and praises to the most high the weather is clearing up we had little rough waves and little nice rain the plant them loved that your system water and all of those good things um hopefully the weather will continue to clear up i've got no weather update and it seems like things are not going to be too bad i'd like to give condolences to the family and friends of miss maureen blighting nice lady i worked with her she was the executive assistant for the commissioner of health as a matter of fact she served the commissioners of health darlene Carty Vivian Epson flood and Julia Sheen very knowledgeable knowledgeable lady so today we have several items on the agenda we are going to discuss a major illness in the community the diabetes kidney. We also have a mobile help van that's going to address the mental health. And then later on this afternoon we're going to talk to East End Medical Center. We're going to get an update. So you know our parents them used to say one ounce of prevention is better than a pound of cure and so we're talking about diabetes you know it's a chronic disease that occurs when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin the

0:36:26 pancreas produces insulin is a hormone that regulates the blood glucose and glucose is your body's main source of energy. When your blood glucose glucose is high, our people them say you got sugar, but that's how it is. They say A1C and all them kind of thing now, you know, but I ain't got a PhD. We'll just go with you got sugar. You know, over time, the high blood sugar levels can damage the blood vessels and raise your risk of developing certain health problems some of them are life-threatening so diabetes it's important to begin treatment and stick with it faithfully as soon as you get diagnosed you know diabetes can lead to limb amputations and new onset blindness it's also a major cause of heart disease and stroke and the statistics here is diabetes cost the nation an estimated 174 billion dollars a year including 116 billion in direct medical costs and 58 billion in indirect costs like disability and losing time from work etc In the United States, black adults are nearly twice as likely as white adults to develop type 2 diabetes.

0:38:06 This racial disparity has been rising over the last 30 years. I was reading a little bit, it said it got a little bit to do with overweight and things. So, you know, our community got to watch your weight, et cetera, et cetera. so nearly 26 million Americans have diabetes and diabetes is the main cause of kidney failure and here in the Virgin Islands recently the numbers that I got from the Commissioner of Health is that we have 219 he more kidney dialysis patients and these 219 patients in our community they all have chronic kidney failure that means their kidneys cannot clean or filter their blood so without going on the dialysis treatment they will pass away quickly of course we want to you know prevent that so in simple words all of these 219 kidney patients they have to go twice a week for about four hours each visit they sit down in a chair and they get the blood cleaned some of them have to go to the hospital and some have to go to Caribbean kidney center our hospitals at this time cannot treat all the patients and it involves your family because the family have to take them there and pick them up you know after they have the dialysis treatment they they're weak you know you pump out all your blood you clean it you're weak so the it affects all of us every single one of us has a family member with diabetes or kidney disease and I want to give you the breakdown of the 219 on st. Thomas we have a hundred twenty six Snyder Regional Medical Center treats 75 of that 126 and Caribbean Kidney Center treats 51 so you You see that our hospital can't treat all the patients on St. Thomas.

0:40:20 Notice now on St. Croix, there's 93 patients. Wang Louie treats 40. Caribbean Kidney Center treats 53. So we have more people in St. Croix getting the kidney dialysis treatment outside of the hospitals. and of course you know the 75 at the Roy Lester Snyder Hospital in st. Thomas is breaking down into 65 from st. Thomas tree from st. John and there's one water island patient in addition we have an estimated 20 to 30 Virgin Islanders currently living off-island with kidney failure but don't despair regardless of what form of diabetes you may have you can live a very full and healthy lives adopting and embracing positive behavioral changes can lead to effective diabetes management and it will also give you an overall healthy lifestyle so thank you very much and And Madam Clerk, can I have a roll call?

0:41:35 Good morning. The mic for the clerk. Can you hear me? Okay, sorry, morning. Senator Marvin A. Blyden. Senator Blyden, absent. No, oh yes. Senator Diane T. Capehart. Present. Senator Capehart, present. Senator Samuel Carrion. Senator Carrion, absent. Senator Ray Fonseca. I'm here.

0:42:12 Senator Fonseca, present. Senator Nobel E. Francis Jr. I'm here. Senator Francis Jr., present. Senator Donna A. Fred Gregory. Senator Gregory, absent. Senator Kenneth L. Gittins. Senator Gittins, absent. Senator Maurice C. James. Here. Senator James, present. Senator Milton E. Potter. Here.

0:42:48 Senator Potter, present. we have five present four absent thank you very much we have a quorum madam clerk is there any correspondence to read into the record yes mr chair february 7 2024 honorable ray fonseca chairperson committee on health hospitals and human services 35th legislature of the virgin Orleans. Late arrival to Committee on Health, Hospitals, and Human Services. Dear Chairperson Fonseca, please accept this letter as a formal notice of my late arrival to today's Committee on Health, Hospitals, and Human Services meeting, which is scheduled to begin at 10 a.m. in Earl B.

0:43:35 Otley Legislative Hall in St. Thomas. Please have all circulated documents placed on my desk for immediate review upon my arrival. Thank you for your consideration on this matter. Kindest regards, Senator Donna Fred Gregory, Chair, Committee on Budget, Appropriations and Finance, 35th Legislature. Madam Clerk, is there any more correspondence? Yes, Mr. Chair. Please proceed. February 7, 2024, Honorable Ray Fonseca, Chairman, Committee on Health, Hospitals and Human Services, 35th Legislature of the Virgin Islands. Dear Chairman Fonseca, due to a medical appointment, please excuse my absence at today's Committee of Hospitals and Human Services hearing scheduled at 10 a.m. in Earl B. Otley Legislative Hall on the island of St. Thomas.

0:44:28 Please accept my apologies for being absent. Please forward any pertinent information to my office. Sincerely, Senator Samuel Carrion, Senator 35th Legislature of the Virgin Islands. is there any more correspondence madam clerk yes mr please read it into the record february 7 2024 honorable ray fonseca chairman committee on health hospitals and human services 35th legislature of the virgin islands there senator fonseca please excuse my absence at the health hospital and

human services committee hearing scheduled for february 7th 2024. i will not be be able to attend. I note the importance of the agenda items to be discussed in today's hearing and ask that any additional information shared during the hearing be forwarded to my office. I thank you in advance for your understanding. Sincerely, Senator Kenneth L. Gittins. Thank you, Madam Clerk. Is there any more correspondence?

0:45:29 Yes, Mr. Chair. Please proceed. February 7th, 2024, Your Honorable Ray Fonseca, Chairman, Committee on Health, Hospitals, and Human Services, 35th Legislature of the Virgin Islands. There, Mr. Chairman, I regret to inform you that due to previously scheduled appointments off-island, I will be unable to attend today's meeting. Please mark my absence as excused and please accept my apologies for any inconvenience caused as well as my best wishes for a productive meeting. Sincerely, Marvin A. Blyden, Vice President, 35th Legislature of the Virgin Islands. That concludes the reading of the letter of excuses. Thank you, Madam Clerk.

0:46:13 Please mark Senator Marvin Blyden, Senator Kenneth Gittins, and Senator Samuel Carrion as excused. Madam clerk, please read block one into the agenda record. Agenda February 7th, 2024.

0:46:45 Block one, Bill number 35-0224, an act amending Title 19, Part 5, Chapter 45, sub-Chapter 6, to increase access to behavioral health services with a focus on a psychiatric emergency response team to provide mobile crisis intervention services and the 988 telecommunication system sponsored by Senator Diane T. Capehart. Invited testifiers. The Honorable Justa Tita Encarnacion, Commissioner, Department of Health. The Honorable Ray Martinez, Commissioner, VI Police Department.

0:47:31 Mr. Gleston McIntosh, Director, Peace Officers Standards Training. Dr. David Hall, President, University of the Virgin Islands. Mr. Anthony Stevens acting director fire and emergency medical services that concludes block one thank you very much madam clerk and I'd like to say a special welcome to all of the testifiers we're gonna begin with some mic tests I can see in st. Croix it's okay good I was just gonna say that because I was seeing the backs okay now that's a good camera angle media so let's begin on St. Croix and we'll do the mic tests and we'll begin with our Commissioner Incarnacion good morning if you can give your your name and title proceed can you recognize the mic of the testifier, Commissioner Encarnacion Media? St. Croix.

0:48:46 Good morning. This is Justa Ortita Encarnacion, the Commissioner of the Vergence Department of Health. Yes. Good morning. Good morning. Renan Steele, Deputy Commissioner of Public Health. Okay, we'll come over to St. Thomas. We'll start with you, Dr. Hunt, and then we'll come down to my right. Good morning. Ty Hunt-Cesar, Chief Medical Officer, Virgin Islands Department of Health. Good morning. Nicole Craigle-Sims, Assistant Commissioner, Department of Health. Good morning. David Hall, President of the University of the Virgin Islands. Good morning. Larry Levine, Assistant Director of EMS here on behalf of Acting Director Antonio Stephens, VI Fire and Emergency Medical Services.

0:49:39 Okay. Thank you for coming. I know the weather is a little rough, but ain't all that bad. And thank you. How is the weather over on St. Croix? Can you give me an update, a quick update, Commissioner? All here, bright and ready to go. Okay, great. Who speaks to Bill No. 35-0224? Can you recognize the mic of Senator Capehart Media?

0:50:16 I do, Mr. Chair. You may proceed, Senator Capehart. Good morning to the people of the Virgin Islands. Good morning to my colleagues. Good morning to the testifiers. Bill number 35-0224 is a psychological emergency response team called PERT. Colleagues, I actually had the opportunity to see how PERT works in full effect in the state of San Diego, California. Other states like Seattle, Oregon saw the importance of implementing PERT in their community and PERT is a community intervention team that provides emergency assessment and referral for individuals in behavioral health crises who come to the attention of law enforcement through phone calls from community members or in fee law enforcement requests for emergency assistance. The measure appears licensed with uniform law enforcement officers and first responders. It trains all peace officers through in service and during the tenure at the police Academy. The measure also provides a funding source for BOC to offer training and some services to the correction officers. PERT also fund nursing staff to tend to patients who go to the hospital for care during an episode. This bill amends Title 19 Part 5 Chapter 45 Subchapter 6 to

0:52:15 increase access to behavioral health services with a focus on psychiatric emergency response team to provide mobile crisis intervention services and the 988 telecommunications system. It establishes the 988 trust funds that generates revenue to the fund to fund the service. Colleagues, PERT seeks to recast the role of first responders, especially law enforcement, in behavioral crisis response and intervention. Colleagues, I have had conversations with the Department of Health, with the Fire Department, with posts for the Police Department and actually with the Virgin Islands Police Commissioner Ray Martinez. In closing, the reality is we absolutely need to untangle the relations between the mental health and criminal justice system in the territory. It's just a implementation of a process for, you know, behavioral health

needs to be put on the forefront for law enforcement for everyone to understand their duties. Colleagues, I ask for your support on this legislation. I look forward to having productive conversation today on this legislation before us today. Thank you Mr. Chair. Thank you Senator Capehart and I definitely I'm in support of this measure as a matter of fact the Committee on Health Hospitals on Human Services we actually

0:54:12 toured some facilities in Florida a few weeks ago and we saw firsthand how this is working and it's so important because sometimes you know if the police etc responds to an incident even though they may have some training the police is not as equipped as these arm this mobile crisis intervention these this team so it's good that the Virgin Islanders is arm is looking out for the mental patients you know how you treat your mentally ill reflects a lot on your community so okay good so we're going to go with the testifiers we're going to start on saint croix uh we'll start with uh commissioner incarnation you may proceed with your testimony commissioner incarnation Thank you.

0:55:11 Good morning, Honorable Senator Ray Fonseca, President of the Committee of Health, Hospital and Human Services, Honorable Kenneth L. Gittins, even though he's absent, Vice Chair, Committee members and all non-committee members and the viewing and listening audience. I'm Husta Urtita Encarnacion, Commissioner of the Virgin's Department of Health. Present with me today are Nicole Karagel-Simms, Assistant Commissioner Renan Steele, Deputy Commissioner of Behavioral Health and Subject Matter Expert, as well as Dr. Ty Hunt-Cezar, our Medical Director. We are here to provide testimony on Bill 35.0224, an Act Amending Title 19, Part 5, Chapter 45, Subchapter 6, to increase access to behavioral health services with a focus on a psychiatric emergency response team to provide mobile crisis intervention services and the 988 telecommunication system we endorse the formalization of the national 988 suicide and crisis lifeline in our territory presently the vi department of health division of behavior health in collaboration with local agencies has successfully activated the 988 line in the territory Still, Bill 35.0224 is crucial in ensuring that the crisis line is answered locally and in codifying the federal 988 mandate. The significance of the 988 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. across the nation that have embraced a 988 crisis lifeline have witnessed remarkable success stories the straighten positive impact of this service and saving lives and providing essential help the advantages of 988 are

0:57:09 diverse it acts as a conduit for timely intervention significantly reducing response time during behavior health crisis and ensuring assistance arrives precisely when it most it is most crucial. Moreover 988 plays a pivotal role in dismantling the pervasive stigma surrounding behavior health fostering an environment where individuals feel empowered to seek the assistance they require. Equally significant in is 988's ability to facilitate more efficient resource allocation through a centralized and coordinated response. The The Division of Behavioral Health has developed job description supporting the measures in this bill by integrating 988 and the crisis response.

0:57:56 This enhances the effectiveness of our crisis response mechanism and ensures a judicious use of resources. By having the integration of 988 and the clinical staff, it allows for immediate de-escalation and provides for access to early intervention. response is required or needed it will allow for increased efficiency response time to help that individual and family members in need while the psychiatric emergency response teams or PERT model for crisis response has proven successful act 8688 section 1021 a and b which speaks to the crisis intervention teams or cit is already in our current law and is nationally recognized approach to Substance Use Mental Health Services Administration or SAMHSA. The PART model has limitations such as the requirements 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 the behavioral health stability and recovery phase. Thus, the recommendation is to maintain CIT as an established approach to crisis intervention.

0:59:11 act 8688 section 1018 also provides the avenue for peers and consumer voices by participating in the behavioral health council thank you of the virgin islands we are selecting the council members once selected the names will be sent to the honorable governor albert brian jr for final approval section 10016 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 the short-term services be up to five days instead of 24 hours as written and act 8688 section 1024 a g which also includes follow-up referral services to all individuals mobile crisis response team represent a transformative model in behavior 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 behavior health care it is essential to consider the long-term 988 financial savings although concerns about costs may arise by

preventing an escalation of behavior health crisis we can alleviate the burden on emergency services and reduce overall health care

1:01:04 costs it is not merely an expenditure it stands as an as an investment in the collective well-being of our community as stated in section 1020 C or 988 fee revenue must be used to supplement not supplant any federal territory or local funding for suicide prevention or behavioral health crisis services however 988 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 strategies for cultivating behavioral health resilience within our communities by meeting individuals in crisis where they are 988 and mobile crisis response teams represent a beacon of compassion offering a lifeline to those navigating the complexities of of behavioral challenges. In addition, 988 and the mobile crisis response team supports the Governor's and Mayor's challenge to prevent suicide among service members, veterans and their families 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 Health Services has partnered with the United States Department of Veterans Affairs. The Department of Health is committed to reducing health risks, increases access to quality health care and enforcing health standards. The department commits to continue collaborative efforts with the members of the 35th legislature. I trust that together we can forge legislation that safeguards both our communities and individuals within them, and more specifically to reduce suicide in our territory. Thank you. Yes, thank you very much, Commissioner. Next, we'll keep on St. Croix. Um, there was any testimony from, um, Steele? We, we come as one for, sir. Okay. Department of Health. Okay, good.

1:03:22 So Dr. Hall, um, you may proceed. Good morning, Chairman Fonseca and members of the Committee on Health, Hospitals and Human Services and other members of the 35th Legislature present, other testifiers, members of the press persons in the viewing and listening audience ladies and gentlemen my name is david hall president of the university of the virgin islands and it is indeed an honor for me to appear before this committee to provide testimony on bill 35-0224 which seeks to increase access to behavioral health services with a focus on a psychiatric emergency response team to provide mobile crisis intervention services and the 988 telecommunication system the university is acutely aware of the challenges and lack of human services regarding mental health services in the territory this was the impetus for the university to develop and implement a master's in counseling psychology in 2010 2011 this program has produced numerous graduates who are licensed clinicians and providing services to the people of the Virgin Islands it was also the reason we later on with the assistance of this body implemented a master's in social work degree which was fully accredited last year and is also producing individuals who can serve the mental health and social services need needs of the people of the Virgin Islands despite these steps forward the unmet need for mental health services remain and more must be done one could argue that the need for support has increased because of external traumatic events like Hurricane Irma and Maria and the COVID pandemic that lasted almost two years research demonstrates that major natural and health disasters increase the need for mental health services and support and therefore the territory is

1:05:32 probably also experiencing some of the consequences of these traumatic events universities nationally have seen an increase in the number of students who indicate that they have experienced mental health or emotional challenges and thus this demands universities to be more aware and ready to serve the needs of their students with that backdrop the university fully supports bill 35-0224 and the creation of a designated hotline center for those who are experiencing emergency situations I am NOT in a position to have the specific expertise to advise about the structure and operation of the center but the fact that it will be aligned and coordinated with nationally recognized organizations that have an outstanding track record in this area is very promising and seems to indicate that the center will operate according to the best practices in the industry the section in the bill requiring the collection of data which will be used to measure and evaluate the effectiveness of the center and this endeavor is also critical since too often new initiatives are created but we fail to measure their effectiveness this bill attempts to avoid that past practice I also want to highlight the section that requires the center to and I quote serve at-risk and specialized populations including but not limited to LGBTQ, youth, minorities, rural individuals, veterans, American Indians, Alaskan natives, and other high-risk populations, well as those with co-occurring substance use, and provide linguistically and culturally competent care, and include training requirements and policies for transferring a 988 contact to an appropriate specialized center or subnetwork within the National Suicide Provision Prevention Lifeline Network, end of quote. I highlight this section because too often we assume that mental health care is a one size fit all approach. The reality is that individuals in need of emotional support and mental health services bring their whole selves to the service providers and their specific needs may vary from others. The center must be able to address or connect individuals to the culturally and linguistically appropriate persons and personnel that are needed. Without the sensitivity and thoughtfulness, the resource will not be fully utilized even if it

is readily available. The Virgin Islands is a very diverse community, and therefore we must be committed to serving those who live and visit this special place. In conclusion, I support this bill and its intended purpose.

1:08:48 I applaud Senator Capehart for sponsoring it, and I hope that the resources and personnel will be made available so we can create a more healthy, safe, and caring Virgin Islands. I stand ready to answer your questions and to support the implementation of this initiative in whatever way I can at the University of the Virgin Islands. In preparation for my testimony here today, I did share the proposed bill with faculty members and administrators who have expertise in this area, and one of them provided me with an email that, with the chairman's permission, I would like to read into the record. Yes, you may. Thank you. This comes from Lori Thompson, who is an outstanding clinical psychologist who has been working with the university in the development of our medical school project. She writes, and I read, good evening, Dr. Hall. After reviewing the bill, I would say that overall I am in support of the bill I think adding a small nominal fee to our phone bill would adequately compensate for the costs associated with manning a 988 suicide prevention hotline all of the information provided in the bill up to page 7 line 19 seems reasonable and attainable my concern arises on page seven line 20 with the mandate that a 24-hour mobile psychiatric emergency response team be established although this would be a wonderful addition their funds were plenty this is not a practical mandate given the current economic picture of the territory and the financial challenges that DOH is already facing in regards to placing patients in off Island facilities because of the lack of residential services for the behavioral health population additionally the hospital always already provides 24-hour care for patients suffering from mental health challenges so in some

1:11:09 respect this would be a duplication of services obviously the patients would need to be transported to the hospital to access these services excuse me but But once there, the ER is well equipped to handle mental health emergencies until the Department of Health staff can assist doing normal business hours. Those are my thoughts on the practicalities of these issues. Warm regards, Laurie Thompson.

1:11:41 Thank you. Thank you. Thank you. Dr. Hall. Fire. You may proceed. Good day. Honourable Senator Ray Monseca, Committee on Health, Hospitals and Human Services Chair, all other members and the listening and viewing audience. I am Lyle Evelyn Jr., the Assistant Director of Emergency Medical Services for the Virgin Islands Fire and Emergency Medical Services. I'm here to provide·

1:12:11 Excuse me, can you just come a little closer to the mic or over there? I'm here to provide testimony on behalf of VI-FEMS regarding Bill No. 35-0224, sponsored by Senator Diane T. K. Port. As the Assistant Director of EMS, I would like to express our support for this critical legislation and highlight its potential positive impact on our community. Lastly, the proposed amendment to Title 19, Part 5, Chapter 45, Subchapter 6, with a focus on increasing access to behavioral health services, is a crucial step in addressing the mental health needs of our residents. Mental health emergencies are on the rise, and having a comprehensive plan to provide timely and effective intervention is paramount. Having a Psychiatric Emergency Response Team is a commendable initiative that aligns with best practices in emergency medical services. Having a specialized team trained to handle psychiatric crises will ensure a more empathetic and informed response to individuals experiencing mental health crises. Moreover, including the 988 telecommunications system significantly enhances the accessibility of emergency services for individuals in behavioral health crises. The 988 system streamlines the process for individuals to seek help during a mental health emergency, providing a dedicated and easily memorable number for those in need. This approach aligns with national efforts to standardize and improve mental health crisis services access.

1:14:09 In our line of work at the Virgin Islands Fire and Emergency Medical Services, we often encounter situations where individuals need immediate behavioral health support. The proposed amendments in Bill No. 35-0224 will undoubtedly enhance our ability to respond effectively to such incidents, ensuring that those experiencing mental health crises receive the appropriate care promptly. Additionally, the legislation demonstrates a proactive approach to addressing the mental health challenges faced by our community, promoting overall public safety and well-being.

1:14:51 Investing in behavioral health services and crisis intervention teams contributes to a safer and healthier community for all residents. In conclusion, we strongly endorse Bill No. 35-0224 and appreciate Senator Diane T. Karpot's commitment to improving behavioral health services in our jurisdiction. The proposed amendments align with our mission to provide the highest standard of emergency medical services to the residents of the Virgin Islands. We look forward to the positive impact this legislation will have on the well-being of our community. This concludes my testimony and I welcome your question.

1:15:32 Thank you Assistant Chief Evelyn. You know the 988 hotline it works. We had Miss Joanna Lima of our office just called the number this morning and it works so you can call the 988 mental health hotline you know I have to congratulate the bill sponsor because this is a service that's you know well needed you heard the testimony from mr. Evelyn where you know their situations where the police are called fire call etc there's a mental health emergency the

person is having a stress or whatever and it's probably not appropriate to just handcuff the person so this arm response team arm will respond immediately to the to these crisis and there will be a trained group of individuals that can D you know you know come down the situation so you know I I don't have a PhD, but I think we know what we mean to calm down. So this is good. This is a psychiatric intervention team, an emergency response team, and this is good. Congratulations to the bill's sponsor. Senators, we're going to do around five minutes.

1:17:00 We're going to start with Senator Potter, I mean, Senate President Francis, and also Maurice James Potter and then K pot we have some testimony I believe came in from the police commissioner Ray Martinez so I'm gonna ask some madam clerk can you read the testimony of Commissioner Ray Martinez police Commissioner into the record testimony of commit Police Commissioner Ray a Martinez there Senator Fonseca thank you for providing the Virgin Islands Police Department the opportunity to offer testimony on bill number 35 that's zero two two four an act amendment title 19 part 5 chapter 45 sub chapter 6 to increase access to behavioral health services with a focus on a psychiatric emergency response team to provide mobile crisis intervention services and the 988 telecommunications system sponsored by senator diane capehart while my team and i are unavailable today for in-person testimony we are in support of any legislation that supports behavioral health services and and first responders response.

1:18:24 VIPD has held extensive discussions with Senator Capehart regarding this legislation. The Virgin Islands Department of Health, the executive branch agency leading the crisis response charge, and the judiciary. It is unfortunate, yet well established, that law enforcement in particular has experienced limitation in its behavioral crisis response. The introduction of a psychiatric emergency response team in conjunction with a 988 system is a necessary and stimulating opportunity to reimagine how we as a territory can respond to those in crisis. VIPD strongly believes a balanced response, much of which is included in the bill, would argument the system. It is understood VIPD by default will continue to be the primary responding agency until such time department of health develops a robust team to that end at the academy level we will provide basic training in de-escalation and how to identify people experiencing a mental health crisis additionally annual recurring training will be required of all law enforcement officers discussions determine required initial and recurrent training hours will be had between department of health peace officers standard training virgin islands fire and emergency services and vipd partnerships between our agencies will be a great opportunity for cross-system collaboration to provide training and technical assistance we'll also have to revisit communication policies to ensure they are in concert with 988 requirements of greatest importance is the need for clearly defined requirements when law enforcement

1:20:16 officers will be deployed and how and when the mobile crisis teams can employ the assistance of law enforcement. The US Department of Justice recommends all first responder agencies review their policies, procedures, and training materials to ensure that 988 is effectively incorporated into the community's continuum of crisis responses. Questions to consider include what steps need to be taken to ensure calls can be seamlessly transferred between 988 and 9-1-1? How can other first responders use 988 when encountering a person in crisis? Further, how do first responders respond in a manner that is culturally, linguistically, and developmentally appropriate. Lastly, how do we as first responders provide trauma-informed care during crisis? Implementing appropriate and updating policies and procedures will play a vital role in first responders success. My team and I will make ourselves available for your future scheduled discussions respectfully ray a martinez police commissioner thank you madam clerk um so all of the testifiers are strongly in support of of this bill number 35-0224 to establish the psychiatric emergency response team in the behavioral health, the mental health services. So colleagues, we're going to go to five minutes.

1:22:02 We'll start with Senate President Novel Francis. You're recognized for your five minutes. Thank you very much, Mr. Chair. good to you my colleagues good morning to the testifiers and good morning to the people of Virgin Islands I don't know if it's a good idea to start off with me because I've been at this this issue for quite some time when we talk about behavioral health and really addressing the situations that we're seeing here in behavioral health let me first of all commend the bill's sponsor and moving at the 988 legislation forward and it's really the trend the national trend that's been going on and getting this forward I know when I communicated back and I have correspondence from Darrell Jashen we were having some issues in regards to the local 9-1-1-8 on our phone companies here locally being able to establish the 9-1-1-9-8-8 number locally and I'm hoping that we have crossed that bridge and now we're at juncture where we could actually do that can we do that um commissioner well the deadline for that is 2025 so we'll continue to work on that um do you have any update on that yes good morning yes as of now all of the telecommunications services the number does work but it's rolling into the national call center national call center correct so there is no local on 988 at this time not currently what is the issue that that the phone companies are indicating that's preventing them from allowing for the 988 no they um the companies they set up so if you were to call 988 from any phone in the territory currently they will get a response straight to the national line to have a local response we have to actually become a what they consider is true vibrant who's the contractor through substance abuse mental health service administration we have to actually be

accredited and there are several steps to actually be able to become a certified call center and that's the

1:24:01 process we're going through now very well thank you thank you for that and um you know forgive my frustration but again yeah i mean we we have really been at this issue of of um behavioral health mental health uh situation here in this territory for quite some time and i'm not comfortable with the level that we're at in being able to address this problem we declared a state of emergency back with governor map governor albert brian when he came in continued the state of emergency now we have moved a number of legislation in regards to behavioral health act 8004 722 and 723 act 8005 again act 8252 which is the establishment of behavioral health and uh three million dollars for the establishment of a behavioral health facility Act 81-87, maternal behavioral health. Act 83-72. Act 86-88 which is comprehensive behavioral health. Comprehensive. We work tirelessly in putting this forward. Over I mean we had 110 pages when we started with this and we were able to work it down to about 60 pages of comprehensive behavioral health and now we're working on PERT you know we we call it whatever name we want to call it PERT CIT because this is the same thing as CIT correct correct you know call it whatever name we want to call it we don't lack conversation what we lack is real action and be able to address this issue of behavioral health You know, what's the status on the clubhouse? Where are we with the clubhouse? Is that active?

1:25:53 Yes, the clubhouse is currently located at 3012 ST Golden Rock and is active. So we're getting, we got patients that come in there and being able to participate in the clubhouse? Yes, there's been patients coming to the clubhouse for the last two years now, Senator. Commissioner Deanna's Hope facility, where are we with, I know that we talk about moving away from that or utilizing the funding for the design and everything, I mean where are we in terms of addressing the issue of comprehensive behavioral health in this territory? The latest conversation I had with Governor Bryan actually just last week and his support to look at that infrastructure, the facility again and the space and see how we can actually use funding that's now available about 30 million dollars so that we can begin the approach to one wraparound services transitional care which we need that's one of the things that dr. Thompson referred to once they're out of the acute phase we need to be able to have some kind of transitional care so that's the plan one of the biggest issues that we have is looking at forensic psychiatry those that are NGRI and then transferred to the mainland it's very costly so we have to make sure that we provide an infrastructure that's separate from others along within the same nine acres of land that we can provide safe care to them and to others as well. Thank you for that Commissioner it's been ten years. Ten years since I've been at this legislature and we continue to have these circular discussion in regards to behavioral health mental health and I'm just hoping one day that we could really make an impact in this because these are our people. Our people, our veterans, our teachers, nurses, our community. We have individuals that's living in their homes under siege because they can't provide care to their children. They can't pick up the phone and call and get adequate response. We're arresting individuals and putting them in prison or when they

1:27:53 commit infractions because we don't have an adequate facility to place these individuals in you know I'm not a bill and it's gonna pass but then what happens may I I want to say that yes it's been a long time but I also want to commend my staff we have a very small staff we actually we've grown quite a bit since we've started we have about over 25 individuals on st. Croix and and the call the mountain st. Thomas and our outreach is tremendous we have touched over 28,000 individuals within the last year which has never been done in the past we actually work closely with VIPD and 80 Evelyn and EMS so when a crisis occurs we actually I have gone myself to with with the team to work with them so we have a crisis intervention team that's not formalized this bill is going to formalize that but we have been working the Commissioner Ray Martinez and I, as well as the former director of behavioral health, have been on the team and actually worked through a process where someone actually was ready to kill himself.

1:29:05 And we were able to de-escalate by using the telephone, by actually having my team on site and in using the vests so that they too can be protected. Our team is now trained to train in the de-escalation technique, and we are beginning to train. We've trained VIPD, and we're also training, by the way, on NARCA and administration as well as CPR to the VIPD enforcement officers. So I think we've done a lot. We have a lot more to do, but I don't want to leave the conversation feeling as though we haven't, but we do have a lot more to do.

1:29:46 Commissioner, thank you, and thank you for your efforts. and I thank you to your team but this is a crisis situation that we're in and we really got to ramp up not the discussion but the action thank you very much mr. chair for the time and opportunity yes and thank you Senate President Francis and I echo your frustration I think I think mental health we have to call a a spade a spade, we're not putting enough resources into the behavioural health areas. I know for example, Commissioner, the Eldra Schultebrand facilities, I think, can you give me an update on the total bed capacities and actually the staffing situation over there? Because I know you and I and I think Senator Blyden and Deputy Assistant Commissioner Simms, we toured that and I know that they had some staffing issues. Can you give us an update on the elder shelter-bound facilities?

1:30:56 Of course. Right now we have 32 of a capacity. We have about two beds open. I know we've had one that we were filling last week. So that continues to be something that we're challenging. And as all healthcare facilities went to the territory and really and truly within the nation, we struggle with nursing staff. So we'll continue to do that. The goal right now is not just to look at nursing staff, and that's RNs and LPNs, but to look at psychiatric technicians who assist us and allows us to hire more individuals with the same capacity to deescalate and support the patients when they're there.

1:31:36 So that's really what the plan is right now. But yes, we still struggle with staff on and off. Yes, and I know some of the staff, North Barron and thing out there, children, hard-working individuals. I think we need to put more resources into mental health, behavioural health, definitely. Senator James, you're recognised for your five minutes, and I'd like to recognise the presidents before senator james of um committee member donna fred gregory welcome donna fred gregory senator james you're recognized for your five minutes thank you thank you mr chairman good morning virgin islands good morning colleagues good morning testifiers um this is definitely a very important topic today and I commend my colleague for putting together this legislation that to me more or less I guess adds more meat to the existing act that we have but I want to ask you Commissioner Encarnacion because in your testimony you stated that you, your recommendation is the CIT established approach. Is there a difference between the models why you are making that recommendation? We have to, this testimony was submitted prior to a conversation we had with Senator Capehart and her team yesterday. The biggest difference is the, is the looking at and each state has different mandates of how to run the part in California they actually have don't have a mandate for peers to be involved as well and that was the only concern is that to put a mandate that peers have to

1:33:34 be involved because that's a voluntary process and that's the only thing that we were really focused on I'd like DC to expound on that a little bit more okay all right Deputy Commissioner Renan-Steele yeah so CIT is the broad umbrella it just stands for the crisis intervention teams and it's comes driven from a Memphis model that started training law enforcement in interventions so that's just requiring it 40 hours of training for law enforcement specifically so then there's the crisis response team that got embedded in that process which selected models might be pert some individuals just call it on crisis response teams here here are CRTs across the nation and so forth so it's not a different thing it's a different approach to the same process right so you withdraw your your recommendation and support the part is that it yes I think that the the conclusion we came to yesterday is rather than saying that we will have peers we it's going to read we may if I remember correctly so it is going to be an edit to that as well yeah rather than a requirement discretion and the part of okay great that's good to know I wanted to ask Dr. Hall. He, Dr. Hall, you mentioned in your testimony about research demonstrates that major natural and health disasters increase the need for mental health services and support which we know we're all experiencing trauma. No it's not probably we are but I really wanted to focus Dr. Hall on your students because I'm curious as to whether or not the university has any data or any services specifically for students at the university who may be experiencing mental health behavior problems because and challenges because we're seeing from recent time that a lot of the suicides in the territory have been among the age of students at your university yeah thank you senator for

1:35:44 that question first we are very fortunate to have some very professionally trained counselors on both of our campuses both of them have been in their roles for a number of years and we have seen increases in the regards to the needs for students in regards to emotional mental and emotional services fortunately up to now we have been able to address those needs I would say we could certainly add to those counseling centers and to have more individuals if the resources were available but we have tried to diversify the approach so that it's not just the counselors but that individuals who service those students in various ways are being more sensitive to the emotional aspect of their lives and what is going on we're trying to engage students more because isolation is part of the problem fortunately we have not had a suicide on either of our campuses at least since I've been president and I think that is attributable to the health of our students and the experienced professionals that we have However, I cited that data because or made that statement because there have been so many conferences that demonstrate that universities are attracting and educating students who have greater emotional needs and higher levels of depression than have existed in the past. So we need to be even more acutely aware of the issue and being creative in how we try to respond to it. Thank you, Dr. Hall. I appreciate your response because, yes, the generation that we're seeing now, the Gen Z, are in fact more attuned with everything in the world that's going on around them.

1:38:11 and it's very heavy at this point but I am happy to hear that the University is focused on students well-being thank you very much for that and so I believe my time was called thank you thank you yes thank you Senator James I want to quickly ask some miss Evelyn fire so just to give us an idea and you know explain to the community, how will this psychiatric emergency response team be different from how it is now? Give us a scenario how it is now and how it would change. Lyle Levin, assistant director of EMS via fire and EMS.

1:38:55 So to give an example, like we may receive a call for a patient experiencing a behavioral health crisis or emergency. So EMS would respond. But first, police will respond to make sure the scene is safe for us to enter. When we go there, we will do a basic assessment to make sure the patient is not experiencing any associated emergencies, such as issues with the heart or sugar or any other symptoms as well. But after we rule that out, we realize this is an acute behavioral health emergency. We will have to perhaps even sedate the patient and transport them to the emergency room. So right now, that's how it is currently.

1:39:38 But if a team is able to respond and be able to provide a more in-depth analysis and assessment of the patient's behavioral health needs, perhaps we could somewhat even circumvent having to possibly not even sedate the patient, but allow them to do their interventions without us providing medical sedation of that patient. Okay, thank you. Senator, may I add to that as well?

1:40:06 Yes, Commissioner. Thank you so much, and thank you, Adi Evelyn, for that. One of the things, the biggest difference would be is that we're pushing everyone to now begin using the 988 number versus 911. I think that would be the most significant change. Once that happens, and this actually, this hearing acts as a means of educating the community on 988 even further. So thank you again, Senator Capehart, for this. Once that phone call is made, it would be handled by local individuals. And I was speaking with DC Ren and Steel in reference to ensuring that no matter who calls, no matter what language they're speaking, we're able to respond to them using communication techniques as well. We are going to have individuals who are trained to deescalate on the phones at that time.

1:40:59 So we're not going to have to wait. Whether it be the person himself who is in crisis or family members that are calling. We will begin counseling, we will begin the intervention at that point. And then those people that are responding are part of the crisis intervention team. They then link with the other individuals and everyone goes out to where that focus is. So, the minute the phone call is made, the intervention begins. That's one of the biggest differences. You see, is there anything else?

1:41:30 Yeah as well as we want to stress that this connection with the PERT model or any other crisis response is that the main goal is to de-escalate but to reduce the need for individuals to be admitted to the hospitals and so that there's not an escalation to the point that they need acute services. So that's the main goal of the whole crisis response. Meet them where they're at and try to diffuse the situation yes thank you um fire chief assistant chief evelyn and commissioner you know so we're transitioning so the community can be accustomed to the 988 mental health hotline that's 988 you go call it you walk in um okay so this would be very good because the other day we had the little incident out there in Four Winds where there was one gentleman was laying down in the street with a pillow and thing. Obviously that looks like a mental issue and then we had the one streaker, you know, that's how we used to call it when you're running around, you know, without proper clothing on. These are happening in our community, you know, these mental issues. So So we're bringing it to the attention. Okay, so next we'll go to Senator Milton Potter.

1:42:52 Senator Potter, you're recognized. Thank you. Thank you very much, Mr. Chair. Morning, colleagues, and a special good morning to all of the testifiers who are here with us today. It's no question that we have a crisis in mental health. I think the Sergeant General, Dr. Murthy, has been highlighting the whole issue of mental health in our community, in our country, and for sure in our community. I think that a lot of what we see in our schools, a lot of what we see on the streets are really a manifestation of this crisis.

1:43:36 I wanted to ask Dr. Hall, and Dr. Hall, you mentioned the program, I think, in response to what the university is seeing, there's obviously a need for us to develop a master's degree program in psychology as well as the master's in social work. I wanted to get your sense as to, are we seeing the numbers from our community of persons going into these fields, which are critically needed? How are the numbers looking?

1:44:14 Yeah. The numbers are looking good in regards to the Masters in Counseling Psychology. They are not looking good in regards to the Masters in Social Work. We had a very robust first class of I think about 12 students six of them Completed the program, but the other cohorts have been much smaller And so we are trying to do much more Outreach and encouraging individuals who are who may already be in that field But are not licensed and trained in the way they are to come and take advantage of this opportunity So this is a situation where we have a resource that is not being utilized to the level that it should be. And anything that we can do to encourage more individuals to take advantage of the Masters in Social Work, we would love to work with this body and others to encourage individuals to take advantage of it. absolutely i think that's so important and it's a real with a masters of social work degree is really a a degree that is very versatile um you're going to remain employed the salaries are fairly decent and there's a critical need in this community is there something that we need to do to bring a level of awareness maybe in the high schools um to i guess talk about the needs talk about the professional social work so that we can steer more Virgin Islanders in this field, which there is a critical need for.

1:45:59 Yeah, it is because and especially when you talk about the high schools, I mentioned the challenge of getting individuals to enroll in our master's program. The undergraduate program has even a greater challenge because students don't have the interests coming out of high school. So we really do need to do a better job collectively of stressing to students how important this field is, how rewarding it is, and how, as you just indicated, it can make a difference in the quality of life in the community. So this is a challenge at the undergraduate level and at the graduate level to get students to understand that this is a way in which they can fulfill a critical need in the territory and professionally for themselves.

1:46:54 Exactly. Because I'm seeing the psychiatric response team, and what I'm hearing about us codifying the psychiatric response team, I'm thinking, what will that team consist of, and do we have the manpower, will we be able to recruit and retain our personnel to man this psychiatric response team when we pass it, when we pass this bill? I mean, I think, and you feel good when you pass legislation like this, that sounds good, but from a practical implementation standpoint, it bothers me as to whether or not it is something that we can realistically accomplish and i want to ask the commissioner what will that psychiatric team response team consist of i is are we talking about social workers psychiatrists mental health workers how will that response team look it would be a combination everything that you just spoke about one of the things that i think dr thompson indicated that the minimal amount of money that it is that the 988 or 911 number provides the department of health would be sufficient it's not going to be sufficient may i continue um yes that would not be sufficient and as i said in the in my in the in our testimony we need at least 1.1 million in addition to what we're getting right now federally to be able to it's consistent and it's successful because what we're going to what we're doing differently is really and truly what the PRT or the CIT program calls for and that is actually having clinicians which of course sometimes are costly answer those phones when those phone call comes in begin those those issues and then of course the social workers the case managers um the counselors they don't just they're not just there that day but remember there's follow-up conversations i need to have with family members which support individuals to make this actually work so is there anything that i should add to that sir okay that's it

1:49:03 thank you mr chair if i may just one final question i wanted to ask commissioner about the behavioral health bill and i wanted to get a sense as to with regards to the implementation of that bill i know i don't underestimate how mega a task it is for us to implement is there a unit in the commissioner's office that is charged with i mean i would almost think that it has to be something that they do that is your job to focus on the bringing together the implementation of this very broad very important bill to ensure that it gets it gets done so let me tell you what we've done if i could continue we've actually broken the bill down in a work plan so it is actually what we're looking at is that every aspect of the bill is in that work plan and we have individuals who are responsible for each section of the bill and our two individuals renan steel who's on the deputy commissioners who's right next to me um assistant commissioner and nicole nicole crackwell said has stepped has actually has been placed a little bit more responsible in that position right now since we know not we know not currently have a director and of course mackish taylor jones who is our attorney they work comprehensively together to ensure we meet one once a month and that is with the inter inter-agency committee coordinates committee and that includes vipd includes education human services department of justice boc everyone has the role to play in there um we actually had uh judge willacks attend one of our meetings on two months ago so that he actually can be there speaking to the bill and what really and truly the guidance in reference to that bill as well so it is a comprehensive approach to what we're doing but we try to break it down to make it a

1:51:08 little easier thank you commissioner thank you very much mr chair for the leeway yes thank you senator potter um you know um i want to quickly discuss the suicide prevention and also those with a dual diagnosis with a substance abuse alcoholism so Commissioner would this also help the community with the suicide prevention with this team have those skills and also for the alcoholics because you know they got a lot of people that drinking and driving and ting and all kind of problems with our alcohol? This is all about suicide prevention, the 988 number. It's about de-escalation, looking at the decrease in suicide. And as I said, we also work with the Governor's Challenge. The Governor's Challenge, both Director Farrell and I, work with that team to reduce suicide within a territory, more specifically to the veterans. I am going to ask DC Steele to speak a little bit more in terms of suicide prevention what we're doing now and the link to alcohol and drug use yes Deputy Commissioner Redan-Steele as Commissioner mentioned this directly works with individuals who have mental health as well as substance use disorder it's also part of the national mandate that all 988 call centers address both issues and in the BRL field that's why we went to the term as behavioral health as opposed to separating them because it speaks to co-occurring disorders as you mentioned making sure those individuals struggling with opioid dependence or any other substance use disorder is addressed. We locally have been making sure the staff is trained on being able to work with individuals with co-occurring disorders. We're updated all our intake and our assessment forms within the clinics that they're assessed for both things not just mental health but also the substance use related issues and the team is also making certain when they go out for those assessments for crisis services they're asked those questions as well so we are definitely making certain that this covers both areas senator and if senator if I may the

1:53:19 governor made it very clear during his state of territory address that that suicide prevention is is is key and top priority for him within the next few years and so we're working very closely we actually our director of communication Christine let is working on a suicide prevention campaign that we are going to be sharing shortly so that we're working with the community but like we said not just the community but really and truly a lot of our leaders don't really understand behavioral health and what it encompasses and so we have a lot of education to do territory-wide thank you um commissioner for that because I I think we had about one or two or three suicides in the territory in the last year I ain't sure you could correct me and then also I think we had about one or two or three at a fentanyl that thing that drug thing in the community so it's affecting us all those things you're hearing about nationally it's down here affecting. Okay so we will now go to Senator Donna Fred Gregory. Senator Fred Gregory you'll recognize for your five minutes. Thank you Mr. Chair and good morning to the testifiers and good morning to the listener viewing audience. Of course we know that we have behavioral health challenges in the Virgin Islands, and we know that we've seen a number of suicides here in the territory. We also know that in the 34th legislature, I think it started in the 33rd, that we did a very heavy lift with moving the behavioral health bill forward. I think we were not able to move that bill. At the time, Senate Vice President, Senator Francis Jr. was very instrumental in making sure that we were able to lift that bill out of the legislature and get it passed. I heard the questions. I think the previous speaker asked specifically about where we are with the behavioral health. was passed and the commissioner shared that uh it's has been broken down and um they have action they have uh teams that's working on it what i would like to see i need to get through the chair the strategic plan around that specific measure and the actual

1:55:57 action plans around that measure that supports the strategic plan and the specific timelines But let me ask you, Commissioner Encarnacion, as it relates to the Behavioral Health Bill, because I tried to pull up this section on my way up here, but my team, they haven't brought it up to me yet. What section, how does this measure align or bump up against the Behavioral Health Bill? What's the differences? if any.

1:56:34 It actually supports the bill and really and truly what it does is it codifies a 988 portion of it so that it's not just saying that suicide prevention is critical and what we need to do with it. It actually gives us a new approach to suicide prevention as well as alcohol and substance use. So that's basically just to the bill. Okay, so let's talk about manpower. So what are the things that we're doing in the Department of Health in particular to attract the type of professionals, specialized doctors that we need in the territory to support our overall behavioral health needs when it comes to professionals?

1:57:28 Dr. So one of the things our newest effort right now is working with Morehouse College and University focusing on behavioral health. So we've been speaking with with psychiatrists, nurse practitioners looking to see how we can actually hold those down. Dr. Tyhun Cesar is here she can speak to this a little bit more as well. We have presented that as a contract looking at that to the governor as well as to OMB requesting funding for that so we need to increase the number of practitioners we have throughout the territory but under the varying levels as we've spoken about before it has to be of course psychiatrists we're not just adult psychiatry you have to be succinct because my time is running so I understand what you're saying okay so um so you said that you're working with a university to attract those specialized areas that we reference so that's so we have recurring positions coming down that satisfies me for now only for now let me ask another follow-up question um We spoke about setting up a fund, I believe it's page 607 on the bill that speaks specifically to a trust fund for the 988 system. In the measure, I did not see specifically how we're funding that trust fund, so we can't just set up a fund. You can't have a fund and the fund has zero in it.

1:59:12 The fund has to have a funding source to ensure that you see the revolving nature of the fund. So what is the, I mean I'm not sure what the sponsor of the legislation is looking at when it comes to the fund, but that's an important component to the success of this legislation. What is the Department of Health's perspective? Because it's one thing on the federal level for the 988, but we have to establish how we're going to fund this on the local level. So what, what's the discussion that we're having with regards to funding this? Speaker 3 2 things, one. Speaker 1 Pardon? Speaker 3 2 things. We have a, we have federal funds that has begun. Speaker 1 Say that again. Sorry, say that again. Speaker 3 We're looking at it from two perspective. We have some federal funds. We're using the federal funds to support staffing as well as equipment and supplies. Two, we are actually going to add this to our general fund budget for the year 2024-25 so that we can actually have sufficient and consistent funding to support this program okay so you so mr. chair you got me with me so you're speaking about adding this to your general fund budget you do know that the general fund budget is is passed by this institution so what kind of funding are you talking about about. You can't set up a trust fund that's coming from the general fund. It's a trust fund, the trust fund, allow me to finish, allow me to finish. The trust fund must have a funding source to support it. So it has to be clear in the measure, how are we supporting this trust fund for a revolving perspective? So have we looked at what is the associated costs to ensure that we are able to stand this up in a meaningful way the trust fund was something that the senator K part actually added to the

2:01:15 bill so we spoke with her a little bit yesterday and I know she has some amendments that more specifically speaks to that and we know we have no control over that and that's why looking at what we can do in our general fund is what we have more control over I know it's passed by the legislature you in particular senator however we are going to propose that 1.1 million be added not added but included in our general fund I know we did have some cuts where we're trying to see exactly what our priorities are suicide prevention is a high priority so we're adding that to our general fund at this point in time okay so you are looking at areas within your current budget or appropriation levels let me put it in perspective to reduce those areas by 1.1 million dollars because we are all aware currently that we have revenue challenges so I need to understand right clearly so that's what you're doing yes and so the plan right now is we are going to be having we'll be having a meeting with OMB shortly so that that in the director of OMB as well as our our support person in that area can see exactly what our challenges will be but there's certain things that have to be in our budget and actually that's a recommended by the director put individual put the things that you critically need within your budget and we go from there so that's what we're doing okay but we talk about this bill that's in front of us that's not funded as we speak the federal funds the federal funds that we that we um that you spoke about the are these recurring federal funds are these entitlement funds that we receive from the federal government are these funds going to go away how long are these funds going to be available to the U.S.

2:02:56 Virgin Islands Lisa Steele can speak to that right on Steve Deputy Commissioner currently the funding that's provided through the Substance Abuse Mental Health Service Administration is through 2026 they anticipate it being a recurrent but we do have to reapply each time and currently that funding is in our, we actually have it currently now for the current time that we're running on right now. Okay. Senator. All right. Thank you. I think I've asked the questions that I needed to ask. I want to thank you Mr. Chair. I have, as this measure is an important measure because we have to intervene in this crisis that we have, I really want us to flesh out how this impacts our behavioral health measure that we've moved, and how do we truly fund this realistically, and how can we truly rule this out realistically. That's what matters at this particular point. Thank you for the time, Mr. Chair.

2:04:00 Thank you, Senator. Senator James, point of information, you're recognized. Thank you, Mr. Chairman. Commissioner Inkanasiung, to follow up on what my colleague was talking about, there's a section that says that the Department of Health may impose a monthly territory-wide 988 fee. I'm sure that the residents of the Virgin Islands would like to know, first of all, do you know what the fee is in other jurisdictions? What's the range um not quite sure we were looking yesterday and i know that from the 911 i think that right now we're looking at 30 percent 15 is what we're looking at from what right now is being done to change that to 15 for the department of health to supplement the the cost i think that's one of the things in reference to other jurisdiction i'm not quite sure where we are with that That's all I can say right now, I'd have to do more research.

2:05:04 If I may, Senator, currently the reports we're getting for other states who was able to implement the 980, they're getting anywhere from 25 cents to up to I've seen as high as $1.20. $1.20 on your bill? On their bills in certain states, and it's out there on the Sanchez sites, it's national. the I'm actually not sure because I'm not I'm not as experienced as the other senators are in terms of funding but the the would it be the Department of Health that would be imposing the fee or the the legislature or do you at this point I would think that we we do not want you to have that authority to just charge anything any fee given the range that you just you just provided no more other jurisdiction actually the Department of Health or Human Services whoever oversees this are the ones who actually are imposing the fee as stated in the bill I'm I could so I'm asking should we as a legislature cap that's where I was going should we the legislature cap the fee that you would be charging from my recollection if and please let me know if i'm wrong but we always bring the bill and i mean the fee to you and you actually approve it so no matter what you will have we having say with it okay i'm glad you said that because when you said other other jurisdiction i was like oh so they let them run rampant with no to let you know from doh um what we've gotten in the past and this is not a percentage but this is actually what we've gotten so one year was 200 000 another 700 000 so it fluctuates and that's why it has to be a more consistent funding source versus something that that fluctuates okay thank thank you thank you mr the chair um yes you have another service funds but thank you mr chair okay yeah i think we have to follow up a little bit more um

2:07:10 senator fred have a point of information but before i get to that i want to ask another financial question so commissioner you're saying that um you your ask is 1.1 a million additional to the general fund and is it that you are reorganizing your budget or that's going to be a additional 1.1 million and also uh you received the the federal mental health block grant and will some of these items be charged to the federal mental health block grant can you answer those questions well the first thing that I'm going to say is you're not gonna get me in trouble with director Jennifer O'Neill okay so we're not asking for an additional 1.1 we're saying that we're going to have a discussion with her so that she can see putting and I did putting the 1.1 in our current budget well how that impacts us and what it what it does to our budget overall that's really what I'm saying looking at what our budget looks like 1.1 of that budget will be focused on this bill that's really what I'm

saying okay and then the question with the mental health block grant the federal grant could that grant be tapped for some of these costs yes Senator apparently our mental block grant we actually are mandated to apply 10% to crisis restaurant services okay um one further question so we're clear then commissioner that for the fee for the 988 that will have to be approved by this body that fee right we're clear on that that 988 fee we can we can propose the fee but yes of course it has to be approved by this body

2:08:59 okay um senator fred gregory you're recognized for your point of information Thank you, Mr. Chair. So I just wanted to make sure that the Commissioner made reference to the fact that in other states, the Department of Health imposes the fees. As I read the legislation, the fees are specific around our landlines and our wireless lines. That's not something that we do not look like the states. That has to be imposed by this body. That's one. And two, I actually took some time to look at what other states are doing. And I see that only eight states in a union have 988 fees. So we need to do some deeper dive on this.

2:09:50 We need to figure out how we're going to fund it and how it's going to work. We need to look at our economies of scale, economy of scale, to determine how this works best for the Virgin Islands. Many times what we do is we adopt legislation that looks like bigger states. We are a small territory, so we need to fit this into what works for the Virgin Islands. So my point of information is how many territory-wide suicide cases have we seen within the past, let's say, three to five years? Do we have data on that? And if we don't have it here, I could ask for it through the chair, just for us to have some perspective and scaling on this. Thank you. Over the last year, may I? Yes, go ahead. The last year has been identified. We had three suicides. I have to say that there were three suicides, but at around the same time we had two other suicides that were associated with Virgin Islanders that occurred in the mainland, which also affects us. Looking at the number of calls in January 2024 we had 62 calls from 988 December 2023 169 November 23 111 October 23 121 it's it's it's about suicide prevention and not looking at the number of suicides in a sense it's looking at the preventative measures that we can put in place to prevent suicide if you add all of these up look at the number of suicides that have been prevented by and those calls being answered thank you for your response I definitely agree with you that it's about the prevention but we still I just strongly believe that we have to look at our economy of scale and figure out how to make this fit for us here in the Virgin Islands it is a situation a matter that we must take very seriously and we have to address it here in the territory so there's no debating there we just need to make sure that whatever we pass here in the institution is something that can be implemented in earnest thank you mr.

2:11:55 chair thank you Commissioner I had one question okay so you know there's a nice someone calls 988 fire comes determines that the person doesn't have any you know vital problem with the vital signs police comes and this this emergency response teams come and they determine that this person needs to be treated for acute mental illness flare-up. You take them to the psychiatric ward in the hospital. Do you have authority to commit them or the hospital has to then review them and make a determination if this patient is satisfactory for mental treatment how how would that work it goes back to the bill and i always tell my my staff let's look at the law we do have the authority vipd has the authority someone who actually sees that someone has is is um about to harm him herself or others have they have the authority to involuntarily commit that individual um then that person is held with um between 72 to five days um and if need be we go to court the person is then extended within the hospital um st croire st thomas or if we have to send them outside of the territory then we do that as well is there anything else that deputy still any anything okay no okay great uh yes senator donna fred you're recognized for your point of information okay thank you so i'm here having a uh they'll save all right so i'm trying to understand um and it goes back to economy of scale but also understanding how this

2:13:54 works because i don't do this every day i don't do this at all actually so um what is the differentiation between utilizing the 9-11 system that we currently use we're currently using 9-11 correct for this purpose right yes so we use both okay so we use both so So what is the challenge, I think is a question I want to ask, with us putting out there that if you're experiencing these types of issues as it relates to suicide and behavioral health, et cetera, please call 911.

2:14:42 What is the challenge with that? I don't know. So I'm honestly asking that question. And I'm going to ask both Dr. Nicole Craggle-Sims as well as the Cecile to answer that from the behavioural perspective. Dr. Simms. Thank you, Commissioner. In essence, Senator, that is a very good question and I'm sure that a lot of persons who are thinking on that same plane, the simple answer to that is bottlenecking. So the 911 number is essentially used for physical damage, having response to, let's say, BIPD robbery, break-ins, fires, et cetera. The 988 system is designed to really assist persons and talk them through or off the ledge, figuratively and literally in some cases. So it does take time, and that person has to be able to talk individuals down and through. The bottleneck can come in when you try to have one line to solve both. have a person who needs there you really can't tell them listen hold on i have to deal with another call coming in so the separation of it provides for the support that they need also the um time that it takes because we also can't force persons to have a discussion so all of it takes time so really to prevent the bottlenecking thank you there's also one other aspect

and that's the stigma yes it definitely also reduces the stigma because a lot of individuals who are experiencing any kind of psychological challenge or behavioral issue is also fearful of calling law enforcement because they feel automatically they will be arrested and detained as opposed to getting the support they need.

2:16:19 Could he say that again? Can you repeat that, Deputy Commissioner Steele? Somehow it seems like the power went out on St. Croix. Can you hear me on St. Croix? Can you hear me on St. Croix? Yes, we can. Can you repeat that answer, Deputy Commissioner? We didn't hear you properly. Okay.

2:16:51 Yes, we're saying it also reduces the stigma because a lot of individuals who are suffering any kind of psychological stress at the moment or any behavioral challenges are reluctant to call 9-1-1 because it usually brings out law enforcement who are most likely to detain or arrest rather than understand that they need emotional support. And also remember it is a federal mandate so we do not, we're not given a choice as to implement the 988 process and the response to that. That's something that we're being mandated to do as well.

2:17:29 Okay, thank you, Commissioner. And, you know, the bill is definitely needed. Like I said, when we started this hearing, the way you treat your mental patients reflects on the society. And, you know, mental illness is a serious concern. The numbers show that as much as one in four individuals may eventually have some form of mental illness. So this is a very, very important item.

2:18:05 We know that there's going to be some funding issues, but we have to make it work. We have to get this done because the mental issues in our community seem to be expanding. There's issues of housing, et cetera, et cetera. Deputy Commissioner Steele, I just wanted you to briefly give us a real, you know, a brief overview of those off-island mental patients that we have. I know we have where the committee and yourself are supposed to be going to see the prisoners that are, you know, the mental health prisoners in South Carolina. We have to make that happen. Can you give us an update on your overview of how our mental patients off-island are being treated, specifically the 34 or so of them that are in Florida? Yes, Senator. Thank you. So as Senator Francik mentioned, we have been touring the facilities that have our current residents. We've been able to go to the Devereaux in Orlando, Winter Park area. We also went to Sunrise Group, which is down in Miami area. Sunrise specializes more so in those not only with psychiatric issues, but with intellectual disabilities. So it's a specialized population. Our residents have been very much pleased when we made the visit. They expressed a lot of joy in being there, happy demonstrating they were participating in their groups and their psychosocial events. The Orlando campus when we went to Devereaux, it also has the component for intellectual disability as well as those who do not. And our residents there also seemed to be very relaxed, satisfied, the environment was very therapeutic. They had open field areas for them to have recreational activities. They take them on community outings. and they use the crisis response teams as a last resort. They practice in behavioral health modifications so that they have behavioral analysts on their team who try to work with the individuals who are there. And as Sinta mentioned, we will be then visiting the facilities we have in Pennsylvania, South Carolina, and eventually California. Yes, and thank you.

2:20:21 And, you know, I want to publicly congratulate the Commissioner of Health, I think also human services because we went there we personally saw those patients those mental health residents from the Virgin Islands they are being well taken care of I'm proud the way our patients in Florida I haven't seen all of them but the 34 that we saw I know some of other members of this committee went they are they are doing well however I want to add one thing one question because I think it's costing us like about a little bit over a million dollars a month. Can you see a way, you know, a path where some of those patients can be returned home and what would we need in the Virgin Islands to be able to return those mental patients? Because, you know, when we went up there, you know, they were talking about the jamban and the one lady, you know, she wanted some Kentucky Fried Chicken and you know it was it was heartwarming to see that our patients are being well well taken care of all the facilities all the amenities each of them had their own TV everyone had their own TV and thing you know so can you tell us what it would need to be able to bring some of those patients home and where can they be located can any be housed at Eldra shoulder brand or any of other step down facilities what's happening with those yes senator as um commissioner mentioned earlier when we're talking about the plans for going forward with our residential facilities and transitional living care that is exactly the model we would like to replicate here in the territory where those individuals as you've seen firsthand in a home-like environment it's a group home setting they're licensing as transitional living facilities is those we We also are advocating for permanent supportive housing, which currently does not fall under our preview, but that is a much needed resource in the territory so that individuals who have those mental conditions who've been stabilized are able to come back home and have somewhere to live with the wraparound services in place. So there is a different perspectives. And as you've seen those models that have been successful is they have to have that onsite support to continue to be successful. And then there are those who are able go to independent living and as for ESF we have brought home several individuals who have come back to ESF as that step down to then eventually and some of them have moved back into the community

2:23:03 and actually have apartments sir. And Senator you asked what is it that we need? Yes. Our ESF we're working with FEMA right now in terms of replacing or renovating our ESF post the storms so we actually um we're meeting with them today um outside of me and as well as dc steel to see exactly what can be done that's one thing um i've indicated that the governor and i have had further conversations in reference to the millions of dollars would be needed to include one wraparound services are available transitional care is available and individuals who suffer from a mental illness that has committed a crime now noted as ngri one of the other things that that we have set for the future is our new Charles Hallwood or the Donna Christian Christensen Public Health building is going to have a complete floor that's going to allow for services to provide it there as well so there's a lot of things that I think that we have geared for the future there are a lot of needs that we have for mental health as well yes and you know um you know I want to say congratulations again Commissioner to you and the whole staff that you have here you got the a team here with your steel sims dr hunt everybody here um you know i want to ask you one question because even though i know you're going to be here for the next bill this afternoon we have east end and there's some issues there but the federal um monitor was here last year i need to follow up with you today um i know you're on st croix i need to ask you a question of the record on that so colleagues um if there's any more point of information senator francis you're recognized for your point of information thank you thank you very much mr chair and real quickly i

2:24:52 have two quick questions but i wanted to say before that that based on training and information the 988 line is a dedicated line you know um for the purpose of emotional distress and uh suicidal crisis is beneficial however we need to make sure that all of the ancillary services are available to them to include the crisis intervention team assets correct correct so I wanted to ask you in terms of the 988 line right now that's a national hotline have you been able to glean or get any information or how many of those calls have been initiated from the territory Yeah, those are the numbers Senator that Commissioner just read out that we get the reports from and SAMHSA and this January we just passed was 62 calls, December 169, November 111 and October 121. Now currently because they don't geomap the 988 services on the national level, it's actually once they capture that 340 area code is counting to the VI. So someone can be on the mainland with that VI number and it would still count to our count. So that is a plan that the federal level is trying to address going forward. Okay so there have not been any communication locally from cell towers that were able to glean similar type of information? They're not geomapping to the towers as of yet that's the plan for this year and their feds. And thank you for that response that's good information and in respect to the budget that you spoke about commission you talk about 1.1 million dollars how is that budget going to be used? That would be used for 24-7 call hours and we're looking at therapists and so that about of course is an increased cost rather than having a 9-1-1 or 988 operator so it's someone who can actually respond right away

2:26:42 and de-escalate so that and of course you have to have the the IT infrastructure to be able to have these 988 calls you have to look at HIPAA privacy how you store the information what you do after that so those are the things that we will be looking at when we put that together so have there been any thoughts of joining or annexing the 911 system to allow for those very same call takers to be housed within the 911 system we can easily speak but I know that that MDCC actually has meetings with Director Jaschen in regards to this as well we just have to make sure that the separation is there so that whoever is answering those calls are the ones who actually are experienced. Thank you. Thank you for your response.

2:27:31 Thank you Mr. Chair for the time. Thank you. Senator Potter, point of information. Thank you Mr. Chair. I wanted to ask the Commissioner just to kind of get an understanding as to the difference between a 988 and a 911 I know you mentioned that for you know just the whole idea of stigma and all of that it makes it more you know makes it easier for someone to call a 988 number as opposed to the 9-1-1 wanted to get a sense as to those persons who are taking 988 calls. Are they trained professionals? You know, I mean, what's their training versus a regular 911 operator's training? They're going to be clinical specialists that are going to be taking those calls. So they are trained from a psychological, from an emotional standpoint, so that they can be able to one assess what's going on in the phone and then de-escalate at that point in time at that time they will be also ensuring that individuals from VIPD or EMS goes out and a lot of those call can actually be taken because we are now what part of it is vehicles ensuring that we have the response vehicles ready so that we can go out there as well so is there anything that I'm missing you see and also to add to a commissioner mentioned this why also on the national level SAMHSA has been working with Vibrant because they're actually the ones who are standardizing the response and the training specific for your 988 call centers so that everyone is following the same model of approach and be able to then we're able to track and see the efficacy of those programs and if I may say something in general the reason why we continue to say that want to be in a mental health crisis is simply because we know that we see the individuals on the

2:29:38 street we say that they need homes not everybody that's on the street is in crisis from mental health standpoint they're not there they're they're not in the point where they're ready to hurt themselves or others um they do have um some responsibilities they do have rights and so we can't always say we're picking them up and put them where we think they need to go another thing is just a full-on education of what mental health substance use is all about behavior health is is completely large and the more and more we have conversations with the community with it with people who are educated with people that lie the understanding of behavior health isn't there and we are the experts trying to teach and hopefully people are understanding that one yes everyone has said resources have to be placed into behavioral health in order for us to be more successful and right now we are asking for those resources to be put in place so that we can expand our behavioral health services. Thank you. Thank you Senator Parra. Yes and Commissioner You know, yes, I do understand the call to really solve the mental health issues in our community.

2:30:57 We have to involve the whole community. It takes a village to solve this mental health issue. You know, we have to get Catholic charities involved. They have a role. you know, Lutheran Social Services, the Council on Alcoholism and Substance Abuse, AEE, I think they used to call it, all of those issues to be able to address the mental health because it's a comprehensive issue. Senator Fred Gregory, you're recognized for your point of information. Thank you. Thank you, Mr. Chair.

2:31:36 very quickly I know that a couple years ago we did the ribbon cutting of the behavioral health mobile vans. What's the status of those vans and how many do we have an island and how are they operating in the territory as we speak? Yes, currently the mobile vans are operating primarily in the St. Thomas District. St. John District the van has not been as utilized as far as moving wrong it's utilized as a self-standing unit there in St. Croix and St. Thomas any of the outreach events that the van can actually have a location to park at has been utilized there so as Commissioner mentioned with those 28,000 outreach last year the vans was instrumental in many of those outreach efforts. So they're basically used for outreach efforts what does that mean do you go into communities is there like a schedule what I'm not following what that means it sounds good but I'm not really following what it means when you say outreach so it sounds like activities to me what could you explain to me on a daily basis how do you utilize those vans yeah when we're referring to the outreach efforts we're talking about there is coordinated specific on-site services that happen in both districts and some many times it's related to schools so they will do certain on prevention and discussions with students and then the vans are available for any ongoing counseling on-site as well as when we take it to certain community neighborhoods they're also providing those ongoing services in collaboration with some of our primary care clinic services as well so it's services being provided on-site with events on a weekly basis do you have a schedule where these vans are located throughout our communities so i'm not talking about activities per se i'm speaking about what are we doing weekly in our communities with regards to the mobile vans that we have behavioral health movie events that's what i'm talking about if we're not doing anything yes then we could just say that as well no senator we are

2:33:58 doing a service but i want you to understand the connection of the same staff that operates the vans is our staff that goes out even on a daily basis with our other vehicles and provided services when the location um is capable of having having the vans on site or it's it's the the number of individuals to be served that moment then we put the vans there when it's not it's the team going out and we have our Wrangler Jeeps and different vehicles that are utilized to provide the same services in the community. Okay so we don't have a clear um plan because you're talking about resources and manpower thank you. Thank you very much um good question you you remind me um Senator fred gregory um the vans the committee on health hospitals um and human services we actually going to be using those vans february 29th we have a health outreach fair in the emancipation garden february 29th from 10 a.m to 4 p.m in emancipation garden we're going to be providing health screenings men's grooming so if someone needs to be groomed you know other assistance human services is going to be there to help them with their human services issues Medicaid we're going to have home health screening and St John they'll be Friday March the 1st 12 p.m. to 4 p.m. in the Frank Powell Park there in cruise bay and on st croix the committee on health hospitals and human services is going to

2:35:45 have a outreach fair on friday march 8th um we ain't finalized that location yet but it's going to be friday march 8th we're going to be using those health funds um senator kpot you recognize for your time. Thank you Mr. Chair. Senator Maryse James here to my right was trying to get a point of information so I would yield to her. Oh yes Mr. Senator James proceed. Thank you. Thank you Mr.

2:36:22 chair I want to the as you know the fact that I heard mobile in immediately triggered for me the mobile health integrated health care program and so I was under the impression that those mobile vans would actually be involved in for example follow-up care for people who were diagnosed with behavioral health problems where your team would go in just like you do now with the wound care and the injury um you know follow-up and injury blood pressure dealing now with behavioral health so the reason is that possible or you know instead of the outreach activities the actual i think that

provision of service thank you for the question the out when we say outreach activities it also involves counseling and training so it's not just outreach where you go out there you speak with someone you leave even with the schools when there were crisis and that were occurring in the schools just last year we set up the vans in this in the school system in the school areas high school students actually came into the van and they were counsel that is the purpose of the van right but I'm more focused on this the model of MIH I understand where there's the the the plan I needed to say that though oh okay great go ahead my apologies um but yes um that is the intent if uh for the MOVA integrated team right now we do not use the the behavioral health van for that we also have other vans we have the MCH vans we have the community health vans we have the emergency van so all of those could be used for that if there's an issue with with um behavioral health the behavioral band can ban can also be used for that um so right now there's no like follow-up services specifically for a patient let's say there's a patient in a home who's suffering from behavioral health challenges

2:38:32 the vanity your your current program does not encompass that type of service Ms. Initially, because we have gone out to homes, but we tried to bring them in so that they can be exposed, but the clinician would be able to tell you a little bit more about that. Mr. Thank you, Commissioner. Mr. Yes. The service says as far as they're assigned to case managers once they reach that level of intensity, and they do follow them and do home visits and provide those services. We've had situations where our nurse have to go out and administer injections in their residents yes but it doesn't move the physical van for those day-to-day door-to-door okay thank you thank you thank you mr. chair i appreciate the time yes thank you senator james um and and it's good that we brought up the issue because those vans um you know should be busy because um we also have a lot of seniors living alone um with human services so maybe sometimes we could borrow them to Human Services when they have to visit that.

2:39:35 Senator Capehart, you'll recognize. Thank you, Mr. Chair. First, I'd like to thank all the testifiers that came before this committee to give support in this legislation. No legislation is perfect as we bring it on the floor to vet, and I hear the concerns. If this bill brings or strengthens the Act 86-88, this is about creating a specialized train unit to respond to behavioral episodes. Let me tell you guys, Jesse Martinez, who had a behavioral episode in the town of Frederickstead, ran naked throughout that town didn't understand what was happening to him the next day or the day after that the response that happened on that day there wasn't a specialized trained unit to went to respond to this let's talk about Jiffy Mart a couple years ago when another individual was running around naked and needed help. He needed that specialized trained unit to respond.

2:40:59 Colleagues, we've had epidemics with COVID hurricanes. Not many are strong to deal with life pressures or challenges. So this is why I am here advocating for people who have behavioral problems and they need help the police department on its consent decree wants to give that supporting aspect when it becomes a criminal act we have all these entities want to say yes we want to be a part now the funding i took it the language from Act 86-88 to mimic the same surcharges. Yes colleagues I understand that we have questions about the funding. I have amendments as I spoke to all these departments, fire, PD, health, and I'm waiting for legal counsel to provide these amendments for us colleagues. As I said it's not perfect and with those those amendments I think would strengthen this legislation. So, Mr. Chair, I ask that we hold this bill until the end of the committee meeting and if the amendment is not here then I would be happy to hold this legislation. Thank you, Mr. Chair. Colleagues, I ask for your support for the people of the Valjean Islands to give them better care, quality of care to deal with their behavioral problems as they call 988. Thank you, Mr. Chair.

2:42:47 Thank you, Senator Capehart. So what we'll do is I'll ask if there's any burning question. If there's none, then we will ask for Senator Fred Gregory, you're recognized for your burning question. Thank you. Thank you, Mr. Chair. I got the bill number 8688, the Crisis Intervention Program. So under that particular section of the measure of this bill that was passed in 2022, and so that was in the 34th legislature. It speaks specifically to telephone hotline services, a community-based telephone crisis intervention hotline offering 24-hour, seven days a week, counseling, consultation, evaluation, treatment, and referral services.

2:43:48 Is that different from what we're discussing today? If I may, yes. Commissioner, yes. Yes, Commissioner. Yes, Commissioner. The biggest difference is that we had telephone operators versus now we actually have clinicians who are trained to be able to process from the time from the moment the call is answered okay so sorry i'm sorry go ahead sorry proceed commission okay so are we saying that once we move this legislation that this because we don't want to have ambiguities in the law where it says that now you're required to have 9-1-1, this hotline, and 9-8-8. You see what I'm saying? Are we clear? I want to make sure we clear up any ambiguities that we're seeing because this section 1020 of, and you shared that we have, you have a folks are working on different sections of it, so someone has to be working on this section.

2:44:59 Right? So I want to be clear. What does this mean as it currently sits and where does that, how does 988 bump up against this? We need clarification. And if you don't have the information in front of you, because I just pulled up the legislation,

that's fine. but I'm urging us to look at this to see what how are we differentiating between of well we know what 9-1-1 mean I'm not sure what this hotline service is what's the differentiation between that and 9-8-8 and that's why I asked specifically how was this legislation bumping up against the behavioral health bill that was passed in 2022. So noted Senator Fred and thank you so at this time we have the crisis we have the crisis the psychiatric response team and the crisis intervention team what was the difference still continue to speak about that there is very little differences and that's why the bill is being amended to change it from the crisis intervention team to the PERT and just it's a just a different method in which it's actually being approach is being made DC steel explained it earlier and I'm gonna ask him to explain it once again DC steel yes senator it's there's no difference there the difference is the PERT is just a model of a crisis intervention response team so that's the specificity of that piece of it but it's still intervention services but for us you see how it's so important for us to continue utilizing the same language the same information so there's no confusion

2:46:56 that it has to be consistent we have to have consistency throughout our legislation because then it avoids people like myself and other people that will come after myself to ask these questions and create confusion are we in agreement with that yes senator thank you thank you okay thank you senator fred gregory so at this time i'll ask um for a 30 second closing from all the testifiers um um dr hall we'll um we'll begin with you as I stated in the testimony I think this is important legislation it is something that affects the entire community and especially those in very vulnerable situations and we look forward to this bill being refined and addressed and having whatever conflicts and weaknesses clarified and we look forward to it being passed and thanks for inviting me to speak on behalf of the University and the faculty members there who have expertise in this particular area thank you and thank you Dr. Hall and I want to you know publicly commit to you that I I understand the need to get that endowment for the university medical school we need to have that medical school built completed and accredited and I think you need like about ten more million dollars and you have my vote we got to get that medical school fire Evelyn your 30 second closing I leave Lynn fire and EMS so we

2:48:49 support this measure because it approaches each patient from a holistic perspective you know patients may be experiencing different metabolic emergencies but also psychological emergencies that may go hand in hand that may affect the patient so by having these wraparound services available to each patient from a pre-hospital perspective will kind of allow the patients to receive the best care possible so we're willing to come back here and provide support as the measure works through the process. Thank you for this time and for allowing us to participate in this legislative process. Thank you Assistant Director Evelyn. We'll go to St. Croix. Commissioner. Once again thank you. I do commend Senator Kephart thanking you once again for putting the bill on the table. I wanted to one say that human services is indeed benefiting from the mobile vans especially in st john we're working with one of deputy commissioners there so just wanted to let you know that and i'll repeat by having the integration of 988 and clinical staff it allows for immediate de-escalation and provides for access of early intervention if a response is required needed it will also allow for increased efficiency response time to help that individuals and family members in need it's all about saving lives it's all about preventing suicide we ask for your support thank you so much thank you um commissioner and at this time um the committee on health hospitals and human services will stand in recess for 30 minutes and the testifiers are dismissed Thank you. Thank you. Let's go! We'll be right back. Thank you. We'll be right back. Let's go. Let's go. Let's go! Let's go. Let's get started. We'll be right back. Let's go. Thank you. We'll be right back. Let's go. Thank you. We'll be right back. Thank you. Thank you. I love you. We'll be right back. Thank you. We'll be right back. Let's get started. Thank you. Let's go Thank you. We'll be right back. Let's get started. Let's go. Let's go. We'll be right back. I'll be right back. We'll be right back. We'll be right back. We'll be right back. Let's go. Thank you. Let's go!

3:10:41 We'll be right back. We'll be right back. We'll be right back. Let's get started. Thank you.

3:13:11 We'll be right back. Thank you. Thank you. Thank you. Thank you.

3:15:41 Let's go. Thank you. Thank you. Thank you. Thank you.

3:18:11 We'll be right back. We'll be right back. Thank you. Let's get started. Thank you. We'll be right back. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. I love you, too Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. I'll see you next time. I'll be right back Thank you. Thank you. Thank you. Thank you. Thank you. I love you, I love you Thank you. Thank you.

3:35:41 Thank you very much. Hold a second Madam clerk The committee on health hospital human services is in recess My stuff Thank you. Thank you. I love you, too Thank you. Thank you. Thank you. Thank you.

3:40:11 the committee on health hospitals and human services is out of recess um madam clerk um can you call block two into read block two into the agenda yes mr chairman block two Bill number 35-0207, an act amended title 19, Virgin Islands Code, part one, adding chapter 6A to create the Territorial Chronic Kidney Disease and Diabetes Registry, sponsored by Senator Ray Fonseca. Invited testifiers, General Giusta, Tita Incarnacion, Commissioner, Department of Health. Dr. Lynn

Fedricks, Director of Chronic Disease, Department of Health.

3:41:17 Dr. Ty Hunter, Cesar, Medical Director, Department of Health. That's the end of reading of block two. Thank you very much, Madam Clerk. Colleagues, we have a few testifiers here before us. Today, before we move to do a mic check, we will ask, who speaks to this bill? I do.

3:41:45 Senator Fonseca, you may proceed with your introduction. Thank you, Mr. Chair. Mr. Chair and colleagues, Bill No. 35-0207, an act amending Title 19, Virgin Islands Code, Part 1, adding chapter 6a to create a territorial chronic kidney disease and diabetes registry diabetes is a chronic disease that occurs when the pancreas does not produce produce enough insulin or when the body cannot effectively use the insulin it produces insulin is a hormone that regulates blood glucose and the glucose is your body's main source of energy diabetes also leads to limb amputations and new onset blindness in adults nationwide it's also a major cause of heart disease and stroke in the United States black adults are nearly twice as likely as white adults to develop type 2 diabetes this racial disparity has been rising over the last 30 years in the Virgin Islands there are 219 hemo kidney dialysis patients and diabetes is the main cause of kidney

3:43:36 failure these two hundred and nineteen patients with kidney failure cannot have their blood filtered they must be on a diabetic chair dialysis chair for four hours twice a week this it affects the families it affects the Virgin Islands community bill number 35-0 207 will fund and create the territorial chronic kidney disease and diabetes register in the Department of Health like our good senator from wrong the field says what gets measured gets monitored so my colleagues this bill is about investing two hundred and fifty thousand dollars to be able to monitor and to track and to save and extend the lives of all of the Virgin Islanders that are currently suffering from kidney failure in addition to the thousands of Virgin Islanders that have diabetes and also pre-diabetes. I ask for your support colleagues on bill number 35-0207 and thank you Mr. Chair for the time. Thank you very much Senator Ponseca I see we have two testifiers here today. I'm not sure if both of them have testimonies to offer or if both do. Okay so I'm gonna start with okay so just as Commissioner Encarnacion you may proceed with your testimony. Thank you sir. Good day

3:45:39 Honorable Senator Ray Fonseca, Chairperson of the Committee on Health Hospital and Human Services, Honorable Kenneth L. Giddens, Vice Chair, Committee Members, and all non-committee members, and the viewing and listening audience, I am Justa Tita Encarnacion, Commissioner of the Vorgias Department of Health. Present with me today is Dr. Tyhun Cesar, our Medical Director, and unfortunately, Dr. Linnea Fredericks, who is our Director of Division of Chronic diseases is off and travel to a chronic disease conference, but has contributed strongly to the testimony.

3:46:12 We are here to testify on Bill 35-0207, an act amending Title 19 for Generalist Code Part 1, adding Chapter 6A to create the Territorial Chronic Disease and Dialysis Registry. I'm sorry, Chronic Kidney Disease and Diabetes Registry. This registry will serve as a pivotal shift in our approach and medical management of chronic kidney disease and diabetes within our territory. These conditions are interlinked with diabetes being a leading cause of chronic kidney disease. Diabetes and chronic kidney disease are precursors to end-stage renal disease, which requires dialysis or a kidney transplant for survival. Type 2 diabetes, although often preventable and manageable when combined with type 1 diabetes is the sixth leading cause of death in the United States Virgin Islands and currently affects 15.93% of the population or approximately 11,161 persons. Chronic kidney disease affects 1.5% of the population. In 2016, the USVI diabetes prevalence was 12.7%, affecting approximately 10,382 persons. The prevalence of these diseases is increasing at an alarming rate, posing significant health, economic, and social challenges. These prevalence data were captured from the Behavioral Risk Factor Surveillance System, which is self-reported data. Although these data are useful, they do have their limitations.

3:47:56 A chronic kidney disease and diabetes registry will give the ability to cooperate and strengthen the existing data, enabling comparison with other jurisdiction and forge a way to truly quantify the burden of the disease in the territory. Disease registries have long been recognized as useful tools to aid health systems professionals and leaders track chronic disease and diabetes morbidity in populations chronic kidney disease and type 2 diabetes are two preventable conditions that contribute significant to the disease burden in the u.s a disease registry is a centralized database for the collection of data on a specific disease currently the vi department of health operates the virginia's central cancer registry as part of the network of national program of cancer registries funded through the center for Disease Control and Prevention, or CDC. The Cancer Registry functions as an epidemic surveillance system designed to collect information regarding the incidence, distribution, risk factors, and mortality of the disease. This data is essential to public health professionals, researchers, the medical community, and policy makers in understanding and addressing the cancer burden in the territory. Also, the VI Department of Health is currently preparing to launch the sickle cell disease voluntary patient registry in the next few months. This registry will collect longitudinal data on persons living with sickle cell disease to increase understanding of how clinical characteristics predict outcomes and affect quality of life. The creations of a dedicated registry to track and analyze chronic kidney disease and diabetes is urgent and necessary.

3:49:39 the registry will have many benefits to the virgin az community it will serve as a critical source for policymakers and public health officials offering data driven insights to shape preventive preventative public health strategies it can identify high-risk populations guide resource allocation and evaluate the impact of public health interventions further it will inform infrastructure planning to ensure the territory is prepared and equipped to care for persons diagnosed with these diseases. The registry can also function as a quality improvement tool in healthcare organizations allowing clinicians to audit their practice patterns and standards of care across systems. Another benefit is the increased capacity to foster research and collaboration. Currently the VI Department of Health partners with several higher educational institutions such as University of the Virgin Islands, the Louisiana State University, the University of Utah, and John Hopkins University to implement and manage disease registries and surveillance systems. This registry will be an added invaluable resource for research, fostering collaborations with academic institutions and research organizations. By understanding the epidemiology and treatment outcomes of chronic kidney disease and diabetes, we can drive innovations and medical research and health care delivery. The registry will also strengthen community engagement and knowledge, empowering patients to become active self managers in their care is essential to the reduction of morbidity and mortality. The registry will support community-based initiatives, educational programs, and outreach efforts, empowering our citizens with knowledge and resources to manage their health better. Moreover the VI Department of Health acknowledges that the successful implementation of this registry require collaboration and

3:51:35 cooperation of health care systems, health care providers and a member of members of the community. Therefore we pledge to ensure that the privacy and security of protected health information in establishing this registry our commitment to patient privacy and data security is paramount. We will adhere to high standards of data protection ensuring compliance with with HIPAA the Health Insurance Portability and Accountability Act and other relevant privacy laws building on the legacy of the provisions in the USVI central cancer registry that speaks to reporting requirements by providing by providers this legislation will provide the support needed to collect data from the appropriate resources seamlessly in conclusion disease registries have proven effective in health care locally and globally they encompass a value-based approach to priorities and tracks outcomes important to patient and health care providers such as socio-demographic factors treatment protocols quality of care survival rates and health care costs as well as providing evidence that can be leveraged to support prevention and health promotion efforts the establishment of the territorial chronic disease kidney disease and diabetes registry is a step towards a healthier future for our islands it will enable us to tackle the twin challenges of chronic kidney disease and diabetes with the precision and effectiveness that these serious health issues demand we are committed to the successful implementation and ongoing development of this registry and are eager to collaborate with all stakeholders in this endeavor finally the virgin islands of universal data warehouse or the data warehouse funded by a two million dollar arpa american rescue plan act grant will integrate medical pharmacy and dental claims data from public and private payers this robust data can serve as a foundation for disease registry like the proposed

3:53:39 chronic kidney disease and diabetes registry the data warehouse population level insights on prevalence costs outcomes and disparities would power impactful surveillance and intervention the data warehouse puts us at the forefront of health data and analytics we want to maximize this opportunity to enable evidence-based policies and initiatives like the ckc or the the the chronic kidney disease diabetes registry the VI Department of Health is committed to reducing health risk increasing access to quality health care and enforcing health standards the department commits a continued collaborative efforts with the members of the 35th legislature we stand ready to respond to any questions you may have thank you sir thank you very much Commissioner and Connice Young. Colleagues we will proceed with a five five minute round. We're going to start with Senator Nobel Francis. Senator Francis you're recognized for your five minutes.

3:54:53 Thank you thank you very much Mr. Chair and I commend the bill sponsor first of all for our presentation of this measure. Again, trying to create some accountability and certainly data warehousing is critical, especially when we talk about chronic kidney disease, as well as a diabetes registry. Commissioner, I know that you have spent a lot of time in the field in terms of chronic illnesses and the like. What are some of the contributing factors that cause diabetes okay I am actually gonna I can answer that but I have Dr. Ty Hunt Caesar our medical director who's here and so Dr. Hunt I'll ask you to answer that question please good afternoon Ty Hunt Caesar chief medical officer Department of Health there are many different things that contribute to the development of type 2 diabetes and it's very important to underscore the difference between diabetes because the the listening audience might there might be some individuals with type 1 diabetes and that is something that you're born with so we are specifically talking about type 2 diabetes which is something that is preventable the risk factors for acquiring a type 2 diabetes include obesity poor poor poor diet or poor nutrition or a nutrition that adds to, contributes to the development of insulin dependence in the body and also lack of physical activity. So there are also other comorbid conditions that could lend to it, but typically it is essentially obesity, poor nutrition, and lack of physical activity.

3:56:42 Very good point. and under the auspices of nutrition how does sugar and that's kind of where I wanted to focus how does sugar impact the diabetes conditions so that is a misnomer so whenever when everyone correlates sugar to diabetes and that's something that we we don't want the public thinking that eating sweets and eating things that are high in in what we perceive as sugar will contribute to diabetes. So if you break it down, like Senator Fonseca did introduce earlier, is that the way that diabetes affects your body is when you have an overproduction or your body is unable to process sugar and glucose. And what that means is that everything you essentially eat, almost everything you eat, almost everything you eat, when you digest it and it breaks down, it breaks down into simple sugars or glucose. That is what the body breaks down the food that we eat so that we can use it for energy like the senator said. So it's not necessarily when we think of candy or sugar or even sugar that we put in our food. It's actually what we eat in generally. So without being very scientific, that's rice. That's potatoes. That's bread. Those are the things that actually break down into glucose, that if you are not managing it appropriately, then it becomes a big problem for our body to handle. And not only that, like locally, culturally relevant foods, we're talking about provisions, okay? So anything that's pretty starchy, so that can be green bananas, that can be dasheen, that can be all the things, the provisions that we like to eat.

3:58:33 Plantings. Very well. I guess everything in moderation then. It seems like everything that we like here in the Caribbean is almost a problem when it comes to glucose breakdown. Just real quickly I know that you spoke about the cancer registry. What's the health of the cancer registry at this time? It's active right now. It's active very well and real quickly again we certainly continue to this legislative body continue to support our Diabetes Center of Excellence and I know that they had a wonderful forum just just last year and again the year before where we see a number of individuals that turn out to that and we continue to support that under all miscellaneous disbursement I just wanted to ask you while we're discussing these chronic illnesses what and perhaps we don't need to create another registry but I'm very much concerned as you know about stroke stroke registry as well can that be part of the data warehousing you believe component that is actually definitely part of the data we are housing so it is a precursor to our health information exchange that we need so badly it allows us to get a little further to that so all of the data we have access to hospitals federally qualified health centers the information will be poured into that and we can pull the data out when needed when needed very well in conclusion that's the first thing I had on my list here is health information system and the meditech how How will that be incorporated to assist us and be able to collect that data?

4:00:04 Meditech is only one electronic health record that's being used by both hospitals. A lot of, for example, public health, the federally qualified health centers use different forms of, but the interfacing of that is what's needed. And sometimes that's costly, but I think it's something that we can do. Very well. Thank you. Thank you, Mr. Chair, for the time. support of this measure as we continue to collect important data to address our chronic illnesses in the Virgin Islands. Thank you. Thank you very much, Senator Francis. Thank you very much, Dr. Cesar, for really explaining some of the misconceptions that people have surrounding diabetes. You know, culturally, we say that you have a little bit of sugar, you have some sugar, But you can go a lifetime without eating those candy bars and still have a serious diabetes.

4:00:59 I know that a lot of the processed foods that tends to be a lot cheaper is a culprit, one of the major culprits when it comes to type 2 diabetes. You want to talk a little bit about just the whole idea of the processed foods and how that impacts? Sure. um it's it's i mean i could talk hours about this i love it it's a it's a passion because we we don't we need to learn how to eat better right so a lot of the processed food that we have um the the things that they actually use is you know without getting too scientific high fructose contents all these things that that they actually put in cans and in packaging to to preserve it It's very high in these sugars or the complex carbohydrates and the complex sugars. And it's in everything. So, I mean, even from the drinks that we drink and all the way down to the food. So, you have to be very careful because we like to give our children juice. And I don't understand why even adults really just love juice. And it's very interesting. if there's something that if there's a way that you want to lose weight some of the things i tell my patients all the time let's just start with what you drink because you drink a lot of calories and if you just stop stop drinking those juices um that significantly brings down your sugar contra your sugar content so the the things that we drink um should also be um very important to look at the the processed food that has um the um the the way that it's packaged even the snacks that that we give our kids, the different fruit snacks in the containers, very, very, very high in sugar content. And then even if you go down to some of the other foods that, of course, I was just firing off in my head, don't forget the macaroni and the pasta that we like to eat. Don't forget the Johnny cake that we love, the dumb bread. All these things that we think that are culturally relevant and we hold on to are very, very, very high in the things that we struggle with when you do get to that point. Because I'm not going to say that it's a problem for everyone. But the reason why it becomes a problem is because we eat them so much. And we think that this is the only thing that we can eat. Is that when we outgrow our pancreas, that's when it becomes a problem. And that's when it has to be really drastic. And you have to just completely remove it. And that's a challenge. And then we're like, well, what are we supposed to eat? And I don't know how to eat. And we really shouldn't have been sort of navigating that from the very beginning, understanding that whole grains are important

instead of white. So instead of white bread, let's eat wheat bread. Instead of rice and pasta in excess components, how about you eat one? Remember the plate. The plate will show you the proportions that we're supposed to eat. And instead of substituting those starches for things like quinoa and other like farro grains that are a lot healthier and again in moderation because once you start to eat it so much in excess your body just can't control it and especially you know the weight comes on and it's essentially like you outgrow your pancreas and when your pancreas isn't able to keep up with the amount of sugars that are broken down in the body that's when it becomes a problem the these these sugars and glucose breaks down and it stays in the blood system it's not absorbed where it's supposed to be and it damages the blood vessels which damages the organs the heart that the valve the the vessels and the and the and the vessels that go to the to the kidneys that is why diabetes really is a very big problem for for that lead that leads to diabetes and it's it's it that's why we can't we can't really talk about them separately but again when we talk about chronic kidney disease it's all the other things as well so we can't I I whenever I talk about topics I don't like to talk about them without the other so we're talking about diabetes and we're talking about chronic kidney disease but we shouldn't forget high blood pressure which is the second causing the second leading cause of leading to chronic kidney disease and dialysis which is very prevalent in the territory uncontrolled diabetes I mean

4:05:14 uncontrolled high blood pressure yes okay and we should always look at both because they always affect each other so the diabetic should always be on something that should be making sure that the blood pressure isn't high because both of them can contribute and lead to an aggressive form of advanced kidney disease. Thank you very much for that. We're gonna move on to Senator James. Senator Capehart, you're recognized for your five minutes. Thank you Mr. Chair. I just want to say good afternoon to my colleagues and again to Commissioner Encarnacion. I believe in registries they're very important as when we have the data to show the need I mean helps with us to get funding the cancer registries I would love to see that and now I just have to commend the bill sponsor on this but one of my questions Commissioner in the testimony that was provided it says registry would also strengthen community engagement and knowledge do you have brochures that you give to the people in a community do you do community outreach educating the power the public and how important this is not necessarily for the diabetes and and chronic kidney disease but for the registry we currently have and what we're trying to do so for the cancer registry we actually have brochures that sent out an annual basis when the numbers come in we actually have a coalition that's form a chronic disease coalition that focuses on cancer as well so that information is shared there and we have various agencies that attend that the cancer coalition is now being is held or housed within the Department of Health at this point in time and so allowing individuals just I think was last Friday we met with the coalition but we what we did is that we had individuals come in throughout the territory and they share the information as what they do to one prevent cancer and treat cancer so those kind of things that we can actually apply to this this

4:07:34 some registry as well thank you do you see any challenges that may pose like confidentiality problems participation of privacy can you give us any information on that let the public know that they would be private well what that's one of the things that we actually indicated that that HIPAA is is something that we hold dearly we have not had any issue with our cancer registry in a breach of data and so I cannot see anything in the in the foreseeable feature that would allow a breach for confidential information as well one of the things that it's important to note that housing that information spreading the data without spreading the name is what the intent is good good so would you say that there are any disadvantages having a registry not at all for us and let you you point it out if we have the data we can share the data and that's how we get more funding to expand our services okay good thank you i am just commending again the bill sponsor for this legislation before us thank you thank you mr chair thank you very much senator capeart i wanted to ask either the commissioner or dr caesar how will the registry support targeted outreach and care coordination efforts for individuals who have these conditions i'll start and dr honda if caesar if you want to add you may it's not necessarily the registry that would support that it is the one the grant funding that we can secure that would allow us to conduct the programs allow us to provide the educational opportunities those kind of things that we offer right now in terms of cancer forming a coalition looking at you know when it comes to um we're also looking at sickle cell disease and forming a registry there we have a sickle cell um support group on st croix trying to form one on st thomas so it's not necessarily getting the funding for the registry itself that's going to allow us to

4:09:51 do those things as a combination of all thank you dr caesar i think that the collection of the of the data will will directly allow the department of health to do many different things with the development of our health disparities and um and community health worker program so that will that will continue to lead out or guide our efforts for outreach the the data will capture the in the registry that will capture will capture a lot of other things um for for the for the patients that that are documented, speaking specifically to the social drivers of health. And that's another term that we've used as a social determinants of health. So I think that's super important for us to understand. We were talking about the diet, right? And about what actually leads to diabetes.

4:10:49 So when you talk about diabetes, and we're talking about diabetes prevention, that's what we're gonna be looking at. So we're gonna be able to get other information from this registry that's going to show us that we need to do, my community health workers, which are extensions of the public health sector who will be in the field and on the community level going into people's homes and where they work and where they play to provide education and navigation. That's where we're gonna be able to figure out how we can better serve the people who are developing diabetes. And it will extend out of the Department of Health. Because if we're talking about all of the other things that impact diabetes development, it's going to be where people have access to food, how they're accessing food, where they're accessing areas to exercise, and where they're actually figuring out methods of education and employment opportunities. So I think that it will be impactful in targeting all the other areas that are important to consider when you're trying to reduce the development of chronic diseases, because it doesn't only lay at health. It's all encompassing many different aspects of life in the Virgin Islands.

4:12:14 Absolutely. I mean, I just think it's a great opportunity for us to really get a treasure trove of data, potentially, and some of the things that might be unique to us here in the Caribbean, in the Virgin Islands. So it's an awesome opportunity. I gotta commend my colleague for this initiative. Commissioner, you have a comment? Yes. One of the things that Dr. Hunt started to speak about is our community of workers. And over the last year, one of the things that we did through the chronic disease unit is that we started working with about 40 individuals that had diabetes in St. Croix, Forty and St. Thomas, are about that number. And our community health workers actually worked one-on-one with those individuals. And we spoke about the hemoglobin A1C and the level in which we wanted to see reduce, to reduce the chances or the comfort level of those that have diabetes, as well as to prevent those from getting diabetes. And having the community health workers work one-on-one with them, doing the education, doing the training and teaching them how to eat better, what exercises that they need to do, the community-based, and they now teach others, we're actually able to see the hemoglobin A1C reduced to the level in which they became safer and able to manage their diabetes in a more manageable or more comfortable way for them. So the benefits actually are wide, but as I said, and as I said, it's a combination of all of the above that we will be able to expand what we do in terms of diabetes and to end the increase of chronic kidney disease. Excellent, Commissioner. Thank you very much for that. Senator Fred Gregory, you're recognized for your five minutes. Thank you, Mr. Chair, and I, too,

4:14:10 definitely rise in support of this measure. I do have some questions, and I'm going to start with, I know Commissioner, you made reference to the opportunity for us to utilize ARPA funds for the foundation for this new registry. What is the cost or the projected costs for the billing out of this registry at this time? Do you have that information? Just a correction, the ARPA funding is actually being used to build the VI Universal Data Warehouse, which is actually going to be, it's going to be an assistance to this registry.

4:14:58 However, the registry itself, Senator Chmasek and I, it's a little over $200,000, but he has the actual amount that we've spoken about, but that's what we're looking at at this point in time. okay so we still need the 250 000 basically that's what you're saying all right so um all right so i'm gonna leave that for now and then i'll come back to it so let me just say that um i don't know if you guys are entering any information into the virginal's virtual information system are you the vivis the information in vivis yes are you doing any of that in reference to the diabetes i'm not quite sure i can't say any information related to any childhood anything related to childhood diseases here in the territory because we don't have the health information exchange at this point in time the data warehouse would allow us to pull those information in i would have to get that information for you to see whether or not they're entered in manually by our chronic disease director so as soon as I can get that information I can send that to you. Sure thank you so I asked a question because this is a good opportunity for us to look at you know how many childhood diabetes cases we have in the territory. I know that my sister from her teenage years she was diagnosed with diabetes and in her later later years, in her 40s, she actually had a kidney transplant.

4:16:35 So it's an opportunity for us to also collect the information and provide training and information to our young people as it relates to their eating habits, et cetera, but we have to focus on that concentrated group of individuals. So this provides good support for that if we're using it the way that we should. we intend to do that. Now, let me ask the Central Cancer Registry, which is also, which will serve as a model, as you indicated, how are we utilizing that here in the territory as we speak? We actually have a contract with one of the universities off-island, outside of the territory, to provide that data. We are speaking with the physicians, the local physicians, the private practitioners to pull that information from them we're changing how we're doing that a little bit we used to ask them for the information now we're receiving access to their in health records so that we can automatically pull that information which allows us more to get more information as well as the data warehouse that we were hoping to put in as soon as possible will allow us to pull information off island as well right now we use utilizing that as we have the cancer coalition we have drafted a cancer plan um so that's something that's going to be available to the community soon um there's so much that we're doing with the data that's

being collected for cancer so basically the one thing that i heard from this is that you're drafting a cancer plan and you're generating that information from the registry is that accurate Correct. We also provide the data on an annual basis so everyone knows one in terms of which cancers are more prevalent, causes of death within a territory. So those things are provided on an annual basis as well.

4:18:33 Thank you. My time is running. Thank you for your information. So like I said, I'm in support of the measure. I only have one concern. I know that we've seen that we've We've had challenges with our revenues in the territory. We knew that when we worked on a 24 budget, we had to reduce the budgets of the departments and agencies significantly. So my only ask is that we have a discussion whether this... This is a budget bill of over 250... This has a $250,000 in it and my ask is that this goes through the appropriate committee when it leaves here if we're going to approve this today. I'm indefinitely in support but we have to hear from our financial leaders here in the territory as it relates to this 250 because I know what the challenges that we have are as we speak. So that's my only ask but I'm definitely in support of this measure and I really hope that we are able to utilize these registries as intended and we are able to get information and begin to provide information to our community.

4:19:44 And even if we have, like for instance, Dr. Ty Hunt, one of the things, I know that you We work very closely with the university and the medical school and I recalled, can I wrap up? Yes, you may, Senator. Yes, I recall that when my daughter attended a college in New York, she actually led a student-based non-profit program where they had students that would come after school, with diabetes, they would come after school and they work with those children, help them with their medication about what they should and shouldn't eat, et cetera. There was a whole plan that they laid out. So I'm hoping that we could see something like that. It don't even have to be at a medical school. Any medical type program that we have at the university, that's some of the things that we should be doing on the local level. Thank you, Mr. Chair, for the time.

4:20:44 Thank you very much, Senator Fred. Gregory. Mr. Chair, may I respond to that? Yes, you may, Commissioner. Thank you for that, Senator Fred Gregory. I think it's important for us to look at what we're doing in terms of community health workers. And Dr. Hunt spoke to that as well. But when you're looking at going into the homes of our community members, and looking at the social determinants of health, what is making these individuals ill? Is it because they're not eating right? Is it because they're not exercising? is because they don't have the knowledge that can be used as a weapon for their health and their families' health. So we are really and truly exponentially increasing our community health workers. Thanks to Dr. Janice Valman, as well as to Dr. Lydia Fredericks, we have a grant which allows for certification of these individuals. We have over 15 community health workers that are certified here within the territory, which is really and truly beyond many jurisdictions within the nation. So I think that that one-on-one communication is actually going to build upon what we can do with the cancer registry, the diabetes registry data you would be able to provide more information so that when those community health workers go out, they have something to speak about.

4:22:09 Thank you for the time. Thank you, Commissioner. Dr. Hunt-Cesar, is there, Are we seeing younger folks suffering from type 2 diabetes? And back in the day, it used to be associated with older aging population. Are we seeing younger folks now with this disease? Yes.

4:22:35 I think in the last maybe decade, we are seeing a lot more what we consider juvenile or juvenile onset diabetes more often. And it's significantly attributed to just poor diet and obesity. And what is paramount and key is to have, you know, for us to, of course, get the message out in schools to kids so that they learn how to eat. But we still have to rely on the parents because the children are gonna have to eat what their parents can provide to them. And I'm not even gonna say what they do provide, what they can provide to them. So it's not necessarily, it may not be like lack of education or understanding, it's just what they're able to do, okay? So that's what we need to understand is that sometimes it's not necessarily that it might, they probably know that there's more healthier food, but it's what is affordable and what's accessible, okay? So we're working with children and we're also working with the parents that can actually provide the food.

4:23:48 But then also, the children actually going to the doctor every year so that these trends are caught and there is an impact. Because the providers can provide that education and provide that early intervention when they're seeing the trends. Those with younger kids who go because they have to provide vaccines and they know that they... but when there's no vaccines that are required, it's like the pediatrician visits go down, right? So then those who can know that they trend the BMI and the percentages where you're on the weight, you know, when they're smaller, but then there's that gray, there's that window, right? Where you're getting into the adolescent period where there may not be a lot of doctor visits. It's so important to continue to take your child to the physician every year, or even like more frequently as needed to make certain that you are sitting down with the providers and the nurses and the community health workers so that you can say, listen, you know, we need to focus on your diet. We need to focus on your physical activity so that it's prevented. A lot of

this is all about prevention, so, you know, that's why it's so important that everybody gets involved, but outside of health. Because if parents aren't able to buy healthy vegetables and fresh food, rather than being processed and canned food, then we're not going to solve the problem.

4:25:17 So we have to learn how to eat and how everybody eats, even by understanding that meals are important. Because a lot of people that I'm just aware of, they think that eating dinner is weird. So they only eat breakfast and lunch in school and then they get home and they don't have dinner. It's snacks. So we need to really focus on how we can actually provide healthy meals and a healthy lifestyle to everybody in the community regardless of socio-economic status, which is a challenge. I don't know how to achieve it.

4:25:50 It is. I know it's so easy for a family of four, you don't have a lot of money. Maybe you're not eligible for public assistance. You're right there on the cusp and you have to feed them so it might just be easy for you to go and just buy a big pizza in a box and heat it up at night and i mean those things really contribute in a massive way to what we're seeing in our community just the whole cost of living the grind here in the territory contributes to it too because we may be able to make a choice to buy healthy wholesome foods which oftentimes are expensive you know so that is a challenge and dilemma we're faced and i love the idea that that you you were talking about i love the idea and perhaps it will be the maybe when the medical school comes on board we can do studies we can target fourth graders who may be pre-diabetics and actually follow them and provide them and as you mentioned their parents with some of the critical knowledge and information and you know it can directly have an impact on the long-term health of this um collective health of this community well we're doing that now we we actually we had a press conference on monday in which we launched a grant that we acquired with the university of miami specifically targeting cardiovascular research um for um for undergraduate students so our college students are going to be trained in research focus on cardiovascular research which can also directly relate to diabetes because diabetes can also complicate cardiovascular complications so those are the questions that we're asking our cardiologists and other providers to give to us what they want asked and those are some of the projects that our our undergraduate students of the virgin islands can focus on right now so we're starting that this year and those are also and we're going to try to apply for more opportunities for things like

4:27:48 that to happen that is awesome kudos to you on that point of information senator francis Thank you. Thank you, Mr. Chair. I just wanted to ask the elephant in the room question in respect to from a public health perspective, what is the communication that's being had with the SNAP recipients? Of course, we do an excellent job with WIC, which is obviously the pregnant females as well as the newborns. But beyond that, what is the conversation as we talk about nutrition and those type of things and the pre-diabetes phase with our SNAP recipients. I have to tell you that the program is one of the programs within the Department of Health that Dr. Hunt spoke about the plates and how you can actually look at what you eat so they actually have a very strong component to that they work very closely with our Department of Agriculture to ensure that we have fresh fruits and vegetables at the site and they can actually use their vouchers for that so in reference to actually having conversations with human services hopefully that will increase within the next few months so that we can have those conversation between SNAP as well as with WIC. Oh thank you because that's critical I mean what we're seeing in terms of the obesity and when we talk about behavioral issues within our school environment that's contributed because of all of the sugary food and that type of thing and I think that it's time for us to really have that conversation holistically. And with education as well.

4:29:21 One of the things that Senator Francis, our MCH program actually have, we have a grant that focuses on obesity in children and of course diabetes is something we speak about when it comes to that as well. We've actually done two diabetes education programs for the youth that were very successful and after that we spoke to some of the youth to see if they actually learn something from it and they have and that's the most important thing and we are actually going into the schools forming a peer health education program in the school system so that we can begin uvi and um helping to teach the high schools the high school helping to teach junior high schools and junior high schools helping to teach the younger grades as well thank you very much Thank you very much. Global Sponsor, Senator Ray Fonseca, you're recognized for your five minutes, sir. Thank you.

4:30:14 Thank you, Mr. Chair. You know, the former Senator Celestino White, start over, used to say it all the time. And now Dr. Toy Hunt is telling us the same thing, my fellow Virgin Islanders. you eat rice and potato and bread and macaroni and you add mobby all of them equal diabetes um commissioner um you mentioned 10 382 persons um i didn't get it you said they are pre-diabetes can you give me that information again okay so what and I'll read it type 2 diabetes although often preventable manageable one combined with type 1 diabetes is the sixth leading cause of death going on we have 15.93 percent of the population or approximately 11,161 persons with with diabetes chronic kidney disease 1.5 percent in and then we look at 2016 that population we had twelve point seven percent so we see the increase from twelve point seven percent to fifteen point ninety three percent so it's a difference between ten thousand three hundred and eighty two to

eleven thousand one hundred and sixty one and those are actually diabetics not pre-diabetes so my federal virgin Islanders. We got 11,161 residents in our community that has this diabetes. This

4:32:07 is a problem. This diabetes registry and the kidney disease registry will keep us on track and prevent the end-stage dialysis issue because like I said before right now there are 219 residents that have kidney failure there is 126 on on st thomas and 93 on st croix snyder regional can only treat 75 we have a private group they call it caribbean kidney center treating 51 you know and st croix is even worse one louis of the 93 kidney failure dialysis patients of the 93 one we can only treat 40 53 of them got to go outside, and we're talking about residents from St. John, and also there's one from Water Island, there's three from St. John. So I want to ask you real quick here, Commissioner, the staffing, can you detail for me the staffing that this $250,000 would add to the department? so we will have to have a register our diabetes register for this like we have the cancer register so that person actually is the person who has to be certified has to go through training to be able to run the registry the way that he or she should so we'll have two of those so that we can have consistency in ensuring that the data is captured and shared that's basically it a lot of

4:33:54 funding is going to go towards the it portion of it as well as staffing thank you very much so colleagues um i ask for your support we have before us bill number 35-0207 an act amending title 19 virgin islands code part one adding chapter 6a to create the territorial chronic kidney disease and diabetes registry we ask for your favorable consideration thank you very much mr chair for the time thank you very much senator fonseca i wanted to just ask one final question um regarding and i think you briefly spoke to it briefly addressed it just the whole issue of how the registry will be integrated into the existing health record systems here in the territory I know when I was at one not one we hospital but the Schneider Hospital sometime back they were actively working on a health record data systems project I'm not sure exactly where they are with it. But I'm assuming that this registry will eventually or the objective or the goal would be to have this somehow be able to be seamlessly integrated to whatever this health management record system that we're utilizing as a territory is. So Commissioner, can you speak to that in anyway we're hoping to have a health information exchange in the near future until then one of the

4:35:50 things that we're doing is is the data warehouse and ac malloy is working along with other members to be able to ensure that we capture that we have funding towards that we need a little bit more funding with that but at the same time that is what's going to help us utilize the data from all the registry and pulled into one information system so that when we need to pull information from that we can easily access that what the diabetes registry like the cancer registry is going to do is going to have a select individual two individuals who are going to run manage that and pull the information out as quickly as we can when information is needed hopefully that helped thank you very much colleagues we've exhausted our line of Questioning regarding Bill No. 35-0207, do I have a motion?

4:36:42 Motion. Senator Fonseca, you're recognized for your motion. Motion. Motion. Mr. Chair, I move Bill No. 35-0207, an act amending Title 19, Virgin Islands Code Part 1, adding Chapter 6A to create the Territorial Chronic Kidney Disease and Diabetes Registry, be voted on favorably in this committee and forwarded to the Committee on Rules and Judiciary for further action. I so move. Is there a second? Properly moved by Senator Fonseca.

4:37:33 I'm not sure, Senator Francis, if you're saying something. We're not hearing you on this end. The committee on health, hospitals, and human services, motion. I withdraw, can I withdraw my motion? Your motion is withdrawn, Senator. Motion. You're recognized for your motion, Senator Fonseca. Mr. Chair, I move Bill No. 35-0207, an act amending Title 19, Virgin Islands Code, Part 1, adding Chapter 6A to create the Territorial Chronic Kidney Disease and Diabetes Registry, be voted on favorably in this committee and forwarded to the Committee on Budget, Appropriations, and Finance for further consideration.

4:38:37 I so move. Second. Properly moved by Senator Abe Fonseca, seconded by Senator Donna Fred Gregory. Roll call on Bill 35.0207. Senator Marvin A. Blyden. Senator Marvin Blyden absent. Senator Diane T. K. Park.

4:39:07 Diane T. Capehart? Yes. Senator Diane Capehart? Yes. Senator Samuel Carrion? Senator Samuel Carrion? Absent. Senator Ray Fonseca? Yes. Senator Ray Fonseca? Yes. Seneca Novell E. Francis Jr. Yes. Senator Donna A. Fred Gregory yes. Senator Senator Kenneth L. Gittins. Senator Kenneth Gittins, absent.

4:39:58 Senator Maurice C. James. Senator Maurice C. James. Senator Maurice C. James, not voting. Absent. Senator Milton E. Potter? Yes. Senator Milton E. Potter? Yes. Is she absent? Absent. Senator Maurice C. James? Absent. Okay.

4:40:47 You have five yes and Four absent All right, the motion carries colleagues bill number 35-0207 an act amending title Virgin Islands Code Part I, adding Chapter 6A to create the territorial chronic disease, chronic kidney disease, and diabetes registry has been favorably considered in the Committee on Health, Hospitals, and Human Services and will be forwarded to the Committee on Budget appropriation and finance for further consideration and action thank you very much um commissioner uh and dr hunt caesar we will give you an opportunity to provide us with a 30 seconds wrap-up

beginning with you commissioner and saint croix simply wanted to say thank you it's a much needed registry and it will allow us to pull the data that we need and actually prevent diabetes chronic kidney disease and we haven't spoken much about about cardiac illness but this is one of the things that prevents cardiac illness as well so again we thank you thank you for me commissioner dr cesar i won't speak after my commissioner she said it all. She said it all. Thank you very much. Thank you very much testifiers for your input here this afternoon and this very important piece of legislation. I commend my colleague for bringing this initiative forward. The Committee on Health Hospitals and Human Services stands in recess for

4:42:46 Two minutes. Thank you. I'll be right back. [3 such phrases repeated 12 times · standby audio before the proceeding, transcribed by the recogniser as speech]

4:48:46 Thank you. I could, do I hear a motion?

4:49:24 Senator Kepard, you recognize for your motion. Just a second, Mr. Chair, glasses just broke and I can't see without them. I move that bill number 35-0224 an act amending title 19 part 5 chapter 45 sub chapter 6 to increase access to behavioral health services with a focus on psychiatry emergency response team to provide mobile crisis intervention services and the 988 telecommunication system before be held in the Committee of Hospital and Human Services for further vetting and consideration. I so move. It's been moved and properly second. Hearing no objection.

4:50:33 So colleagues, I've been informed that the weather conditions has severely deteriorated on St. Croix and we're no longer able to conduct this meeting from on St. Croix. And we want to make sure that we, you know, consider the safety of our employees.

4:51:07 And so the president has informed me, the president of the legislature has informed me that all of the employees on St. Croix has been dismissed for the day. And so we are unable to continue this meeting. I'd like to apologize to the staff of East End. an unfortunate issue. We know that we had the weather. We didn't realize it was that bad on St. Croix. So I apologize to you and the Committee on Health Hospitals and Human services is adjourned.

4:52:13 You

People named in this transcript

SUSPECTED, and a finding aid only. Names were matched by machine against the spellings used across all 426 of our transcripts, and the title is the one used in the room. Being named here is NOT evidence that a person attended or spoke · only that the name was said. Speech recognition mishears names, so a spelling may be wrong even where no alternative is offered.

20x **Senator Ray Fonseca**
heard in this transcript as: Abe Fonseca, Fonseca, Ponseca, Ray Monseca

14x **Senator Diane T. Capeheart**
heard in this transcript as: Capehart, Diane Capehart, Diane T. Capehart

13x **Senator Marise C. James**
the surname alone also matches: Javan James; Giovanni James Sr
heard in this transcript as: James, Maryse James, Maurice C. James

10x **Senator Novelle Francis**
heard in this transcript as: Francik, Francis, Francis Jr, Nobel E. Francis Jr, Nobel Francis

9x **Senator Milton E. Potter**
heard in this transcript as: Milton Potter, Potter

7x **Senator Fred Gregory**
the surname alone also matches: Donna A. Fred Gregory; Frank Gregory; Donna A. Frett-Gregory; Donna Frett-Gregory
heard in this transcript as: Gregory

7x **Senator Kenneth L. Gittens**
heard in this transcript as: Gittins, Kenneth Gittins, Kenneth L. Gittins

7x **Senator Marvin Blyden**
heard in this transcript as: Blyden, Marvin A. Blyden

7x **Senator Samuel Carrion**
heard in this transcript as: Carrion

5x **Senator Donna A. Frett-Gregory**

heard in this transcript as: Donna A. Fred Gregory, Donna Fred Gregory

4x **Commissioner Ray Martinez**

3x **Senator Hubert Frederick**
heard in this transcript as: Linnea Fredericks, Lydia Fredericks

2x **Governor Albert Bryan Jr**
heard in this transcript as: Bryan

2x **Senator Diane T. K. Park**

2x **Senator Diane T. K. Pot**
heard in this transcript as: Diane T. K. Port

2x **Director Patrick Farrell**
heard in this transcript as: Farrell

1x **Senator Donna Frett-Gregory**
heard in this transcript as: Donna A. Frett-Gregory

Bills and acts referred to

Matched by number against our own acts corpus. The number is what the recognition heard, so it may be wrong; where it resolved, the title is the one the Legislature gave the act.

Act 8688	Act 8688 · December 29, 2022 · An Act amending 19 Virgin Islands Code, part V restructuring, reclassifying and adopting the first comprehensive Virgin Islands Behavioral Health Act to provide for services and interdepartmental coordination of agencies and organizations to provide a structure of support to individuals throughout the Virgin Islands who suffer from behavioral health challenges; to establish community behavioral health services, as well as to provide for the first comprehensive public Behavioral Health Facility to treat individuals voluntarily and involuntarily who face behavioral health challenges; and amending and repealing conflicting laws; and providing for other related purposes sede
Act 8004	Act 8004 · An Act amending title 19 Virgin Islands Code, chapter 31, section 723 relating to extending the time a person may be detained involuntarily for mental health treatment wnaQe
Act 8005	Act 8005 · An Act amending title 19 Virgin Islands Code, chapter 31, section 722 relating to mental health emergency commitments by extending the time a person may be detained for treatment w=-0
Act 8252	Act 8252 · January 2020 · An Act amending title 24, chapter 1, section 15 of the Virgin Islands Code by adding a requirement that businesses post required labor law posters, and establishing penalties for violations of the requirement ---0

Referred to but not found in our acts corpus: Bill 35-0224, Bill 35-0207