33rd Legislature of the Virgin Islands
Committee on Health, Hospitals and Human Services
Honorable Chairman Oakland Benta

Virgin Islands Department of Health
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TESTIMONY - STATUS UPDATE

Good day Honorable Senator Oakland Benta, Chairman of the 33rd Legislature of the Virgin Islands Committee on Health, Hospitals and Human Services, Honorable Vice Chair Stedmann Hodge, Jr., committee members, other Senators present, and the listening and viewing audience.
I am Justa E. Encarnacion, Acting Commissioner of the Virgin Islands Department of Health. Thank you for the chance to provide a status update on the department, its programs, and opportunities for improvement.

The Virgin Islands Department of Health (DOH) functions as both the state regulatory agency and the territorial public health agency for the U.S. Virgin Islands (VI). Additionally, as the lead agency for emergency services functions (ESF)-8 (health and medical services), the Department also oversees hospitals during an emergency or disaster. The DOH intends to forge a more

collaborative relationship with the overall health care system to include the hospitals and federally qualified health centers (FQHCs) in fulfillment of our ESF-8 responsibilities.

Our mission is to reduce health risks, increase access to quality health care and enforce health standards. DOH is responsible for health promotion and protection, regulation of health care providers and facilities, and policy development and planning, as well as maintaining the vital statistics for the population. DOH has oversight of twenty-six programs, all of which are operational. However, due to attrition and displacement of staff following hurricanes Irma and Maria, some of our programs decreased their hours which unfortunately reduced access to care.

My first day as the nominee for Commissioner of Health was January 22nd. Within this short period, I have witnessed the staff's resilience and innovative approach to meeting the needs of our community. I take this opportunity to applaud the staff in upholding the tenets of the institution. It is important to note that the Charles Harwood Medical Complex has been condemned and the staff continues to work under cramped and sometimes wearisome conditions. The St. Thomas staff is operating throughout different locations on the island and undergoes similar conditions. Yet, the healing continues throughout our territory. I also want to take the time to thank my Executive Team, Directors, and Staff Members for welcoming me into the family. We have some challenges to overcome, yet I am optimistic that the success of our programs will yield a healthier population both physical and emotionally.

During the past two weeks, I have begun my assessment of all the programs and their functions. From preliminary observations and verbal and electronic conversations, this testimony represents my findings.

FISCAL

The Department of Health has a total budget of $87,082,774 for the 2019 Fiscal Year. The budget breakdown is as follows: General Fund: ~$32.3 million; Health Revolving Fund: ~$2.5 million; Indirect Cost Budget: ~$912 thousand; and the Federal Fund Budget: ~$51 million. The Department was awarded ~$22 million in a Hurricane Cooperative Agreement (CoAg). This grant funding, provided by the CDC for two years, resulted from the devastations of Hurricanes Irma and Maria. The funding was provided to assist with recovery efforts and rebuilding our infrastructure.

Currently, the Department has 356 employees compared to 500 employees ten years ago. Most employees have additional duties and some work longer hours and accrue high amounts of overtime hours. Our Human Resources Department (HR) is diligently working to increase staffing for departments like the Emergency Medical Services (EMS) in order to balance staffing and reduce overtime expenditures and reduce employee burnout.

The Department utilizes Greenway Intergy Practice Management Software which is customized to maximize revenue generation. DOH received $2.5 million in revenues for the 2018 fiscal year. DOH has the potential of generating an additional $1.2 million in the 2019 fiscal year through new revenue initiatives such as implementing an Environmental Health inspection fee of $100 and application fee of $25. An increase in the cost of the services provided is also being considered.

The DOH has been fortunate to obtain additional federal grants as a result of hurricanes Irma and Maria which has allowed us to supplement services throughout the territory. At the conclusion of hurricane-related support, the current level of funding and number of personnel is expected to contract. However, DOH will continue to work with grantor agencies to increase the federal

funding awarded annually and develop additional revenue sources to support services and personnel.

OFFICE OF FEDERAL GRANTS MANAGEMENT (OFGM)

OFGM oversees a portfolio of 41 funded projects with 63 single grants. The OFGM carries out its official duties to ensure that DOH remains in compliance for attracting, obtaining and managing all federal funds. OFGM's duties are as follows: formulate all quarterly, semi-annual and annual financial (FFR) reports; ensure all grant programs operate in compliance of the Federal Council on Financial Assistance Reform (COFAR) – 2 C.F.R. 200 of the Uniform Administrative Requirements, Cost Principles and Audit Requirements for federal awards; officiate all annual Closeouts of federal programs; ensure all federal funding is drawn down in a timely manner; and closeout all programs at the end of the operating cycle, following all prescribed procedures of the Federal Government.

The total Federal Budget funds are approximately $37.5 million and are received from seven (7) federal agencies. For the month of December, DOH reimbursed the local government from the federal agencies approximately $16.8 million. DOH has approximately $22 million to carry its programs and services until December 2019. As indicated in the fiscal section, DOH received two new grants: USVI Response to Significant Public Health Emergency (i.e. Hurricane Crisis CoAg) for approximately $6.8 million and the Mental Health Disaster Assistance and Emergency Mental Health Services for approximately $1.9 million.

HEALTH INFORMATION TECHNOLOGY (HIT)

HIT supports, administers and develops an infrastructure to support the growing needs of the Department to communicate, share and connect with informational resources efficiently and securely. HIT continues to maintain, support, enhance and implement current technological

systems to support DOH goals and objectives. These initiatives include but are not limited to: upgrading and enhancing the agency's Electronic Health Record (EHR) system; integration to future planned territorial Health Information Exchange (HIE) infrastructure; network infrastructural hardening and expansion; and upgrading network infrastructure hardware and software to address security, end-of-life equipment, and network growth. The HIT division supports 400+ end users territorially, 600+ computer systems (various ages), hundreds of printers, scanners and other related computer components.

COMMUNICABLE DISEASE DIVISION (CDD)

There are five active grants within the division: Integrated HIV Surveillance; Integrated Prevention; tuberculosis (TB) Prevention and Control; sexually transmitted infections (STI); Ryan White Part B; Ryan White Part B Supplemental grant. The program currently has twelve (12) positions vacant. Priority is being given to hire two clinical administrators to restructure the functions of the division and a fiscal coordinator to assist with managing the grant funding of a budget of $3.4 million. CDD provides an opportunity for collaboration between our partners including other DOH programs, hospitals, FQHCs, private providers and laboratories.

BEHAVIORAL HEALTH, ALCOHOLISM, AND DRUG DEPENDENCY SERVICES DIVISION (BHADDS)

Behavioral Health, Alcoholism and Drug Dependency Services is in receipt of six (6) Substance Abuse and Mental Health Services Administration (SAMHSA) grants. These grants are imperative to the success of both the behavioral health and substance abuse programs under the division. The successful application and acceptance of these grants allowed the division to launch a series of partnerships with other agencies that have allowed for training on patient sensitivity, de-escalation, and transfer strategies.

The division has been successful in establishing working partnerships with national psychiatrists who will help to augment the treatment load of the division, with a tremendous focus on tele-health treatment. With immense pride, the division was able to successfully rehabilitate and re-introduce into society a former resident of the Eldra Schulterbrandt Residential Facility. DOH has utilized funds to support off-island care for our behavioral clients. Behavioral Health counseling was provided throughout the territory with the assistance of U.S. Department Health and Human Services and the states of Maryland and Washington to persons affected by trauma, PTSD and other storm-related stressors.

DOH appreciates the allotment in Bill No. 32-0247, or Act No. 8152 for the initial development of a behavioral health unit on St. Croix. Future discussions are forthcoming that may assist the division to secure funding for personnel including providers, general maintenance and the incorporation of the principles of evidence-based-practices and emerging best practices discussed previously.

DOH supports the implementation of the Virgin Islands Behavioral Health, Alcoholism, and Drug Dependency Planning Council and Advisory Board, proposed and passed through Bill No. 32-0247. The advisory board, comprised of family members of consumers, members of provider agencies, and representatives from the Department of Human Services and federally qualified health centers will ensure representation from key stakeholders and oversee the financial and operational functions of DOH's Behavioral Health, Alcoholism and Drug Dependency Services Division. As the managing agency, DOH will hold a seat on the board.

Further, there is a dire need to establish a continuum of care that would provide Virgin Islanders with preventative, outpatient, inpatient, residential, partial hospitalization, respite and other forms of care. In the St. Croix District there is no behavioral health or psychiatric unit, and in the St. Thomas/St.

John/Water Island District the behavioral health unit does not have adequate space or services to meet the needs of Virgin Islanders. This increases the need to ensure we have appropriate and adequate wrap around services as outpatient care, day treatment programs, sheltered workshops, and respite care. Implementing evidence-based strategies such as specialized care for individuals experiencing first episode psychosis would significantly reduce the number of individuals who need acute care and residential treatment. The Department of Health, Division of Behavioral Health, Alcoholism and Drug Dependency Services will be seeking your support and assistance in the form of funding to be able to secure adequate staffing, provide systematic, evidence-based practices and programs to ensure that Virgin Islanders can recover from and manage their substance abuse and behavioral health disorders here at home.

There is a need for a case or care management program to assist and track clients in their mental health and substance abuse treatment and recovery by offering practical assistance and resource advocacy. Trained professionals such as case managers, outreach workers and recovery coaches would be able to assist with the development of a recovery plan that incorporates steps toward recovery, financial independence, employment and education, relationships and social supports, health care, recreation, independence from legal problems and other such skills and support needed to reach one's full potential and live a balanced life. Additionally, these professionals would assist with ensuring coordination of services across the behavioral health system, including strengthening the planning for supports and services that are essential to the overall system.

DIVISION OF EPIDEMIOLOGY

The division collects surveillance data in order to identify, prevent, and respond to current, emerging and unknown public health threats. In recent years, the division has assisted the DOH and partners in detecting and responding to a variety of public health issues including: Chikungunya, Zika, Norovirus, Methyl bromide, Epidemic Keratoconjunctivitis,

Enterobacteriaceae (CP-CRE) cases, salmonellosis, post-storm shelter surveillance, and post-storm morbidity and mortality.

Federal funding for the program has increased significantly since 2014 and is currently supported by the following grants: CDC Ebola Enhanced Laboratory Biosafety Capacity; Epidemiology and Laboratory Capacity for Infectious Diseases; and U.S. Virgin Islands Response to a Significant Public Health Emergency.

The Division would like to take this opportunity to thank the dedicated staff at DOH and recognize two individuals, David Delgado and Aubrey Drummond, who will be traveling to Florida to receive a "Boyd-Ariaz Grass Roots Award" that recognizes non-supervisory field staff and technician excellence.

LABORATORY DIVISION

The Territorial Public Health Laboratory (TPHL) is intended to detect, investigate, prevent and control public health diseases. The laboratory will serve a complementary role within the VI health system and fill gaps in services not available at local hospitals or private clinical laboratories. The modern, well-equipped, biological safety laboratory was commissioned in October 2018.

Currently, laboratory activity is limited to processing specimens for Zika testing. Approximately five thousand (5000) specimens from symptomatic and pregnant women have been processed thus far. Before the end of 2019, the laboratory is anticipated to obtain CLIA certification and expand diagnostic services (e.g. HIV/STD, Respiratory & Gastrointestinal Illnesses, and High-Consequence Pathogens). The laboratory also intends to provide infectious disease reference and specialized testing for hospitals, FQHCs, and private providers. The program is funded by the same federal grant mechanism as the Division of Epidemiology.

WOMEN, INFANTS, AND CHILDREN PROGRAM (WIC)

WIC is a 100 percent federally funded nutrition program of the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). The Program provides supplemental foods and nutrition education at no cost, as well as referrals to other health care and social services programs and agencies to eligible participants. WIC participants are low-income pregnant, breastfeeding and non-breastfeeding postpartum women, infants and children up to age five. The federal shutdown did not affect WIC.

WIC is open for business in all territorial clinic locations. On St. Croix, WIC is located in Beeston Hill and Frederiksted. In St. Thomas, WIC is located at the Roy Lester Schneider Hospital and Tutu Park Mall, and at the Morris D. Castro Clinic in St. John. WIC is currently funded to operate up until the end of February 2019 to include provision of food benefits to participants, to pay vendors for the redemption of these benefits and for normal day-to-day operations. If there is a prolonged shutdown after March 2019, there would be the risk of WIC services being suspended, but every effort is being made to circumvent this occurrence.

THE INFANTS AND TODDLERS PROGRAM (ITP)

ITP is 100% federally funded by the Office of Special Education Programs. ITP has not been affected by the Federal Government's shutdown. The ITP provides early intervention services to infants and toddlers birth through age two who have a developmental delay. The ITP has operated under special conditions from the US Department of Education since 2005 and continues in this status. Therefore, the ITP has a 3rd Party Fiduciary to manage the Part C funds through a contract with Lutheran Social Services of the VI, Inc. This Contractor (LSS-VI), was selected by the US Department of Education to perform fiduciary services for the ITP.

OFFICE OF VITAL RECORDS & STATISTICS (VRS)

VRS is responsible for administering a vital events registration system by ensuring the registration of births, deaths, and other vital statistics in the VI. VRS's top priorities and initiatives are two (2) projects: Electronic Verification of Vital Events (EVVE) and State and Territorial Exchange of Vital Events Electronic Records (STEVE). They are a part of national efforts to electronically transfer records through an initiative offered by the federal government.

1. EVVE is a web-based verification system to authenticate birth and death information in order to (a) ascertain identity, (b) determine eligibility for benefits and (c) comply with legal edicts.
2. STEVE is an application that allows Vital Statistics to electronically exchange data.

VRS has acquired a Vital Records Information Management System (VRIMS). VRIMS is a comprehensive application developed to capture, register, preserve and disseminate vital event data. These projects and VRIMS will bring V.I. records into the digital world, ensuring preservation of documents. Currently, they are subject to deterioration, but every effort is made to handle these documents delicately.

PROFESSIONAL LICENSURE AND HEALTH PLANNING

The division is charged with regulating the Certificate of Need (CON) and allied health clearance programs in addition to license regulation and support for nine (9) professional health boards that process thirteen (13) different health professional licenses. These are: VI Board of Medical Examiners, Dental Examiners, Chiropractic Examiners, Optometry, Pharmacy, Physical Therapy, Podiatry, Psychology, and Veterinary Medicine. The division is a part of the regulatory arm of the Department. It strikes a balance between board regulators, executive management and health care practitioners.

The fundamental premise of the CON program is to restrain the ever-increasing health care costs; prevent the unnecessary duplication of health care facilities; and finally, to achieve equal access

to quality health care at a reasonable cost. There are shortcomings to the CON program such as participation, fees, and terms that would best be addressed by updating the program rules and regulations. An updated draft will be disseminated for public review and comment; then a proposed document will be submitted for promulgation by the May 31st, 2019.

The Allied health clearance program aims to ensure that allied health practitioners that do not have a dedicated board are afforded a clearance process through a Memorandum of Understanding between DOH and the Department of Licensing and Consumer Affairs (DLCA) before obtaining a business license. Applicants must meet minimum standards for practice before they can be issued a business license.

PLHP has embarked on the license renewal automation project which upon implementation will improve the efficiency, timeliness and accuracy for license renewals. All our health professional license boards are continuing to work on updating their respective practice acts in addition to implementing policies and drafting rules and regulations for promulgation that are in line with current national standards.

MATERNAL AND CHILD HEALTH & CHILDREN WITH SPECIAL HEALTH CARE NEEDS (MCH)

MCH focuses on the well-being of women, infants, children, adolescents, and children with special health care needs and their families. In fiscal year 2018, MCH served over 4,500 patients combined in both districts. The program places an emphasis on developing core public health functions and responding to changes in the health care delivery system. MCH partners with Early Head Start-Lutheran Social Services and Preschool Education Program-Department of Education, and both FQHCs to develop and distribute information relevant to services for the early childhood population.

The territory has significant shortages of pediatric medical services. However, MCH is working towards developing a system of health care that is modeled around the life course model and provides a continuum of care to serve the targeted population. MCH aims to bridge the gap that exists between the prenatal clinics, Family Planning, Department of Education and MCH. Pending projects include the implementation of telehealth services in both Districts under MCH and resuming pediatric specialty clinics for our children with special health care needs.

PRIMARY CARE OFFICE (PCO)

The PCO program manages the Health Resources and Services Administration (HRSA) Cooperative Agreements to States/Territories for the Coordination and Development for the State and Primary Office Award. The PCO works across many programs: behavioral health, primary care, and dental health, for example. While the PCO does not have direct responsibility of mental health, the PCO has been instrumental in providing technical assistance to the program to obtain NHSC certification for clinical and opioid service delivery. PCO oversees:

- Virgin Islands Statewide Health Needs Assessment
- Virgin Islands Territorial Health Plan
- Virgin Islands National Service Area Plan
- Shortage Designation Applications
- Health Workforce Profile and various workgroup participation.

EMERGENCY MEDICAL SERVICES (EMS)

EMS is the only government agency in the territory charged with responding to calls for help for those who are ill or injured. EMS follows national standards in the implementation of its program. With the passage of Hurricanes Irma and Maria, EMS lost one of its deployment sites in the St. Thomas District (Lima Company at Tutu Fire Station). On St. Croix, EMS had to re-locate from the Juan F. Luis Hospital to the Charles Harwood Memorial Complex. Currently, there are three

deployment sites throughout the territory. There is a total of 21 ambulances and seven quick response vehicles. There are two new ambulances on St. Croix, three on St. Thomas, and one on St. John. EMS implemented Mobile Integrated Healthcare – Community Paramedicine project (MIH-CP). The purpose of the project is to reduce the number of calls made to EMS as well as the strain on the hospitals by providing non-critical in-home care.

DOH and the Department of Fire Services are currently researching best practices, used throughout the mainland and Puerto Rico, to successfully centrally align the two services. One of the first objectives for such a merger is to identify key stakeholders and to establish a regulatory body for the oversight, credentialing and licensing of EMS. DOH has been working to develop such a board. DOH proposes a tier program that will support collaborative efforts between EMS and Fire. EMS operates at Emergency Medical Responder levels. Emergency Medical Responders (EMR-1) provide immediate lifesaving care to critical patients who access the 911 system. Emergency Medical Technicians (EMT-2) provide out of hospital emergency medical care and transportation for critical and emergent patients who access the EMS system. Advanced Emergency Medical Technicians (EMT-3) provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the 911 system. Paramedics (EMT-4) are an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients. There are currently fire personnel who are at tier-one level qualifications and work alongside DOH EMS.

DIVISION OF PUBLIC HEALTH AND PREPAREDNESS (PHP)

Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) are the two programs under the division. PHEP focuses on public health and HPP focuses on healthcare. The preparedness programs build capacity within the public health and healthcare systems to

respond to emergencies established by the Centers for Disease Control and Prevention (CDC) and Office of the Assistant Secretary for Preparedness and Response (ASPR).

There are currently two special projects: the HPP Ebola grant and the Hurricane Crisis Cooperative Agreement. For the first project, the division will be working with the hospitals to identify where funds can best be redirected since the Ebola threat initially diminished before the opportunity to expend funds. However, since the threat is re-emerging, some of those funds will be used to support preparedness efforts. The Hurricane Crisis CoAg project is an effort with the CDC and other national partners to restore response capacity.

VIRGIN ISLANDS FAMILY PLANNING PROGRAM (VIFPP)

VIFPP provides clinical, informational, educational, social and referral services relating to family planning to clients who request these services. The program offers a broad range of medically-approved family planning methods and services, either on-site or by referral.

VIFPP receives federal funding via the Title X Family Planning Services grant. In 2018, the program received $609,000 in recurring federal funds. The VIFPP site on St. Thomas is stable and adequate, and the St. Croix site was relocated to the Sunny Isles Shopping Center following the hurricanes.

DIVISION OF ENVIRONMENTAL HEALTH (DEH)

DEH currently has three primary activities: food safety, vector control and general sanitation. The program inspects and enforces over 6,000 permitted facilities. In addition to conducting health and safety inspections at permitted facilities, DEH responds to complaints and provides environmental health services to the community. Currently, DEH has one director, four environmental health inspectors, and two administrative assistants servicing all four islands.

With recent Federal support, DEH has increased staff, purchased environmental health assessment equipment, and worked with a national partner to identify training needs. DEH is actively working on standardizing fees, fines and citations across the Territory. To streamline processes and collect environmental health data, DEH is purchasing environmental health management software. To better serve the community, DEH will host town halls meetings to educate restaurant owners and operators on the 2017 Food Code. DEH also plans to provide food manager and food handler training to restaurant owners, operators, and workers. These activities can be an additional revenue source to continue to protect the public and their health.

FACILITIES MANAGEMENT

DOH facilities suffered significant damage as a result of the hurricanes. A decision was made by FEMA to demolish the main building of the Charles Harwood Medical Complex. Auxiliary buildings at the complex remain operational, but have suffered from recurrent air conditioning issues. The St. Croix modulars achieved significant progress within the last several weeks, the highlight of which was the activation of electricity within the modular. The next step is to complete the items necessary to secure the certificate of occupancy. We anticipate occupying the modulars by mid to end February. Ongoing projects include the parking lot, furniture and retaining wall.

The St. Thomas modulars experienced significant delay due to the cancelation of the contract with the awarded vendor. The vendor was awarded the contract in February 2018, but was unable to meet the terms of the contract. On behalf of FEMA, Army Corp of Engineers is in the process of resubmitting "Invitation For Bids".

HUMAN RESOURCES DIVISION (HR)

HR is responsible for recruitment, union negotiations, grievance hearings, and employee relations. HR successfully achieved the following during 2018:

- Hired 27 new employees, internally promoted 22 employees, and transferred 10 employees to different divisions within the Department
- Led a reorganization for the Immunization Division, due to a federal budget cut. Nine employees were affected by this cut, but all were retained.
- Resolved approximately 30 grievance cases between 2016-2018; most outstanding from 2012
- Settled three outstanding arbitration cases, most outstanding from 2012
- Participated in five union Contract Bargaining Agreements (CBA) Negotiations.
- Implemented union increases for Licensed Practical Nurses, VISNA Registered Nurses, and RNLU - Nursing Supervisors
- Implemented the 2018 Governor's Executive Order for: two minimum wage increases (June 2018 and August 2018); EMS; and Environmental Health

OFFICE OF LEGAL COUNSEL

DOH has a total of: 10 Executed Contracts; 33 Pending Contracts; 22 Executed MOA/MOUs; and 14 Pending Leases.

Risk Management/Medical Malpractice

The division processed a total of over 1,000 Medical Malpractice Liability Insurance Certificates in 2018. The Medical Malpractice Action Review Committee reviewed 24 cases within four quarters between 2017 through 2018. The Department is currently recruiting a risk manager and has already submitted in its 2020 supplemental budget funds to contract with subject matter experts to evaluate claims reviewed by the Medical Malpractice Action Review Committee in the government's interest. Additionally, the DOH is in the middle of drafting a contract to conduct an actuarial study to revamp the Self Insurance Retention Program.

CONCLUSION

The DOH programs struggled while rebuilding and maintaining public health services considering the circumstances. I acknowledge that the DOH has many challenges/opportunities. However, we sit here in front of you to collaborate with you as our lawmakers and the entity that appropriates funds to assist us with addressing these challenges. As a team, we are identifying the issues and gaps to keep pushing forward. For example, there are currently 84 vacancies which we plan to fill during this fiscal year. Several key vacancies will be filled within the next three weeks to include the Deputy Commissioner of Health Promotion and Disease Prevention, Director of Behavioral Services, and Risk Manager positions. Longer term plans include the hire of a recently vacant Medical Director position, Director of Communicable Diseases, and a psychiatrist. The Department also plans to restructure its regulatory processes by creating a regulatory division. DOH has embarked on a collaborative effort with other agencies to improve the overall efficiency and effectiveness of operations. This concludes my testimony. My team and I are prepared to answer any questions you and your colleagues may have.

"You should never view your challenges as a disadvantage. Instead, it's important for you to understand that your experience facing and overcoming adversity is actually one of your biggest advantages."

-Michelle Obama