COMMONWEALTH of VIRGINIA

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COMMISSIONER

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November 5, 2026

The Honorable Barbara A. Favola
Chair, Joint Committee on Health Care
PO Box 687
Arlington, VA 22216

Dear Chairwoman Favola:

DBHDS has a detailed plan for the safe closure of Hiram Davis Medical Center (HDMC) that provides for safe patient transitions, supports redeployment of staff and preserves the continuity of needed services in the community. We ask JCHC to recommend closure by June 30, 2028, carrying the protections below into its recommendation and the budget process. Closure should not be delayed longer than these additional six months. The building's recurring system failures make planned action urgent. A carefully managed transition gives patients and families time to prepare, allows providers to demonstrate readiness and preserves HDMC expertise. Continued delay increases the risk that an emergency will force those decisions. Thank you for helping strengthen the plan. Your questions have sharpened the following assurances and protections:

1. **Care will be ready before anyone moves.** Each transition will reflect the person's clinical needs, preferences and family or guardian input. DBHDS will verify staffing, training, medications, equipment and clinical supports before a move. Pre-move meetings and trial visits, when appropriate, will help confirm that the setting is a safe fit. No person will move before the receiving setting can meet that person's needs.
2. **DBHDS will remain responsible after the move.** Follow-up will occur within 72 hours, at 14, 30, 60 and 90 days, and quarterly for at least one year. Experienced HDMC staff serving as Community Care Navigators will help maintain continuity. Case conferences, technical assistance and corrective action will address concerns promptly. If a placement is unsafe or inappropriate, DBHDS will immediately identify another option. Should JCHC recommend additional independent oversight, DBHDS would contract with a qualified, neutral entity selected by the Department to independently review patient transitions and report findings. This additional oversight would be subject to General Assembly funding to support the review.
3. **Placement options will match the level of care required.** The plan includes 10 state-operated skilled nursing beds at Southeastern Virginia Training Center (SEVTC) for eligible individuals, subject to required licensing and certification. DBHDS will also pursue an enhanced four-to-six-bed CSB-operated home in Central Virginia capable of serving individuals with complex care needs, with additional capacity based on assessed need and approved funding. The enhanced intermediate-care and mental health models require separate homes and are not skilled nursing facilities. There are quality skilled care providers in Virginia with whom DBHDS has strong

relationships. For people who desire skilled nursing care services closer to home than SEVTC, DBHDS will work to secure appropriate placements and necessary supplemental supports. Family access will remain part of placement planning. DBHDS will continue to offer state-operated care at SEVTC.

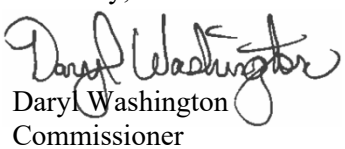
4. **Staff expertise and essential services will be preserved.** DBHDS will maintain staffing needed for safe care throughout the transition. Our goal is to avoid layoffs through preferential hiring, transfers, training and other employment support. The plan provides for automatically transferring six departments and 36 positions to Central State Hospital to continue medical and therapy services. DBHDS will hold open additional positions at CSH and other state hospitals for HDMC staff transfers. We will also pursue opportunities for qualified HDMC staff to serve as navigators or work in receiving settings.
5. **The safety net will continue to serve people with complex needs.** Replacement services will address current residents and people who would otherwise need HDMC's permanent, short-term or respite care. DBHDS will pursue specialized nursing-facility and rehabilitative services, provider training and access to medical, behavioral and therapeutic supports. Current patients' needs and continuing services will be the first priority in funding proposals.
6. **Funding requests will protect care and identify the resources needed.** DBHDS will seek specific authority and funding for replacement capacity needed before closure. Verified net closure savings will be calculated after continuing care, shared services and closeout obligations are accounted for. We will propose dedicated recurring support for current and future qualifying individuals, with appropriate Trust Fund protections and separate tracking of HDMC-related resources. Reinvestment savings will be available no earlier than FY 2029. These proposals require executive review, appropriations and legislative authority.
7. **Implementation and results will be reported.** DBHDS will track provider readiness, placements, staffing and service continuity through an integrated workplan and regular case reviews. Annual reporting to the General Assembly will address patient outcomes, expenditures, people served and capacity available for future needs, while protecting patient privacy. Monitoring will include placement stability, critical incidents, readmissions, emergency department use and individual and family or guardian satisfaction.

We ask JCHC to carry these protections into its closure recommendation and the budget process by:

- Recommending closure by June 30, 2028, with individualized planning, verified provider readiness and at least one year of transition monitoring.
- Requesting a specific reinvestment proposal for the 2028 Session to address current and future complex care needs.
- Including annual reporting on outcomes, expenditures, people served and available capacity.

Your recommendation will establish clear expectations as the proposal moves through executive review and the General Assembly. Thank you for your engagement and for helping ensure that patients, families and staff can move forward with a safe, deliberate plan.

Sincerely,



Daryl Washington
Commissioner
Department of Behavioral Health and Developmental Services

Cc: The Honorable Marvin Figueroa, Secretary, HHR
Members of the Joint Commission on Health Care