

Hiram Davis Medical Center

Carrying the Commitments Forward

Joint Commission on Health Care

October 21, 2026

Daryl Washington, LCSW

Commissioner

Virginia Department of Behavioral Health
and Developmental Services



DBHDS will verify that each receiving provider can safely meet the person's needs before a move.

Plan for the person

Clinical needs, preferences and family or guardian input guide the choice.

**Verify the provider**

DBHDS verifies staffing, training, medications, equipment and clinical services before a move.

**Confirm readiness**

Confirm that staffing, equipment and required supports are in place for that person.

DBHDS stays involved: at least one year of monitoring, supported by Community Care Navigators, with intervention when concerns arise.

If a placement is unsafe or inappropriate, DBHDS will immediately identify another option.



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| 1 Individualized transitions |  | Clinical needs, preferences and family or guardian input guide placement. Receiving providers must be ready. |
| 2 Continued responsibility |  | At least one year of monitoring with Community Care Navigators, who can be former HDMC staff. Another option if a placement is unsafe or inappropriate. |
| 3 A dependable safety net |  | State-operated nursing capacity and specialized community options remain proposed parts of the safety net. |
| 4 Staff and public accountability |  | Employment support for staff and reporting on outcomes and resources remain part of the commitments made in September. |

JCHC requested budget language and small-home details. Today's proposal responds and revises the schedule. Proposed funding and capacity have not received Administration approval.



Time to complete safe transitions



As DBHDS and JCHC finalize additional protections, families are deferring placement decisions pending confirmation of closure, making a six-month extension to June 2028 necessary for safe, person-centered transitions.

Recurring building failures persist. On Oct 3, a chiller malfunction and related electrical concerns brought some bedrooms to 82°F. DBHDS cannot assure continued safe operation through the revised closure date without a major system failure requiring evacuation.

No reinvestment savings before FY 2029, starting July 1, 2028. DBHDS and DPB will first account for continuing services, closeout and employee costs.



At least one CSB home under evaluation. Community models require separate homes.

Enhanced ICF/IID

- Four to six beds.
- People with intellectual or developmental disabilities and complex medical needs.
- Intermediate care, active treatment and nursing appropriate to the model.
- Not SNF-certified.

Mental health home

- Four to six beds.
- Serious mental illness, behavioral needs and significant medical conditions.
- Residential supports and 24-hour on-site nursing.
- Not a skilled nursing facility.

SEVTC skilled nursing

- Two five-bed homes.
- State-operated skilled nursing for eligible people with intellectual disabilities.
- Must meet applicable state and federal requirements before operating.

SEVTC is the state-operated skilled nursing option. Community homes provide different levels of care. Development and funding require further approval.



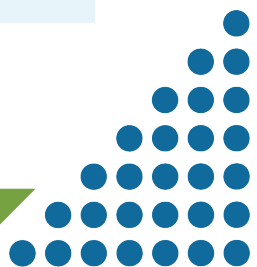
Potential purpose: develop an enhanced CSB home for 4 to 6 people with complex care needs.

Development approach	Preliminary cost	Potential funding source
Renovate an existing structure	≈ \$2 million	under consideration
Construct a new home	≈ \$4.3 million Excludes land	under consideration

Alternative development approaches. Final requests must also specify staffing and ongoing operating costs.

Authority needed: a specific request for the Governor's consideration and General Assembly appropriation before spending.

Current budget actions include no Trust Fund appropriation or capital allocation.



If closure is approved, FY 2028 must account for continuing services and current residents' care in other settings.

Continuing responsibility	Approximate annual amount
Central State Hospital: 36 positions and shared services	\$6.14 million
SEVTC nurse educator	\$143,000
Medicaid General Fund long-term-care transfer	\$926,500
Services for people without Medicaid coverage	\$590,000

DBHDS planning estimates, subject to DPB review and the Governor's budget decisions.

Reconcile existing appropriations and Medicaid to avoid double counting. Deduct continuing FY 2029 and later costs before finalizing savings or reinvestment.



People transitioning from HDMC would be the first priority.

People served

Current HDMC residents and future people with similarly complex needs, including short-term care.

Services supported

Care and capacity based on assessed needs, accounting for Medicaid, Medicare and other insurance.

Funding proposal

Reinvestment plan in fall 2027 for the 2028 Session, based on verified net closure savings.

Funding requires executive review, appropriations and legislative authority.



2027 Session**Fall 2027****2028 Session**

Seek approval of closure, the revised date and legislative authority.

Propose FY 2028 transfers for continuing services and current residents' care.

DBHDS, DPB and HHR develop a specific reinvestment plan.

Verify net savings, service needs, existing coverage, proposed uses and costs.

Present a reinvestment proposal for the FY 2029–FY 2030 budget.

Governor and General Assembly consider funding and authority.

All proposals require executive review and approval. Funding requires appropriations and authority through the money committees, General Assembly and Governor.

JCHC can carry service protections and reporting expectations into the budget process.



Carry JCHC's requested protections into the closure recommendation and budget process.

Recommend closure by June 30, 2028, with individualized planning, provider readiness checks and at least one year of monitoring.

Request a specific reinvestment proposal for the 2028 Session to address current and future complex care needs.

Include annual reporting on outcomes, expenditures, people served and the capacity available to meet future needs.

Closure and funding proposals remain subject to executive review, necessary appropriations and legislative authority.

