



Hiram Davis Medical Center

From Closure Plan to Clear Commitments

Safe transitions • durable care • public accountability

Joint Commission on Health Care

September 23, 2026

Daryl Washington, LCSW

Commissioner

Virginia Department of Behavioral Health and
Developmental Services



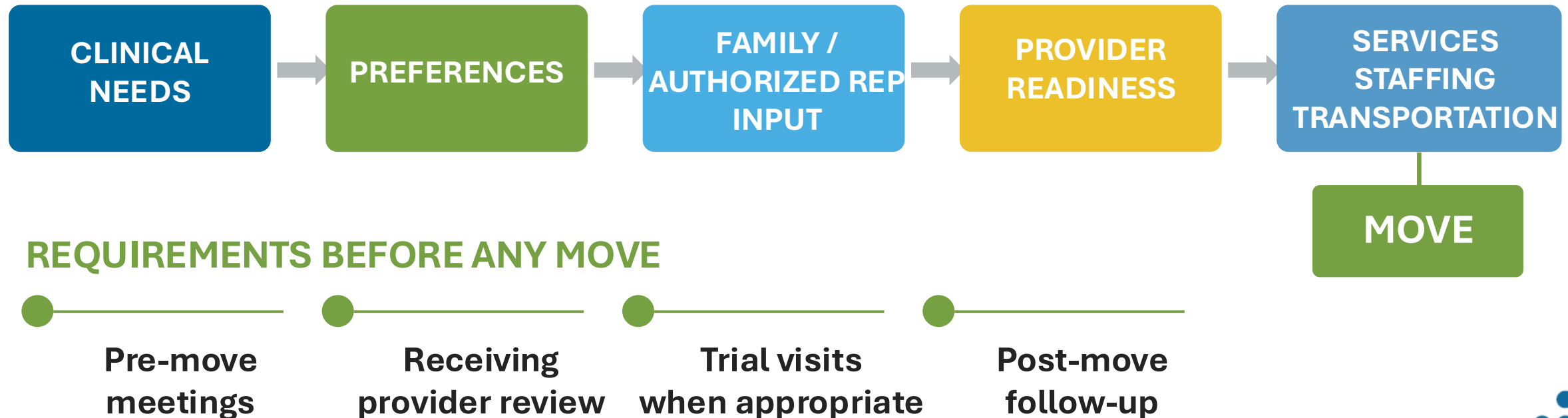


JCHC raised important questions about what closure would mean for patients, families, employees and the future safety net. DBHDS' commitments produce greater specificity, oversight, safeguards and accountability.

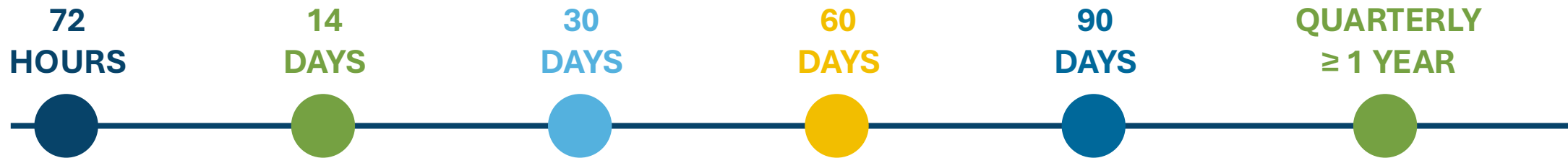
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|---|---|---|--|
| 1 | Will families have a real voice? | → | Individualized choice + guardian participation and services ready before a move |
| 2 | What happens after someone leaves HDMC? | → | Intensive monitoring + Community Care Navigator for at least one year |
| 3 | Will nursing-level care still exist? | → | State-operated / public / specialized nursing/ community capacity |
| 4 | What happens to HDMC employees? | → | Safe staffing / transfers / preferential hiring / opportunities to follow patients |
| 5 | Will HDMC resources disappear? | → | Ongoing appropriation proposal, Trust Fund protection, and annual reporting |



Each transition will follow a careful process based on the individual's needs and preferences, family input, and a receiving provider that is ready to safely serve them. If a setting is not a safe and appropriate fit, DBHDS will identify another option.



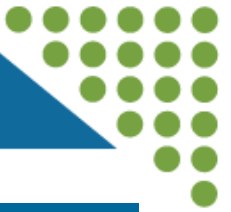
DBHDS' responsibility will not end when someone leaves HDMC.
Every transition will receive intensive follow-up,
with experienced HDMC staff serving as a bridge for at least the first year.



COMMUNITY CARE NAVIGATORS • Experienced HDMC staff • Continuous bridge for at least one year

MONITORING INCLUDES

- Health + safety
- Service continuity
- Behavioral stability
- Human rights
- Provider readiness
- Corrective action



INDIVIDUAL OUTCOMES

- **Placement stability**
- Health and safety
- Service continuity
- Critical incidents
- ED use and readmissions

PROVIDER/SYSTEM OVERSIGHT

- **Readiness**
- Quality of services
- Human rights
- Case conferences
- Corrective action

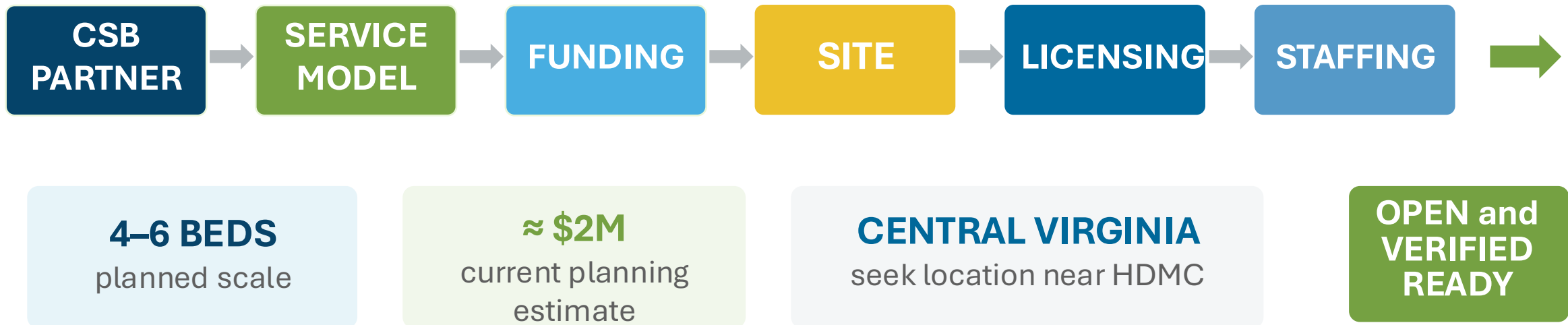
PUBLIC ACCOUNTABILITY

- **Monthly reporting**
- Regular public updates
- Annual GA report
- Use of resources
- Future safety-net status

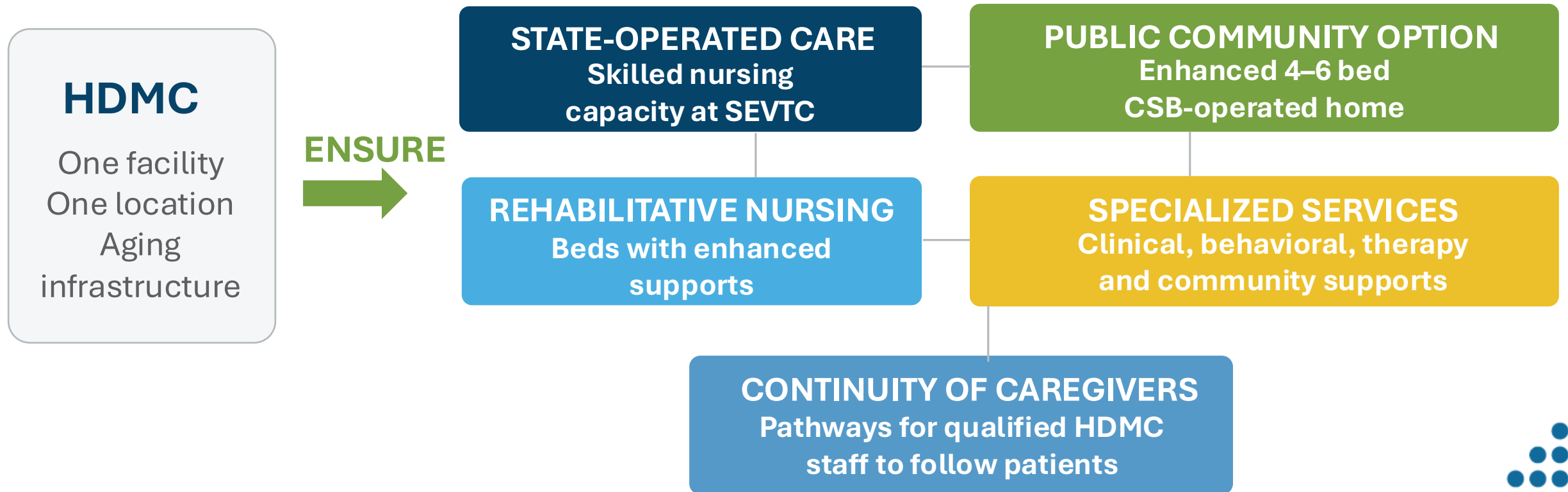
An integrated workplan, central dashboard, and regular case conferences help DBHDS measure success and report results publicly and to the General Assembly.



No individual will be discharged until the home is operational (fully staffed and licensed) and DBHDS has verified it can safely provide the level of quality care that the individual needs.



The goal is not to replace HDMC with a single facility. It is to preserve nursing-level care while building several durable ways to serve more Virginians with these complex needs.



Protect every current patient while building capacity that Virginia currently lacks for Virginians with similarly complex needs.

TODAY
Current
HDMC
patients

NEXT
Future Virginians
who would need
HDMC-level care

STATEWIDE
People with complex
neurocognitive,
neurodevelopmental
& behavioral health
needs

10%
of state hospital
discharges

~70%
of DD Waiver
population has co-
occurring BH needs

BUILD ON THIS BASE

Strengthen REACH

**Specialized crisis
capacity
& competency**

**Plan high-intensity
treatment/rehabilitation
model ≤16 beds**

DBHDS' goal is no layoffs while maintaining safe staffing throughout the census decline. Positions will be held open for HDMC at other DBHDS state hospitals to preserve HDMC expertise within the system.

**CENTRAL STATE
HOSPITAL**

six whole HDMC
departments
transfer and more
staff would fill other
positions

**OTHER
DBHDS
FACILITIES**

preferential
hiring & held
positions

**NEW CSB-
OPERATED
SERVICES**

opportunities to
follow patients

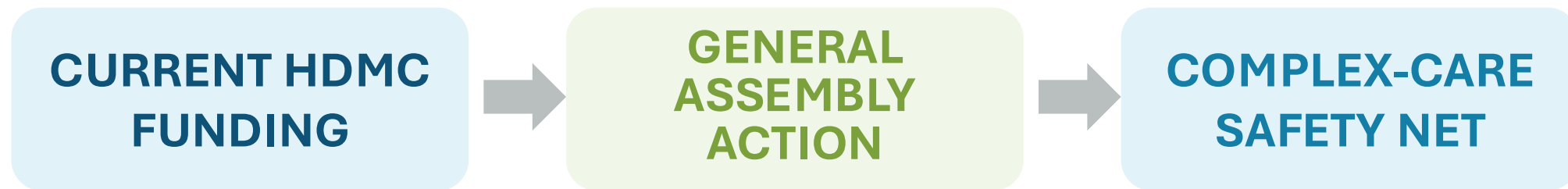
**COMMUNITY
CARE
NAVIGATORS**

follow
patients ≥ 1
year

SAFE STAFFING MAINTAINED AS CENSUS DECLINES

Transfers • preferential hiring • training • structured transition support

Ongoing HDMC funding should remain dedicated to current patients and Virginians with comparable complex-care needs.

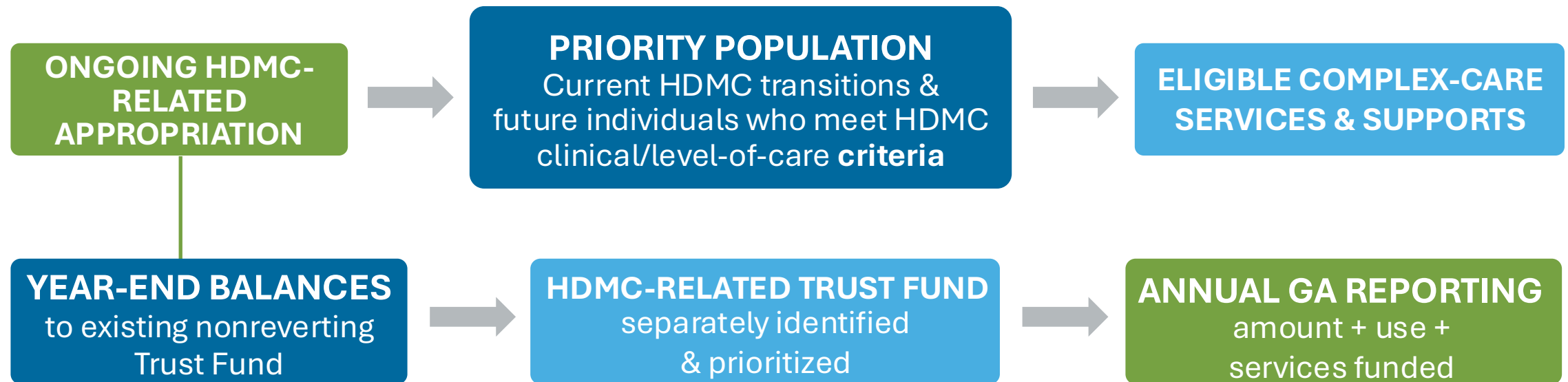


Approximately \$11–12 million annually

General Assembly action will preserve the funding. The next step is protecting how it is used.



Keep resources tied to the population they were intended to serve, with unused balances protected, and the General Assembly able to see each year how the funding was used.



**Medical & skilled nursing care • behavioral health & developmental services
residential services • housing • transition assistance**





Protect Every Patient

Preserve resources for complex care

Build the community safety net for
more Virginians who need this level of care

DBHDS remains accountable for translating these commitments
into action and keeping JCHC informed.

