COMMONWEALTH of VIRGINIA

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September 2, 2025

To: The Honorable Glenn Youngkin, Governor of Virginia
The Honorable L. Louise Lucas, Chair, Senate Finance & Appropriations Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

RE: 2024 Virginia Acts of Assembly Chapter 279, an Act to amend and reenact §§ 37.2-505 and 37.2-837 of the Code of Virginia, relating to state hospitals; discharge planning. [H 314]

Pursuant the 2024 Virgina Acts of Assembly Chapter 279 Enactment Clauses 2 and 3, the purpose of this letter is to report on the impact of the changes to discharge planning at Central State Hospital, Southwestern Virginia Mental Health Institute, and Southern Virginia Mental Health Institute. The language reads:

> *2. That the Department of Behavioral Health and Developmental Services shall report to the Governor and the General Assembly by August 1, 2025, and each year thereafter, the following information: (i) the readmission rates of any individual discharged from Central State Hospital, Southern Virginia Mental Health Institute, and Southwestern Virginia Mental Health Institute in 30 days or less after admission; (ii) the impact of the changes to discharge planning implemented by this act on Central State Hospital, Southern Virginia Mental Health Institute, and Southwestern Virginia Mental Health Institute; and (iii) census information of Central State Hospital, Southern Virginia Mental Health Institute, and Southwestern Virginia Mental Health Institute.*
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> *3. That the Department of Behavioral Health and Developmental Services shall provide the Senate Committee on Education and Health and the House Committee on Health and Human Services with an evaluation of the impact of the changes to discharge planning implemented by this act by November 1, 2025.*

cc: Janet V. Kelly, Secretary, Health and Human Resources


DBHDS
Virginia Department of Behavioral Health
and Developmental Services

Chapter 279

an Act to amend and reenact §§ 37.2-505 and 37.2-837 of the Code of Virginia, relating to state hospitals; discharge planning report.

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DBHDS Vision: A Life of Possibilities for All Virginians

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Introduction

Historically, state hospitals and community services boards (CSBs) have worked collaboratively on discharge planning for individuals leaving state psychiatric hospitals. Code of Virginia §§ 37.2-505 and 37.2-837 designates CSBs as being responsible for supporting community integration.

In FY 2022, a report on SB1340 around discharge planning offered a recommendation for lessening burden on CSBs as well as decreasing length of stay (LOS) in people at state facilities who are ready for discharge by shifting discharge planning for people with LOS of 30 days or less to the state facility.

The legislation passed in 2024 allowed for a pilot of this solution at Southwestern Virginia Mental Health Institute, Central State Hospital, and Southern Virginia Mental Health Institute. The facilities were chosen for budgetary reasons as no funding was provided for the initiative. The pilot required an increase in support staff at the social work level for the facilities to consume all of the duties related to the discharge planning for this group of patients.

Process for Implementation

In July 2024, DBHDS convened representatives from the facilities and community who would be affected by the implementation of this effort. The group met twice monthly to determine roll out and implications, which patients would be part of the pilot, hiring, and communication.

There are complexities in determining who might be included in the pilot given that predetermining a length of stay depended on several factors. Ultimately the group determined the following to be exclusionary criteria for the pilot program. CSBs maintained responsibility for discharge planning from admission for people who met exclusionary criteria.

- Confirmed diagnosis of ID/DD/Autism (due to intensive community resource need)
- Restorations (as the average length of stay was around 88 days)
- Patients with complex health care needs or dementia (requires uniform assessment instruments and/or pre-admission screening and resident review evaluations, along with other assessments)
- Not Guilty by Reason of Insanity (NGRI) (due to length of stay)

Facilities were instructed to utilize existing funding to hire a discharge planner for this population. The expectations of the facilities for those identified in the pilot were as follows:

- Expedited treatment plan team/assessment where feasible - within 48 hours of admission (excluding weekends and holidays)
- Continue to follow any protocols regarding notification of the CSB
- Inviting CSBs to participate in any treatment team meetings

- Create a safe discharge plan with the patient – The final plan that is communicated with the CSB. This discharge plan will include setting up any transportation, housing needs, referrals, and aftercare appointments

Communication with CSBs was central to this initiative. DBHDS emphasized the importance of maintaining timely and positive communication so that if a patient's needs extended beyond 30 days, the CSBs were actively involved. Expectations for CSB participation were as follows:

- Maintain awareness of admitted patients who are assigned to the CSB
- Participate as able in treatment team meetings for patients
- Execute discharge plan as developed by state facility
- Provide contact and follow up appointments for eligible discharges
- Follow-up with patient after discharge to assure patient follows the discharge plan and medication regimen

If the person was identified initially to be a participant of the pilot but the stay extended past 30 days the following was implemented:

- The hospital discharge planner will notify the CSB liaison at day 25 (or next business day) if it appears the person will need further treatment, and discharge may not occur by day 30
- On day 31 discharge planning responsibilities will revert to CSB
- State facilities will share any discharge plans already secured

DBHDS also assumed one-time discharge costs for people in the pilot programming as noted by the code. DBHDS developed a process where the state facility would approve costs, pay the invoice and submit to the central office for reimbursement. The use of the funds was outlined and vetted. The main use would be one-time housing/hotel cost and/or transportation.

The pilot began on January 1, 2025. Below are the results for the second half of FY 2025.

Southern Virginia Mental Health Institute (SVMHI)

SVMHI had a total of 167 admissions from January 1, 2025 to June 30, 2025. Of this total, 35 (20 percent) of people admitted were included in the pilot project. Of those, 25 were successfully discharged within 30 days. Three individuals were removed from the pilot as they exceeded the 30-day LOS and seven were still within 30 days but had not yet discharged as of June 30, 2025.

The average LOS for those in the pilot who were discharged within 30 days was 13.8 days. The average LOS for the pilot when including the three individuals removed from the pilot was 18 days. The overall average LOS for all civil admissions at SVMHI was 38 days.

SVMHI utilized $8,259 in the discharge funds to support eight individuals. Two of the individuals returned to the state facility as readmission within 30 days of discharge. One individual was admitted under a criminal TDO for non-suicidal self-injury gestures, a common characteristic of the individual's diagnosis. The second was for suicidal ideations.

Overall, SVMHI considers this project a success with some barriers. Some of the challenges include additional staff time needed to support individuals getting identification needed for discharge as well as identification of stable housing for those who are facing homelessness.

Southwest Virginia Mental Health Institute (SWVMI)

SWVMHI had 223 admissions from January 1, 2025 to June 30, 2025. Of this total, 167 (75 percent) of people admitted were included in the pilot. Of the 167 individuals included in the pilot, 101 were discharged within 30 days. The 66 remaining individuals were transferred to the CSB for discharge planning. Of the 101 people that were successfully discharged only one person was readmitted within 30 days of discharge.

The average LOS for all 167 people included in the pilot was 41.89 days. For the 101 who were successfully discharged within 30 days, the average LOS was 15.5 days. SWVMHI utilized just under $1,000 in funding for both housing and transportation. Anecdotally, SWVMHI attributes the low readmission rate to the idea that the more effective DBHDS is t supporting patients to quickly stabilize and transition back to their community, the less likely they are to experience negative effects of institutionalization and the more likely people are to maintain access to resources in the community that contribute to their success.

Central State Hospital (CSH)

CSH had 307 admissions form January 1, 2025 to June 30, 2025. Of this total, 75 (24.4 percent) of people admitted were included in the pilot. It should be noted that CSH has a high forensic admission rate and the majority of discharges for this pilot are civil across all facilities.

For the individuals included in the pilot, the average LOS was 37.56 days. Of the 75 people in the pilot, 46 were able to discharge within 30 days with a LOS of 13.71 days. However, 29 were not able to discharge in this timeframe and had an average LOS of 75 days. CSH noted zero readmissions of the 46 people successfully discharged within 30 days.

Conclusion

DBHDS interprets the data to indicate that the pilot was successful. To summarize, of the 697 people admitted to SVMHI, SWVMHI, and CSH from January 1, 2025 to June 30, 2025, 277 people were included in the pilot. Of the 277 people included in the pilot, 172 (62 percent) successfully discharged within 30 days with an average LOS of 14.34 days. If those who stayed passed 30 days are included in the average, the LOS increased to 32.48 days.

The readmission rate of those included in the pilot who completed discharge within 30 days and returned to the facility within 30 days of discharge was 1.7 percent. This rate is below the state average of 4.9 percent for all discharges from state facilities during the same period of time.