



COMMONWEALTH of VIRGINIA

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COMMISSIONER

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January 16, 2026

To: Governor Glenn Youngkin, Governor of Virginia
The Honorable Louise L. 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: Item 301.D, 2024 Special Session I, Appropriations Act

Pursuant to Item 301.D of the 2024 Appropriations Act, the purpose of this letter is to report on the status of the expansion of therapeutic intervention and discharge planning services at Central State Hospital and Southern Virginia Mental Health Institute. The language reads:

D. Out of this appropriation, \$5,062,489 the first year and \$5,062,489 the second year from the general fund is provided for therapeutic intervention and discharge planning services seven days a week at Central State Hospital and Southern Virginia Mental Health Institute. The Department shall report annually by August 1 to the Governor and the Chairmen of House Appropriations and Senate Finance and Appropriations Committees on the impact on length of stay, number of discharges occurring during the expanded service time, and overall impact on discharge planning and the census of the affected facilities.

Please find enclosed the report in accordance with Item 301.D. DBHDS Staff are available should you wish to discuss this request.

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



Virginia Department of Behavioral Health
and Developmental Services

Therapeutic Intervention & Discharge Planning at CSH, SVMHI

(Item 301 D, 2024 Special Session I, Appropriations Act)

August 1, 2025

DBHDS Vision: A Life of Possibilities for All Virginians

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Item 301 D - Therapeutic Intervention & Discharge Planning Report

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Introduction

Historically, state hospitals provided the full continuum of treatment primarily during business hours, Monday through Friday, with a decrease in essential services in the evenings, weekends, and holidays. The full continuum of treatment includes assessments and interventions from all treatment team members (nursing staff, social work staff, psychiatric providers, recreational therapy, and psychology), an assortment of group treatment options provided throughout the day, forensic evaluation and treatment, and discharge planning. Following the passage of SB 260 in 2014 (known as the Bed of Last Resort law), the state hospitals began experiencing a significant increase in patient admissions during non-business hours. However, while admissions moved to a 24/7 model, full active treatment and discharge planning still had not.

In 2022, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) submitted a budget request to fund positions to pilot a program of enhanced treatment and discharge services seven days per week at two Virginia state hospitals – Southern Virginia Mental Health Institute (SVMHI) in Danville and Central State Hospital (CSH) in Petersburg. Item 301.D included \$5,062,489 in funding to add 17 new positions at SVMHI, and 23 new positions at CSH to transition to the full continuum of treatment and was a result of continuous efforts to address the state hospital bed census, which is consistently at or above 95 percent of beds. This high census has led to increased staff turnover and vacancy in key positions, safety concerns for patients and staff, individuals in crisis experiencing extended wait times for treatment, and an increased burden on law enforcement as they provide transportation and custody for individuals waiting for treatment. Both hospitals have seen significant changes for the better regarding the ability to provide active treatment, assessment, and evaluation during non-business hours, as well as length of stay of patients, specifically forensic patients and continue to make implementation adjustments to ensure efficiencies.

Central State Hospital (CSH)

Expansion of Programming and Services

Through the support of the pilot program, CSH has made the following strategic additions to clinical services:

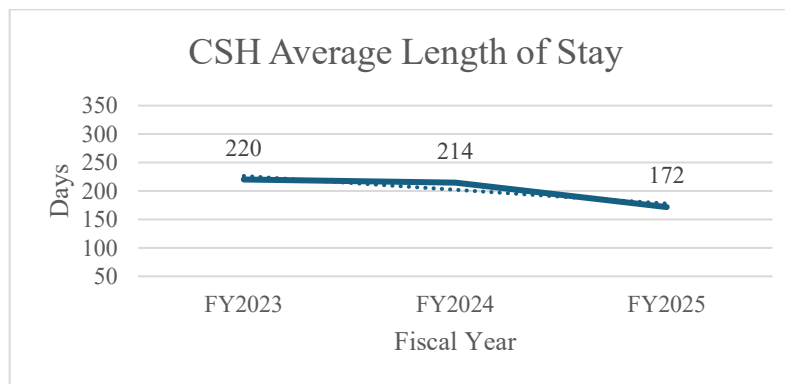
- *Individual competency restoration expansion:* Previous competency restoration services were provided exclusively from the Psychology Department. The pilot supported the addition and training of staff across Social Work, Psychology, and Psychosocial Rehabilitation (PSR) departments to allow for individual competency restoration services to be delivered seven days a week. As of August 2024, 100 percent of competency restoration admissions were assigned an individual provider within one week, compared to less than half of individuals prior to the pilot. The previous process of individual assignment by referral only also led to a delay of weeks or even months before an individual was referred for the service. As a result of the pilot, all individuals are receiving 1:1 treatment for competency restoration and they are accessing the service much earlier in the admission.
- *Psychology services on admissions units:* Psychology representation is now embedded in both admissions' treatment teams, providing early assessment and behavioral support

strategies. Prior to the pilot, treatment teams in the admissions units lacked psychology representation due to resource limitations.

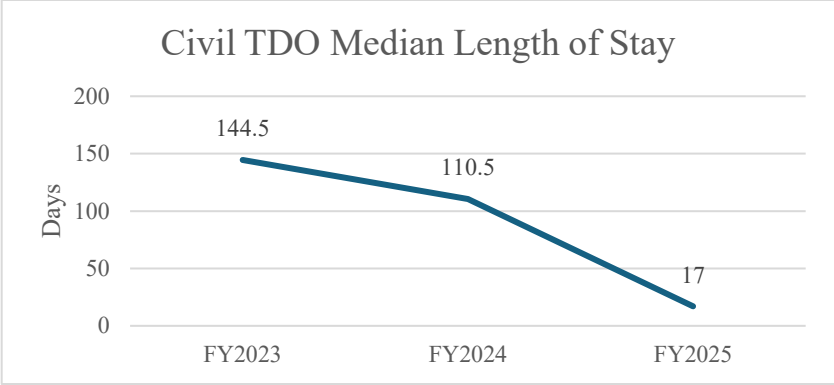
- *Additional forensic evaluator:* A full-time Forensic Evaluation Team (FET) position was added to several civil buildings, reducing delays in evaluation after treatment teams recommended readiness.
- *Rehabilitation services:* New staff (2 Occupational Therapists, 1 Certified Occupational Therapy Assistant, 1 Recreational Therapist) now provide expanded individual Occupational Therapy treatment planning and services and weekend coverage.
- *Advanced provider staffing:* Four additional pilot Nurse Practitioners were assigned to admissions units, improving continuity of care and reducing reliance on MOD for new admissions and medication starts.
- *Discharge planning enhancements:* The pilot enabled the creation of five Discharge Planner positions and one Discharge Planning Supervisor, significantly enhancing capacity to support timely discharges. While these positions initially focused on competency restoration cases, they have since expanded to include civil admission projected to discharge within 30 days, as supported by the 30-day Discharge Pilot program.

CSH Data

Overall length of stay. The average length of stay of all discharged individuals in Central State Hospital's non-maximum-security units has decreased by 21.8 percent from FY 2023 to FY 2025.

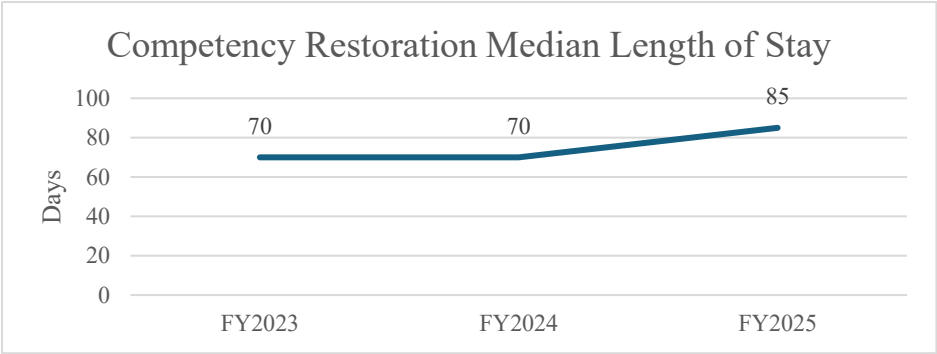


Length of Stay (LOS) for Civil Admissions: The LOS reduction is particularly evident when examining Civil TDO discharges during the pilot program period. The reduction from FY 2023 (M = 144.5 days, N= 34) to FY 2025 (M = 17 days, N=58) represents an 88.2 percent reduction in the median LOS for civil admissions.



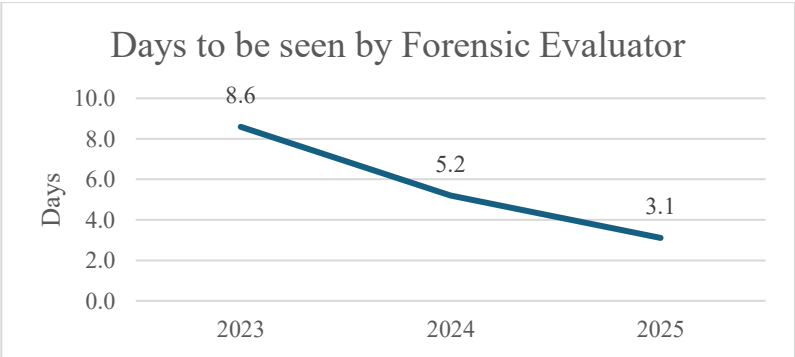
Note: Median is used instead of mean due to the wide range of LOS values (1–2,077 days), as it provides a more accurate measure of central tendency.

Length of Stay for Competency Restoration. Based on the literature, CSH established a goal of maintaining a median LOS for individuals hospitalized for Competency Restoration services under 100 days. CSH achieved this target all three fiscal years being reviewed.



Note: Median is used instead of mean due to the wide range of LOS values (1–907 days), as it provides a more accurate measure of central tendency.

Forensic Evaluation Efficiency. The addition of a dedicated FET evaluator for civil units has yielded significant efficiency with 64 percent reduction in wait times to be seen by an evaluator after being referred.



Southern Virginia Mental Health Institute (SVMHI)

Expansion of Programming and Services

In FY 2025, staff worked to develop community partnerships for weekend discharges. SVMHI was able to garner support and buy-in from regional partners to start a few weekend discharges. They have secured a full-time psychiatric nurse practitioner that works Tuesday through Saturday and has allowed for treatment team meetings on Saturdays.

SVMHI saw a 35 percent increase in patient engagement outcomes on the weekends because of this pilot program. This result correlated with increased group offerings and staffing available to provide active treatment during non-business hours, including recreational therapists, a peer specialist, and a direct care associate. The data for patient engagement at SVMHI clearly shows an increase with patient engagement with the addition of these staff, and a decrease in patient engagement when staff numbers are reduced.

A new partnership was also created with Danville/Pittsylvania CSB focused on reducing inpatient forensic admissions. The partnership has been supported through the creation of a new Restoration Coordinator role and includes the Danville Sheriff Office, Pittsylvania County Sheriff Office, Danville Magistrates Office, and Danville Public Defender's Office. The partnership is working towards developing a plan to present to the local Danville District Court Judge and Commonwealth Attorney for support/participation. Draft proposals include the development of a mental health bond program and enhanced services in the Danville Jail which could have an impact on inpatient state hospital admissions.

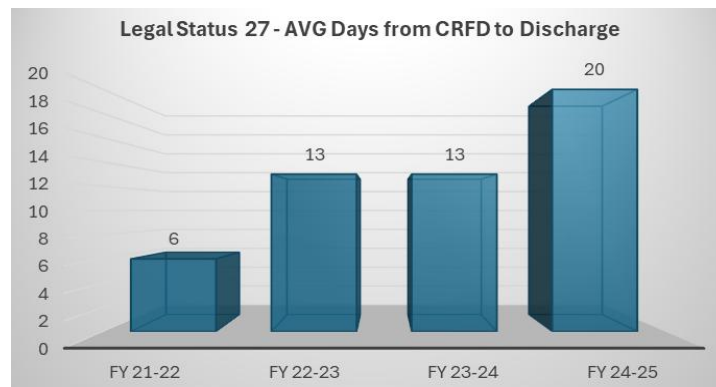
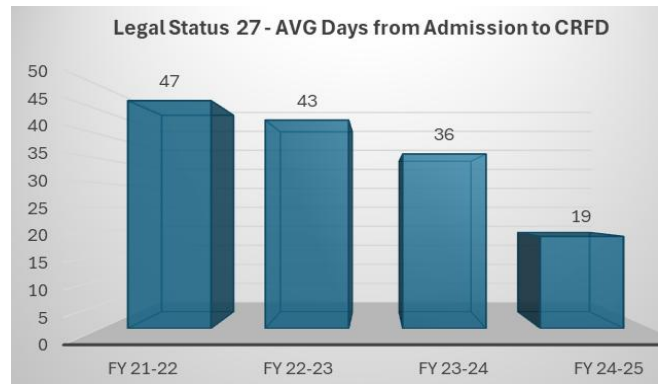
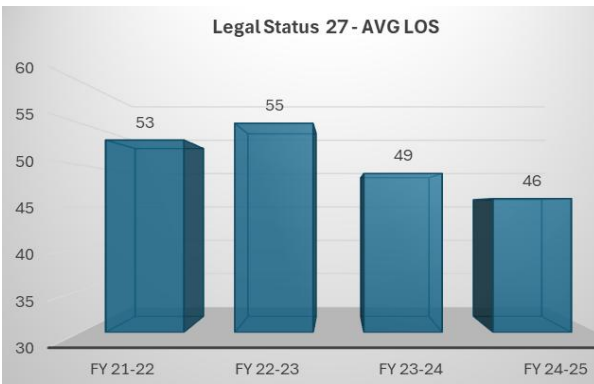
Under the proposal for a mental health bond, the defendant could be screened and diverted from the jail at the magistrate level, then after being released on a mental health bond, the defendant could receive needed CSB services and possible pretrial service supervision with a path for charges to be dismissed if the defendant continues with program treatment recommendations.

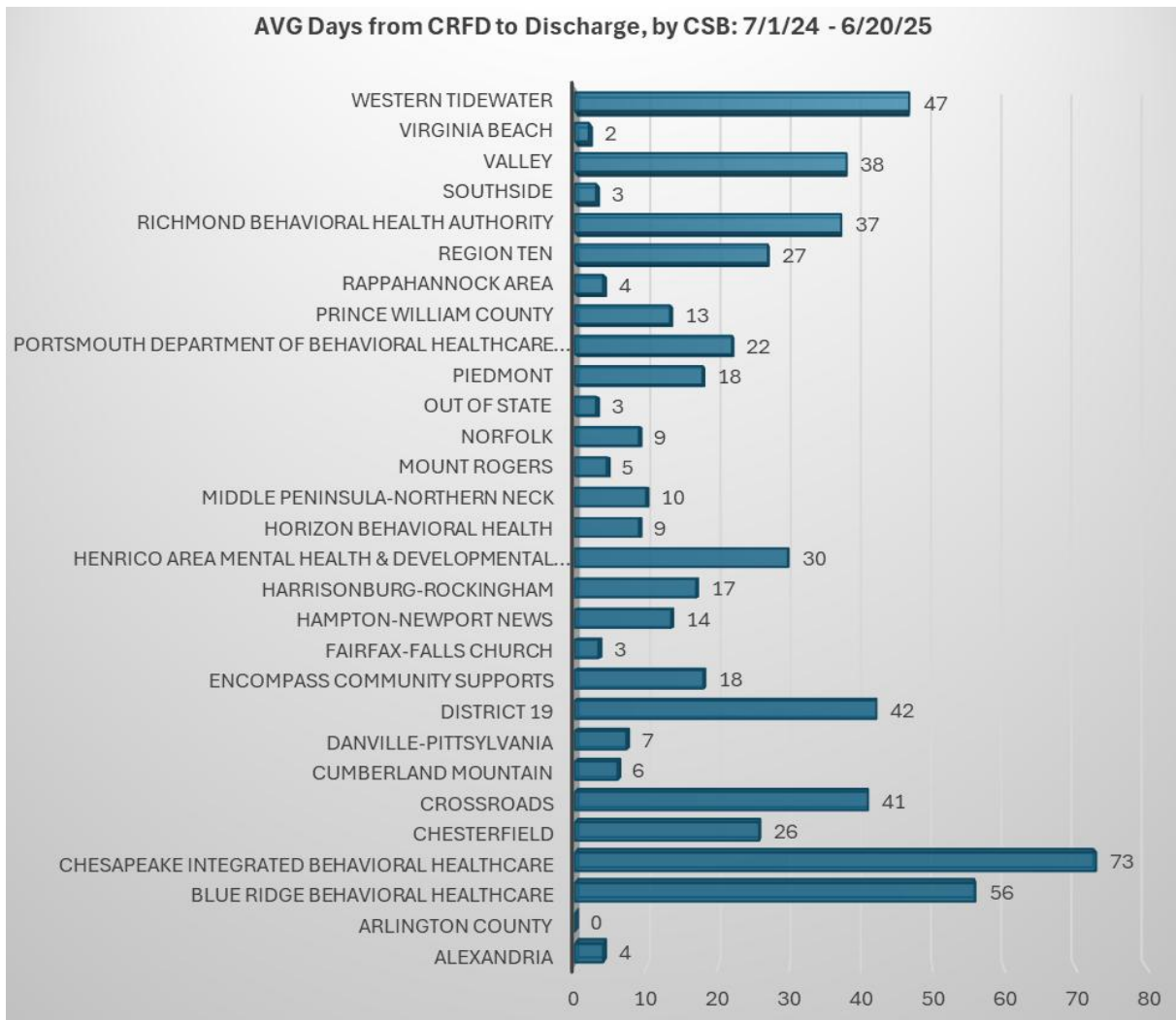
Enhanced services in the Danville Jail could include funding for development of judicial authorization in the jail to help support/stabilize some inmates who might otherwise been referred for hospitalization. This would be supported by special justice hearings conducted in the jail to provide judicial authorization to treat if the inmate is not able to consent for their own treatment and to provide medication over objection in the jail in some situations. Additionally, providing needed medication earlier may also provide a path for more effective outpatient competency restoration efforts in the jail as some inmates may be more stable/able to participate in competency restoration education.

SVMHI Data

Below is a high-level view of SVMHI Civil LOS. The following results highlight:

- Overall reduction in civil LOS by three days
- Further reduction of 17 days from admission to Clinically Ready for Discharge (CRFD) as compared to FY 2023 - 2024. This illustrates that SVMHI's treatment approaches are getting people stabilized more quickly.
- Increase of seven days from CRFD to actual discharge. This is seen in the adjacent table that breaks down average LOS per CSB. This trend is primarily driven by patients from the following CSB catchment areas: Western Tidewater, RBHA, Henrico, D19 and Chesapeake. Additional resources are needed in those communities to meet the needs of Virginians with serious mental illness (SMI). Region 3B data supports the conclusion that serving patients within the region results in an overall reduced LOS. Danville-Pittsylvania = 7 days, Southside = 3 days, and Piedmont = 18 days.





Conclusion

The funds for these programs have allowed CSH and SVMHI to creatively increase efficient evaluation, assessment, and active treatment of patients during non-business hours, which increased patient flow and the ability to discharge patients more quickly. This pilot has also demonstrated that having a position focused on project management and coordination of restoration efforts within the hospitals has a significant positive impact on efficient assessment and initiation of restoration services and has substantially decreased the average length of stay for forensic individuals.