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## COMMONWEALTH of VIRGINIA

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Friday, January 16, 2026

To: The Honorable L. Louise Lucas, Chair, Senate Finance Committee  
The Honorable Luke E. Torian, Chair, House Appropriations Committee  
The Honorable Ghazala F. Hashmi, Chair, Senate Education & Health Committee  
The Honorable Mark D. Sickles, Chair, House Health & Human Services Committee

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

RE: Item C-24.D. of the 2025 Appropriations Act

Item C-24.D. of the 2025 Appropriations Act directs the Department of Behavioral Health and Developmental Services (DBHDS) to form a work group to explore and recommend a site for a replacement of Northern Virginia Mental Health Institute. The language states:

*D. The Department of Behavioral Health and Developmental Services (DBHDS) shall form a workgroup to review and recommend placement for a replacement Northern Virginia Mental Health Institute. The workgroup shall include representatives from the Department of General Services, public stakeholders, and other partners as necessary to make the best determination of appropriate location of a future facility. As needed, DBHDS may use funds appropriated to this item to support research or contractual costs associated with this workgroup. The Department shall report findings and recommendations to the Chairs of the Committees of House Appropriations and Senate Finance and Appropriations, as well as to the Committees of House Health and Human Services and Senate Education and Health, no later than November 1, 2025.*

In accordance with this item, please find enclosed the report for Item C-24.D.

Cc: Secretary Janet Kelly



Virginia Department of Behavioral Health  
and Developmental Services

# **Report of the Workgroup to Identify Placement for a Replacement Northern Virginia Mental Health Institute (NVMHI)**

## **(Item C-24.D., 2025 Appropriations Act)**

*December 1, 2025*

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# **DBHDS Report of the Workgroup to Identify Placement for a Replacement Northern Virginia Mental Health Institute (NVMHI)**

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## Executive Summary

Northern Virginia Mental Health Institute (NVMHI) is one of Virginia's eight adult state mental health hospitals and serves the rapidly growing Northern Virginia region from a nearly 60-year-old building on the Inova Fairfax Medical Campus. The 2025 Appropriations Act directed the Department of Behavioral Health and Developmental Services (DBHDS) to identify potential locations for a replacement facility that can meet current and future needs for this region.

As the Commonwealth continues modernizing its behavioral health infrastructure, the replacement of NVMHI aligns directly with the General Assembly's right-sizing effort, initiated in Item 310 CC of the 2019 Appropriations Act. That framework envisions a regional hospital system in which facilities operate at an optimal size of 200 to 300 beds, supported by strong community-based services and a more balanced distribution of inpatient capacity. Based on Northern Virginia's population growth, civil and forensic admission patterns, and statewide census pressures, the replacement NVMHI should be designed at approximately 250 beds. This bed count advances the long-term right-sizing strategy and helps stabilize capacity across all adult state hospitals, particularly given the reduced bed count at the new Central State Hospital.

DBHDS, working with the Department of General Services and a real estate broker, evaluated ten potential sites across Northern Virginia. Sites were assessed based on acreage suitable for a multi-story hospital, access to public transportation (particularly Metro), and proximity to a full-service hospital with an emergency department. Three sites emerged as the strongest options:

- **Site 1: Willow Oaks Corporate Drive (Fairfax)** – Located 0.7 miles from the current NVMHI and Inova Fairfax Hospital, with strong access to Metro, bus routes, and major roadways. This site best meets all core requirements, particularly proximity to emergency medical services.
- **Site 2: Virginia State Police Property (Braddock Road, Fairfax)** – Approximately six miles from the current NVMHI and near Inova Fairfax Hospital, with adequate buildable space. The property is currently in use by other state agencies.
- **Site 3: Lorton Gateway (Lorton)** – Approximately 16 miles from the current NVMHI, a large parcel with sufficient acreage for a modern facility and parking. Limited transit access and proximity to a former landfill make it a less optimal option than Sites 1 and 2.

Selecting a site is the first step. If the General Assembly chooses to move forward, funding will be required for land acquisition, planning, design, and construction.

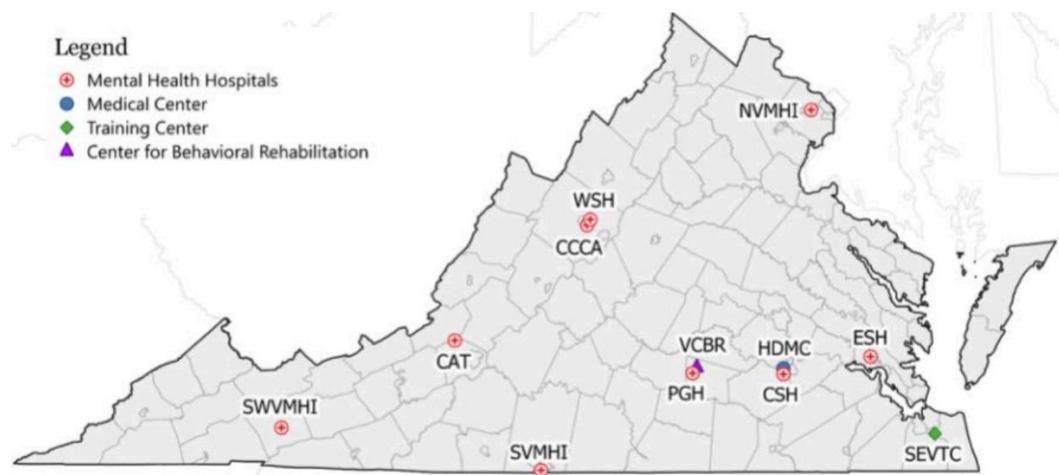
A modern, 250-bed NVMHI is essential to meeting regional and statewide behavioral health needs and strengthening a safe, sustainable statewide hospital system. Given this increase in capacity for the region, the General Assembly may also wish to direct DBHDS to examine statewide adult psychiatric bed capacity to ensure alignment with regional demand and with the right-sizing framework previously endorsed by the legislature. Such an analysis could include options for redistribution of beds across state hospitals and would support a more coordinated approach to long-term capital planning and regional management of state-operated beds.

## Right-Sizing Virginia's State Hospitals

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) operates eight adult mental health hospitals, one hospital for children & adolescents, and three specialized centers, several of which were built decades ago and require significant ongoing investment to maintain safe operations. While some hospitals have been replaced in recent years, others operate in outdated buildings that were not designed for today's clinical needs or patient acuity, and require significant capital investment simply to remain safe and compliant. As demand for behavioral health services continues to rise, the statewide hospital footprint no longer fully aligns with population growth, clinical complexity, or the operational realities of modern inpatient care.

Figure 1, below, shows the geographic location of all DBHDS-operated hospitals and centers.

**Figure 1.** DBHDS-Operated hospitals and centers



The General Assembly began addressing this challenge in Item 310 CC.1–3 of the 2019 Appropriation Act, which directed DBHDS to evaluate the long-term structure of Virginia's state hospital system. That workgroup recommended a transition to a more streamlined, regional hospital model. The guiding principles emphasized that individuals should receive care in the most integrated setting appropriate to their needs, and as close to home as possible, supported by community-based services that are effective at diverting and stepping down from inpatient care.

The 2019 plan identified several conditions that would need to be in place before Virginia could move toward right-sizing. Significant progress has since been made, including:

- full implementation of all nine components of STEP-VA
- expansion of priority behavioral health services under Medicaid Behavioral Health Redesign
- strengthened CSB performance contracting
- improved statewide census management following changes to the Bed of Last Resort statute and increased coordination with private hospitals

These reforms have expanded diversion and step-down services and increased the ability of communities to respond to individuals with behavioral health needs outside of inpatient settings. The remaining barrier to right-sizing is sustained census pressure across the state hospital system, driven largely by rising forensic admissions and accelerated population growth in certain regions, particularly Northern Virginia.

The 2019 plan recommended a five-hospital regional system, each serving a defined geographic area and supported by a continuum of community-based treatment. A single regional state hospital creates one coordinated point of care for the entire region, allowing CSBs, private hospitals, and law enforcement to work with a unified partner. This structure strengthens communication, improves patient flow, and ensures that state hospital beds are managed consistently to support better outcomes. The report for this plan is linked [here](#) and referenced below<sup>1</sup>.

The plan calls for state hospitals to operate at the optimal bed size of 200 to 300<sup>2</sup> and all state hospitals that have not already been renovated would be updated to address the system imbalance and aging infrastructure of many of the current hospitals. This range supports clinical specialization, safe staffing patterns, and consistent operational efficiency. Hospitals that fall significantly below this optimal size face census pressures and challenges with staffing patterns, specialty units, and economies of scale. Larger regional hospitals, generally between 200 and 300 beds, can better accommodate modern treatment units, clinical specialties, and safe staffing models.

Of note, the proposal for the Right Sized State Hospital System recommended 200 beds for NVMHI and 300 beds for CSH with a system total of 1278 beds. However, the new CSH facility was only funded to accommodate 252 beds. Within this context, the replacement of NVMHI presents a critical opportunity. It is one of the last DBHDS hospitals still operating in a mid-twentieth-century building and cannot be expanded or modernized on its current footprint. A replacement facility offers the chance to align Northern Virginia with the regional model envisioned in the 2019 plan and to size the hospital for current and projected demand.

A replacement NVMHI should be designed at approximately 250 beds, which reflects:

- significant and sustained growth of Northern Virginia
- increasing share of statewide civil and forensic admissions served by NVMHI
- reduced bed count at the new Central State Hospital
- need to stabilize census pressures across all adult state hospitals
- long-term goal of balancing bed capacity across five regional hospitals
- need for clinical flexibility, contemporary unit design, and specialized programming that smaller facilities cannot cost-effectively sustain

A 250-bed NVMHI fits squarely within the 200 to 300 bed operational range recommended in the right-sizing plan. Importantly, this replacement project does not determine the future of any other state hospital. However, as Virginia continues to develop its long-term behavioral health

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<sup>1</sup> Report on Item 310 CC.2 of the 2019 Appropriations Act - <https://rga.lis.virginia.gov/Published/2020/RD4/PDF>.

<sup>2</sup> Efficiency and Optimal Size of Hospitals: Results of systematic research. (Giancotti, Guglielmo, Mauro, 2017).

infrastructure strategy, the General Assembly may wish to direct DBHDS to update the 2019 right-sizing plan. This would include options to redistribute adult mental health bed capacity to balance future capital needs, address aging facilities, and ensure that the total number of beds aligns with regional demand.

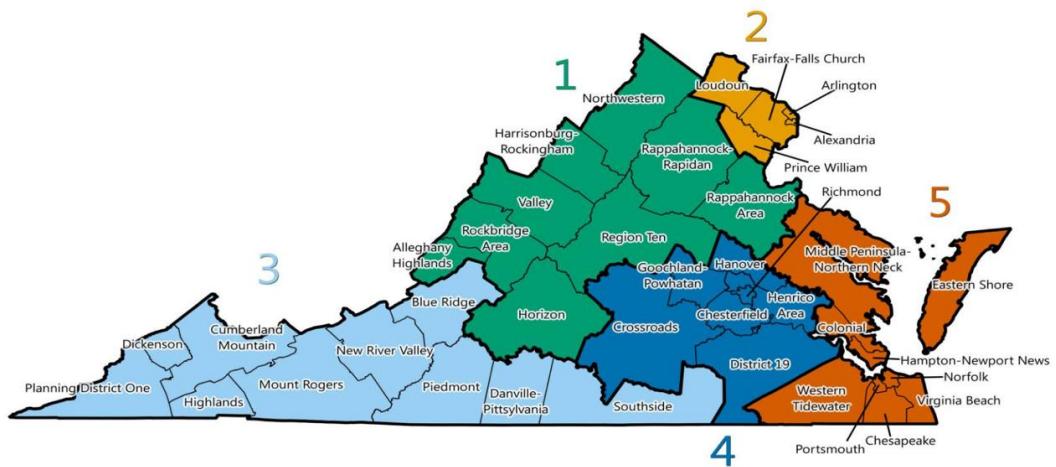
Replacing NVMHI with a right-sized, modern facility supports greater regional coordination, safer operations, and a more sustainable statewide hospital system for years to come.

## Current NVMHI Facility and Operations

Northern Virginia Mental Health Institute (NVMHI) opened in 1968 and operates on the Inova Fairfax Medical Campus in Falls Church. The facility is a 97,733-square-foot structure with a 1997 addition, originally designed for a very different era of inpatient psychiatric care. Today, NVMHI is funded for 134 beds across five units and serves adults ages 18 to 64 who require inpatient psychiatric treatment, including individuals admitted voluntarily, involuntarily, or under court order for evaluation or restoration of competency.

While NVMHI serves individuals from all over the Commonwealth, their primary CSB catchment area is Region 2, which consists of Arlington CSB, Alexandria CSB, Fairfax-Falls Church CSB, Loudoun CSB, and Prince William CSB. CSB catchment areas are shown in Figure 2.

**Figure 2.** DBHDS Community Services Board Regions



## Growing Forensic Population

Given the size and growth of Northern Virginia, the hospital manages a consistently high demand for civil and forensic admissions, and it serves as a key point of stabilization for individuals who cannot be safely or effectively treated in other settings. In recent years, the proportion of individuals admitted under forensic status has increased across Virginia's system, including at NVMHI, as shown below:

**Table 3.** DBHDS State Hospital Bed Utilization

Region	Facility	Beds	Total Utilization	% Forensic Beds
3	Catawba Hospital (CH)	110	98%	22%
4	Central State Hospital (CSH)	166	100%	93%
5	Eastern State Hospital (ESH)	278	99%	93%
2	Northern Virginia Mental Health Institute (NVMHI)	134	102%	52%
3	Piedmont Geriatric Hospital (PGH)	123	101%	22%
3	Southern Virginia Mental Health Institute (SVMHI)	72	97%	60%
3	SW Virginia Mental Health Institute (SWVMHI)	136	98%	43%
1	Western State Hospital (WSH)	302	100%	54%

The forensic trend reflects broader statewide shifts in court-ordered admissions, restoration needs, and transfers from jails. These individuals often require longer stays and more intensive clinical and security resources, contributing to pressure on NVMHI's operating capacity.

Figure 3 shows forensic admission trends at NVMHI from FY 2020 through FY 2025, including the breakdown of forensic admissions by legal status.

**Figure 3**

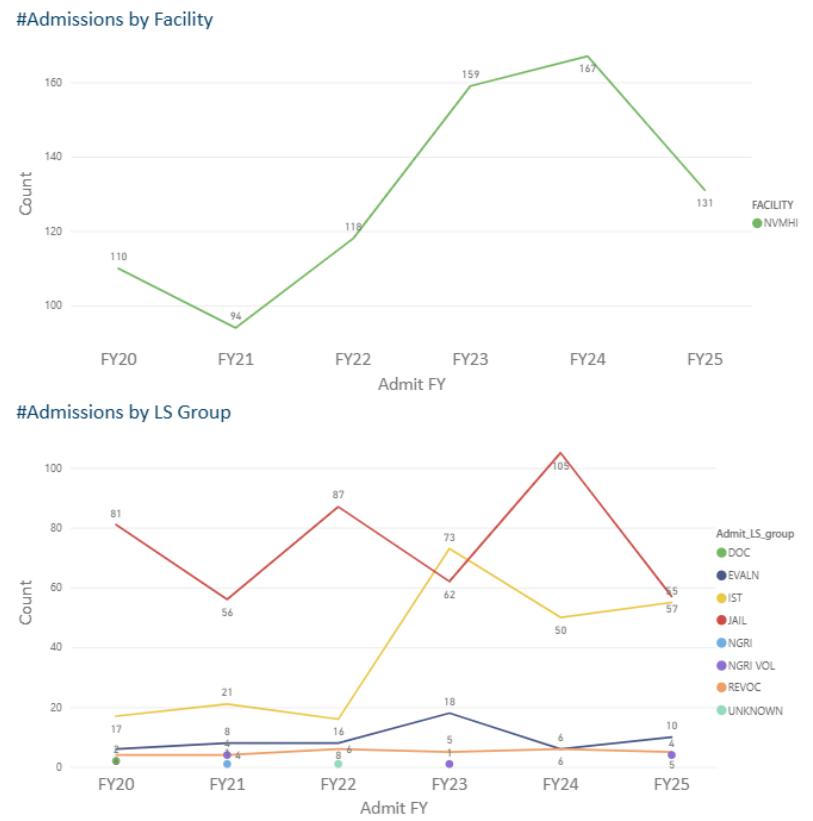


Figure 3 shows the mix of legal-status admissions at NVMHI, including Incompetent to Stand Trial (IST), jail transfers (JAIL), court-ordered evaluations (EVALN), Department of Corrections (DOC) transfers, Not Guilty by Reason of Insanity (NGRI), NGRI voluntary returns, and revocations of conditional release (REVOC).

Because the current facility sits on a private health system campus with limited available space, it cannot be expanded on its existing footprint. Additionally, the building's mid-twentieth-century design limits the flexibility needed to operate modern inpatient units, manage today's acuity levels, and incorporate updated treatment, visibility, and safety features. Over the past several years, the Commonwealth has invested in targeted upgrades to ensure continued safe operations, but the structure is not suitable for long-term modernization or reconfiguration.

The need for repairs and maintenance has outpaced available funding. Since 2020, \$16.46 million has been allocated from Capital and Maintenance Reserve Funding to repair or replace various items in NVMHI. Table 4 lists the cost for these one-time and ongoing essential improvements. Table 5 shows priority upgrades needed for FY 2025 through FY 2026 that are not yet funded.

**Table 4.** Cost for One-Time and Ongoing Essential Improvements

Year	Description	Amount	Notes
2020	Replacement of Doors	\$1,295,000	Completed 2021
2020	Electrical Panels & Generator Replacements	\$1,680,000	Completed 2021
2023	Anti-ligature Improvements	\$1,691,000	Completed 2023
2023	(2) Air Handling Unit Replacements	\$667,000	Completed 2022
2024	Fence Replacement	\$707,000	Completed 2024
2024	ADA Ramp Replacement	\$350,000	Completed 2024
2025	Fire Alarm Replacement	\$1,300,000	Completed 2024
Ongoing	Kitchen Re-design (statewide umbrella project including NVMHI)	\$8,858,259	Est. Completion 2028
Ongoing	Access Controls Replacements	\$1,596,000	Est. Completion 2026
Ongoing	Emergency Chiller #1 Replacement	\$1,000,000 (to date)	Est. Completion 2025
Ongoing	Chiller #2 Replacement	\$1,140,000	Est. Completion 2026
Ongoing	Air Handling Units (AHU) Ph. 1 Replacement	\$2,000,000	Not Funded
Ongoing	Air Handling Units (AHU) Ph. 2 Replacement	\$2,000,000	Not Funded
Ongoing	Replace Electrical Panels (limited)	\$504,000	Est. Completion 2026
Ongoing	Repair/Replace IG Cameras	\$200,000	Est. Completion 2025
Ongoing	DB-4 Mechanical Room Repairs	\$130,000	Not Funded
Ongoing	Walk-In Refrigerator and Freezer Replacement	\$120,000	Est. Completion 2025
Ongoing	Provide Damper Access	\$75,000	Completed 2025

**Table 5.** FY 2025-26 Priority Needs

Description	FY 2025 Amount	FY 2026 Amount
Major Security Upgrades	-	\$2,967,100
Emergency Responder System	\$214,455	\$235,901
Entry/Admissions Hardening	\$500,000	\$550,000
Interior Security Glazing	\$208,000	\$228,800
Install Metal Detectors	\$325,000	\$357,500
Overhead/Fringe/Soft Costs (30%)	\$374,237	\$1,301,790
<b>Total</b>	<b>\$1,621,692</b>	<b>\$5,641,091</b>

The role NVMHI plays in Northern Virginia’s behavioral health system is central to the region’s overall stability. A replacement facility offers the opportunity to construct a modern hospital sized appropriately for the region’s population, current and projected demand, and statewide census distribution. For these reasons, planning for a new NVMHI must prioritize selecting an appropriate location and ensuring the replacement facility is designed at a bed capacity that meets both regional needs and the broader goals of Virginia’s long-term state hospital system.

## Site Requirements and Recommended Locations for a New NVMHI

Planning for a replacement Northern Virginia Mental Health Institute requires identifying a site that can sustain a modern behavioral health hospital, support safe and efficient operations (including workforce availability), and meet the needs of Northern Virginia’s growing population. The workgroup, in partnership with the Department of General Services and a real estate broker, evaluated multiple parcels based on several key requirements.

### Key Requirements for a Replacement NVMHI Site

#### *Acreage and Buildable Space*

A modern behavioral health hospital of approximately 250 beds requires sufficient acreage for a multi-story facility, treatment and support spaces, secure outdoor areas, and on-site parking. Building a **single-story** replacement Northern Virginia Mental Health Institute would require approximately ten to 15 acres. A multi-story option would require less acreage. The sizes of readily available locations would be optimal for supporting a two to three story facility. Even with a multi-story facility, significant space would still be needed for the hospital itself, as well as a parking structure. Further, as part of treatment in the facility, patients partake in secure outdoor activities on the hospital campus and need adequate space to accommodate this.

### *Accessibility to Metro and Public Transportation*

Ready access to Metro rail and other public transportation is essential. A significant portion of NVMHI's workforce and visitors rely on public transit, and Northern Virginia's transportation network is a critical factor in accessing inpatient behavioral health services. Proximity to Metro stations and bus routes was therefore a core requirement in evaluating potential sites.

### *Proximity to Existing Hospitals and Emergency Departments*

Because many individuals admitted to NVMHI require medical clearance, emergency evaluation, or access to specialty medical services, the replacement facility must be located near a full-service hospital with an emergency department. Proximity also reduces transport time for individuals arriving under an Emergency Custody Order (ECO) or Temporary Detention Order (TDO), improving safety and operational efficiency.

## **Site Selection**

Representatives from DBHDS and the Department of General Services worked with a real estate broker to identify ten potential sites for construction and determined three sites to be the strongest and most suitable options. The proposed sites are listed in order of preference below.

### **Site 1 (P1): Willow Oaks Corporate Drive**

Willow Oaks Corporate Dr, Fairfax, VA 22031

- Owned by Inova; approximately 4.86 acres with zoning approval for a structure up to 258,000 square feet
- Located 0.7 miles from the existing NVMHI and from Inova Fairfax Hospital's emergency department
- Within walking distance of Metro, bus routes, and major roadways
- Strong alignment with site requirements based on transportation access and proximity to medical services

Considerations – The parcel's size will require a multi-story design and construction of a parking garage. Outdoor therapeutic space is limited and will need to be planned carefully within the site footprint. Despite these considerations, the combination of location, access, and adjacency to emergency medical care makes Willow Oaks the preferred option.

### **Site 2 (P2): Virginia State Police Property**

9801 Braddock Road, Fairfax VA 22032

- Approximately 3.7 acres currently used by the Virginia State Police Area 9 Office and Virginia National Guard
- Located 5.9 miles from the current NVMHI and 5.8 miles from Inova Fairfax Hospital
- Accessible via bus routes and major highways

Considerations – The acreage is smaller than ideal and the site is currently occupied by two state agencies, which would require relocation planning. While feasible, these constraints place it behind Site 1.

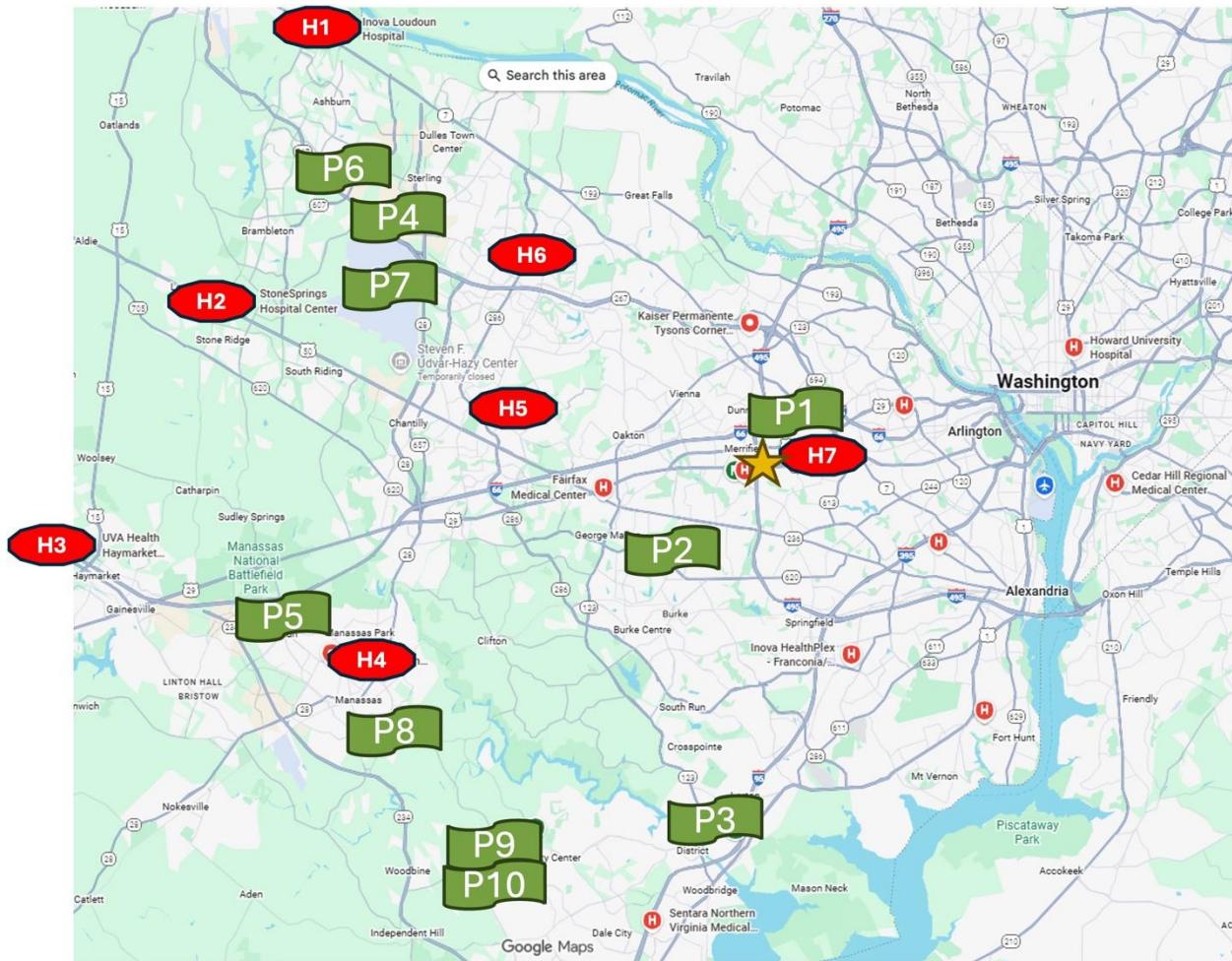
**Site 3 (P3): Lorton Gateway**  
10001 Furnace Road, Lorton, VA 22079

- Approximately 16.93 acres within Fairfax County
- Located 15.9 miles from the current NVMHI and Inova Fairfax
- Adequate acreage to support a modern hospital and parking needs

Considerations – Access to the site is primarily via interstate, with limited public transportation connections. The surrounding area remains underdeveloped, and the site's proximity to a former landfill presents additional concerns. For these reasons, it is considered a viable but less optimal option compared to Sites 1 and 2.

Figure 4, below, provides a map of all identified sites, with green banners indicating the proposed sites in numerical order and the red ovals showing nearby hospitals with emergency departments. Additional identified sites can be found in the appendix.

**Figure 4.** Potential Sites for NVMHI Construction



## Next Steps and Considerations

While the workgroup identified three preferred locations for a replacement Northern Virginia Mental Health Institute, selecting a site is only the first step in the larger planning process. The budget language establishing the workgroup did not authorize land acquisition, planning, or construction funding, and therefore none of the recommended parcels are guaranteed to remain available at the time the Commonwealth is ready to proceed.

If the General Assembly wishes to move forward with relocating NVMHI, a budget amendment will be required to authorize the purchase of property, followed by additional appropriations for planning, design, and construction. Any project of this scope must also comply with state real estate, procurement, and capital construction requirements, including site due diligence, environmental assessments, and coordination with the Department of General Services.

A key planning decision for the General Assembly will be determining the appropriate size of the replacement hospital. NVMHI currently operates 134 beds but routinely serves individuals from outside its primary Region 2 catchment area because of systemwide census pressures. Based on Northern Virginia's continued population growth, the volume of civil and forensic

admissions, and the reduced bed count at the new Central State Hospital, a replacement NVMHI should be designed at approximately 250 beds to stabilize the regional and statewide adult psychiatric system.

As noted in the earlier right-sizing discussion, the construction of a modern, appropriately sized NVMHI is also an opportunity to align Virginia's state hospital network with long-term system needs. Because the replacement of NVMHI is a significant capital investment, the General Assembly may wish to direct DBHDS to conduct a follow-up analysis of the 2019 Right-Sizing Plan. This analysis could examine multiple options including reductions or redistribution of beds across state hospitals and would not predetermine any outcome. Instead, it would provide the General Assembly with data-driven options for aligning the state hospital footprint with long-term needs, consistent with the General Assembly's previous right-sizing work.

Such a directive would allow the Commonwealth to approach the replacement of NVMHI in a coordinated manner, ensuring that the new facility supports both Northern Virginia's demand and the broader goals of maintaining a safe, modern, and sustainable state hospital system.

## **Appendix A – Workgroup Membership**

*Representatives of the following organizations participated in the workgroup:*

Department of Behavioral Health and Developmental Services (DBHDS)

Department of General Services (DGS)

Northern Virginia Mental Health Institute (NVMHI)

The Office of Delegate Mark Sickles

Virginia Association of Community Services Boards (VACSB)

Inova Health System

Virginia Hospital & Healthcare Association (VHHA)

Virginia Association of Counties (VACO)

## **Appendix B – Other Proposed Sites**

### **Site 4: Metro Property Loudoun County - 44441 Rail Operations Dr, Dulles, VA 20166**

The five-acre Metro property is located 22.8 miles west of the existing NVMHI site. The nearest full-service hospital and emergency room is Inova Loudon, which is 11 miles away. The site is easily accessible via Metro rail, with additional access via bus and I-495. Though the Loudon Metro Property is close to public transit and Inova Loudon, it is also very close to Dulles Airport and noise would likely be a significant issue if a hospital was built at this site.

### **Site 5: Virginia Department of Transportation - 8011 Mason King Ct, Manassas, VA 20109**

Site 5, located in Manassas, is 15.0 acres, with more acreage available if needed. The location is only 4.7 miles from UVA Health Emergency Department Prince William Medical Center, which is full-service. The site is 23.5 miles southwest of the current NVMHI location. Unfortunately, this site would only be accessible by highway despite the significant acreage and could potentially cause staffing issues due to the distance from the existing facility.

### **Site 6: Dulles Gateway Loudoun/Ashburn Metro Station - Moorefield Station, VA 20148**

The next Dulles-area site is 10.17 acres of residential land that is currently for sale. It is 24.2 miles west of NVMHI and 23.8 miles from Inova Loudon Hospital but is easily accessible using Metro rail. The site is also accessible by interstate and bus. However, there is limited exterior patient space at this location. A parking garage would need to be built and would increase the cost. The building may need to be more than two floors if this site is selected.

**Site 7: Dulles Airport Property - 1 Saarinen Cir, Sterling, VA 20166**

The third property in close proximity to Dulles is 15.00 acres, with additional space available if needed. The property sits 22.8 miles west of the existing NVMHI but is only 4.7 miles from HCA Reston Hospital Center. The site is accessible using Metro rail, bus, or I-495. While the space is adequate for the new facility and parking, this site also poses the same challenges as the first Dulles site where noise is concerned.

**Site 8: Manassas Hill Golf Center - 7800 Willow Pond Ct Manassas VA, 20111**

The former Manassas Hill Golf Center is 17.66 acres. This property is 24.6 miles south of NVMHI, but only 4.8 miles from UVA Health Emergency Department Prince William Medical Center. The site is accessible via Metro rail, bus, and I-495. The space available is adequate for the new facility and parking, but the site's distance from the existing NVMHI site would likely cause staffing issues.

**Site 9: Manassas Outlying South - Historic District, 5600 Cross Ln, Manassas, VA 20112**

Site 9, located in Manassas, is 39.0 acres. It is 23.4 miles southwest of NVMHI and 12.1 miles from UVA Health Emergency Department Prince William Medical Center. The property is accessible via Metro rail, bus, and I-495. While the property would provide adequate space for a new facility and parking, it is located in a wetlands area and is far enough away from the existing facility that it may cause staffing issues.

**Site 10: Prince William Police Department - 5214 Davis Ford Rd, Woodbridge, VA 22192**

The Prince William Police Department property is 19.2 acres and is 21.8 miles southwest of NVMHI. The Metro rail and bus accessible site is 11.6 miles from UVA Health Emergency Department Prince William Medical Center. The site is also accessible via I-495. Like several of the other identified potential sites, however, the distance from the existing facility could potentially cause staffing issues.