COMMONWEALTH of VIRGINIA

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August 3, 2026

To: The Honorable Abigail D. Spanberger, Governor of Virginia
The Honorable Louis L. Lucas, Chair, Senate Finance Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee

From: Daryl Washington, Commissioner, Department of Behavioral Health and Developmental Services

RE: Item 305 C, 2026 Special Session I, Appropriations Act

Pursuant to Item 305 C of the 2026 Special Session I 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:

> *C. 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 Chairs 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 305 C. DBHDS Staff are available should you wish to discuss this request.

CC: Cc: The Honorable Marvin B. Figueroa, Secretary of Health and Human Resources

DBHDS

Virginia Department of Behavioral Health and Developmental Services

Therapeutic Intervention & Discharge Planning at CSH, SVMHI

(Item 305 C, 2026 Special Session I, Appropriations Act)

August 1, 2026

DBHDS Vision: A Life of Possibilities for All Virginians

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Item 305 C - Therapeutic Intervention & Discharge Planning Report

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Executive Summary

State hospitals in Virginia have historically delivered full treatment services primarily during weekday business hours, creating service gaps during evenings, weekends, and holidays. After the 2014 implementation of the Bed of Last Resort law, admissions shifted to a 24/7 model without a corresponding expansion of resources for treatment and discharge services. This contributed to persistently high hospital census levels, which—in turn—contributed to increased staff vacancy and turnover rates, patient and staff safety concerns, prolonged wait times for individuals in crisis, and an increased burden on law enforcement.

Pursuant to a new budget authority, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) launched a pilot program in 2022 at Central State Hospital (CSH) and Southern Virginia Mental Health Institute (SVMHI) to establish seven-day-a-week treatment, evaluation, and discharge planning services. The pilot was supported by annual funding of $5,062,489 and authorization for 40 new positions.

Under the pilot program, both hospitals achieved significant improvements. CSH expanded competency restoration services, increased psychology involvement on admissions units, added forensic evaluation capacity, strengthened rehabilitation programming, and created a dedicated discharge planning team. These enhancements reduced delays, expanded weekend and evening treatment access, and improved patient flow, particularly for the forensic population. SVMHI increased weekend treatment offerings, introduced a psychiatric nurse practitioner working Tuesday–Saturday, and developed regional partnerships to support forensic diversion and community-based stabilization. Weekend patient engagement also increased by 35 percent following these enhancements.

Data from July 2025 through May 2026 (referenced as FY 2026 YTD data) further demonstrate the pilot's impact. CSH discharged 545 individuals with an average length of stay (LOS) of 165.8 days, and SVMHI discharged 312 individuals with an average LOS of 64.6 days, reflective of different patient populations and treatment needs. Despite these differences, both hospitals showed similar timelines for individuals ready for discharge, averaging 12 to 15 days between clinical readiness and community placement. Taken together, the results from both pilot hospitals demonstrate sustained improvement since the implementation of the pilot. **Between FY 2024 and FY 2026 YTD, the pilot hospitals increased the number of individuals discharged from 777 to 857, reduced the overall average LOS from 148.9 days to 129.0 days, and reduced the average time from clinical readiness for discharge to actual discharge from 17.5 days to 14.2 days**. These trends show the pilot has matured beyond implementation and is producing measurable improvements in treatment efficiency and patient flow. The data also indicates that while the pilot has strengthened hospital-based treatment and reduced internal delays, remaining LOS barriers are primarily linked to community housing, services, and supports.

Overall, the seven-day treatment model has improved access to assessments, competency restoration, active treatment, and discharge coordination outside traditional business hours. The pilot demonstrates clear value in strengthening patient flow and reducing treatment-related delays. Continued progress will depend on sustained investment not only in hospital-based

services, but also in community capacity, which will be increasingly critical to reducing overall lengths of stay and ensuring timely transitions to the least restrictive settings.

Item 305 C - Therapeutic Intervention & Discharge Planning Report

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 2014 passage of SB 260—known as the Bed of Last Resort law— Virginia's state hospitals began experiencing a significant increase in patient admissions during non-business hours. However, while admissions moved to a 24/7 model, resource allocations to support full active treatment and discharge planning did not mirror this change. The high state hospital bed census, which is consistently at or above 95 percent of beds, 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.

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 annual funding to add 17 new positions at SVMHI, and 23 new positions at CSH to transition to the full continuum of treatment. Since the pilot's implementation, both hospitals have seen significant improvements in their ability to provide active treatment, assessment, and evaluation during non-business hours. The pilot has supported decreases in the length of stay of patients, with a particularly significant impact on the forensic population. The facilities continue to make implementation adjustments to enhance efficiency.

Expansion of Programming and Services

Central State Hospital (CSH)

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. This is a substantial increase from prior to the pilot when less than half competency restoration admissions were assigned an individual provider within one week. The previous process of individual assignment to 1:1 by referral when an individual was not successful in a group setting led to a delay of weeks or even months before an individual accessed this enhanced service due to lack of staff capacity. 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.

- *Enhanced staffing of 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. Four additional pilot Nurse Practitioners were also assigned to admissions units, improving continuity of care and reducing reliance of on-call doctors for new admissions and medication starts.
- *Additional forensic evaluator*: Increases in forensic admissions had resulted in use of facilities previously utilized exclusively for civil patients for forensic services. However, specialized staffing capacity had not increased to match the needs of this growing population. As a result of the pilot, a full-time Forensic Evaluation Team (FET) position was added to several civil buildings, reducing delays in evaluation after treatment teams recommended readiness for discharge.
- *Rehabilitation services:* New staff (two Occupational Therapists, one Certified Occupational Therapy Assistant, and one Recreational Therapist) now provide expanded individual Occupational Therapy treatment planning and services and weekend coverage.
- *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 admissions projected to discharge within 30 days, as supported by the 30-day discharge pilot program. DBHDS reports annually to the General Assembly on the discharge pilot pursuant to Chapter 279 of the 2024 Virginia Acts of Assembly.

Southern Virginia Mental Health Institute (SVMHI)

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 Community Services Board (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's Office, Pittsylvania County Sheriff's Office, Danville Magistrate's Office, and Danville Public Defender's Office.

The partnership has continued to meet regularly with local stakeholders, including representatives from the court system, Commonwealth's Attorney's Office, CSB, jail, and DBHDS, to develop strategies that reduce unnecessary state hospital admissions and improve outcomes for justice-involved individuals with behavioral health needs.

Significant progress has been made in refining proposals for both a Mental Health Bond Program and enhanced behavioral health services within the Danville Jail. Planning discussions have focused on legal, operational, and clinical considerations, and partners are working toward presenting the finalized framework to the Danville District Court and Commonwealth's Attorney for formal support and implementation.

The proposed Mental Health Bond Program would establish a diversion pathway beginning at the magistrate level. Eligible defendants could be screened for behavioral health needs and, when appropriate, released on a mental health bond rather than remaining incarcerated. Individuals would then engage in CSB treatment services, with potential pretrial services supervision, creating a structured pathway for recovery while reducing unnecessary incarceration. Successful participation in treatment could provide an opportunity for charges to be dismissed in accordance with program requirements and judicial approval.

Planning has also advanced for enhanced behavioral health services within the Danville Jail. The proposal includes establishing processes to obtain judicial authorization for treatment of inmates who lack the capacity to consent, allowing clinically appropriate treatment to begin earlier in the incarceration period. Special justice hearings conducted within the jail would support treatment authorization, including medication over objection when legally appropriate. Earlier access to psychiatric treatment is expected to improve clinical stabilization, reduce the need for transfer to state psychiatric hospitals, and enhance participation in outpatient competency restoration programming for appropriate individuals.

Collectively, these initiatives are intended to strengthen the continuum of behavioral health services within the criminal justice system, reduce avoidable forensic admissions to state hospitals, improve timely access to treatment, and create more effective diversion opportunities for individuals with serious mental illness.

July 2025 through May 2026 Outcomes

Central State Hospital (CSH)

Data from July 2025 through May 2026, referenced as FY 2026 YTD data, continue to demonstrate the impact of expanded seven-day treatment, evaluation, and discharge planning services at Central State Hospital. During the reporting period, CSH discharged 545 individuals from non-maximum-security units with an average length of stay (LOS) of 165.8 days.

While Central State Hospital continues to serve individuals with longer treatment needs due to its larger forensic population and competency restoration mission, the hospital has continued to improve discharge efficiency. The average time between an individual being determined clinically ready for discharge and actual discharge was 15.0 days, representing continued improvement from the 21.8-day average observed in FY 2024, although slightly higher than the FY 2025 average of 13.9 days.

The pilot-funded positions continue to support earlier assessment, more timely competency restoration services, expanded psychology involvement on admissions units, enhanced rehabilitation programming, and dedicated discharge planning resources. Collectively, these enhancements have strengthened patient flow and improved the hospital's ability to move individuals through the treatment continuum more efficiently while maintaining care for a highly complex patient population.

Southern Virginia Mental Health Institute (SVMHI)

FY 2026 YTD results at Southern Virginia Mental Health Institute continue to demonstrate the benefits of enhanced treatment programming and discharge coordination available seven days per week. During the reporting period, SVMHI discharged 312 individuals with an average LOS of 64.6 days.

The average number of days between clinical readiness for discharge and actual discharge was 12.6 days, reflecting a substantial improvement from FY 2025 (22.8 days) and returning to performance levels more consistent with FY 2024 (10.0 days). This improvement suggests that enhanced discharge coordination and strengthened community partnerships have positively impacted patient transitions while maintaining efficient treatment progression.

The continued availability of weekend treatment programming, expanded group offerings, peer support services, recreational therapy, and enhanced discharge coordination remains an important contributor to patient engagement and overall treatment progress. Additionally, the ongoing collaboration with regional community partners to reduce unnecessary forensic admissions and improve diversion pathways continues to support broader system capacity goals.

Combined Pilot Outcomes

Across both pilot hospitals, FY 2026 YTD data reflect 857 discharged individuals with an average length of stay (LOS) of 129.0 days. The average time from clinical readiness for discharge to actual discharge was 14.2 days.

These results demonstrate the continued value of maintaining a full continuum of treatment beyond traditional business hours. Expanded access to assessment, competency restoration services, treatment planning, rehabilitation services, and discharge coordination has strengthened patient flow and supported more efficient movement through the state hospital system.

Taken together, the results from both pilot hospitals demonstrate sustained improvement since the implementation of the pilot. Between FY 2024 and FY 2026 YTD, the pilot hospitals increased the number of individuals discharged from 777 to 857, reduced the overall average

LOS from 148.9 days to 129.0 days, and reduced the average time from clinical readiness for discharge to actual discharge from 17.5 days to 14.2 days. These trends indicate that the pilot has matured beyond implementation and is producing measurable improvements in treatment efficiency and patient flow.

Several important findings emerge from the FY 2026 YTD data. First, Central State Hospital's average LOS (165.8 days) remains substantially higher than Southern Virginia Mental Health Institute's average LOS (64.6 days). This difference is expected given Central State Hospital's larger forensic population and competency restoration focus, which inherently require longer treatment durations and court-related processes.

Second, despite the substantial difference in overall LOS, both hospitals demonstrated remarkably similar performance once an individual was determined clinically ready for discharge. The average time from clinical readiness for discharge to actual discharge was 15.0 days at Central State Hospital and 12.6 days at Southern Virginia Mental Health Institute. This finding suggests that while the hospitals serve different patient populations and treatment missions, both encounter similar challenges related to community discharge capacity, including housing availability, transportation, benefits activation, and access to specialized behavioral health services.

Third, across both pilot hospitals, discharged individuals spent an average of 14.2 days awaiting discharge after being determined clinically ready for discharge. This represents approximately 11 percent of the total average LOS. While the pilot has continued to improve the hospitals' ability to assess, treat, restore competency, and prepare individuals for discharge, this finding demonstrates that a meaningful portion of hospitalization remains attributable to factors outside of the hospitals' control.

Overall, the data demonstrate that the pilot has successfully strengthened treatment, assessment, competency restoration, and discharge planning throughout evenings, weekends, and other non-traditional business hours. As hospital-based treatment processes continue to improve, future reductions in overall LOS will increasingly depend on expanding community-based housing, discharge resources, and specialized behavioral health supports. Continued investment in both seven-day hospital operations and community capacity will be essential to sustaining improvements in patient flow and ensuring timely transitions to the least restrictive settings.

Conclusion

The pilot-funded positions at CSH and SVMHI continue to demonstrate measurable value by expanding active treatment, evaluation, competency restoration, and discharge planning services across evenings, weekends, and non-traditional business hours. FY 2026 YTD results show continued progress in supporting patient flow, reducing treatment-related delays, and increasing access to services throughout the hospitalization process.

While hospitals have improved their ability to evaluate, treat, and prepare individuals for discharge, discharge-related delays remain influenced by the availability of community-based services and supports. Continued investment in both hospital-based treatment capacity and community discharge resources will be essential to sustaining improvements in access to care,

reducing unnecessary lengths of stay, and ensuring that individuals receive treatment in the most appropriate and least restrictive setting possible.