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- You must sign up and receive a number if you want to give verbal public comment.
- Written public comment is always accepted



Hiram Davis Medical Center

State and Community Consensus and Planning Team





Starting the Process for Closure

Ensuring Safe Patient Discharges and Successful Staff Transitions



Since opening in 1975, major building renovations have not been possible:

1. HDMC's design does not allow for phased renovations – patients and staff must vacate for up to 24 months for any major repairs.
2. Extensive renovations will trigger new code requirements for recertification.

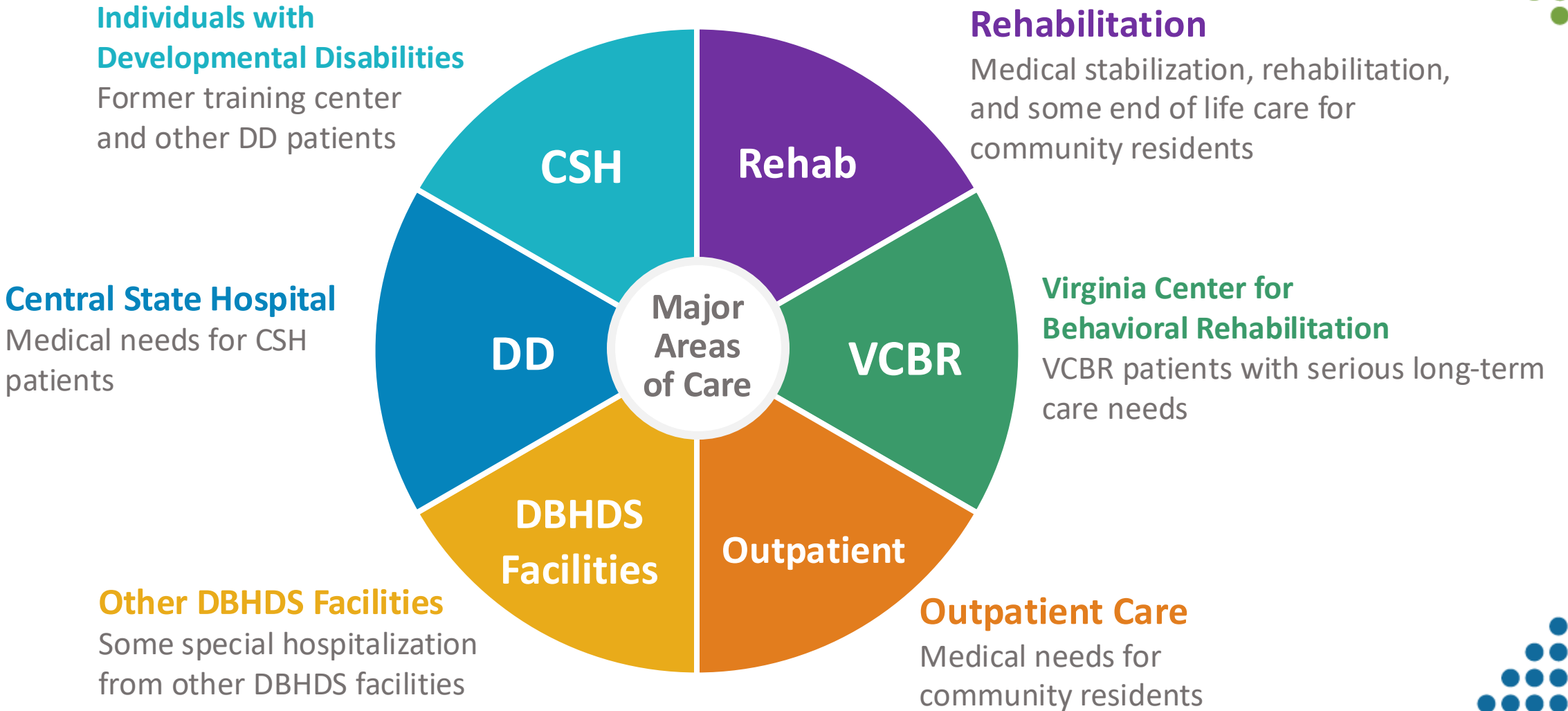


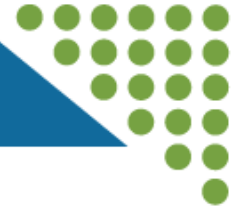
- Legionella detection with unsuccessful resolution since 2021
- HVAC system is well beyond its predicted useful life
- Plumbing system is in an advanced stage of deterioration
- A sewage spillage from a ceiling waste pipe failure
- Bathrooms do not comply with standards
- Elevators are well beyond useful life
- Electrical system is at the end of its useful life and no longer code compliant



Legionella found in water at Virginia medical facility that handles vulnerable patients

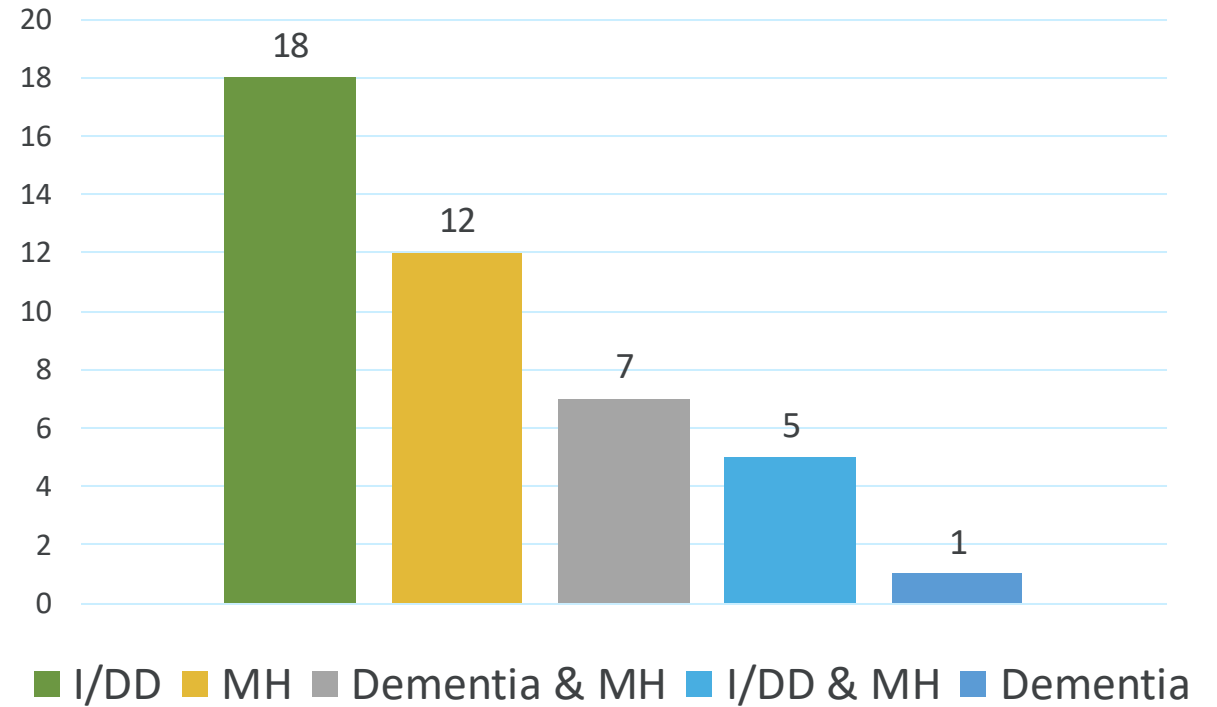




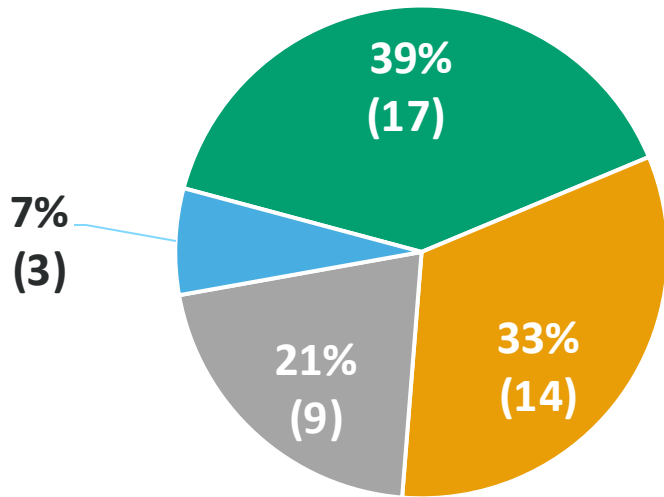


Current Census	43
Current Occupancy	46%
Average Annual Admissions	
FY 2023	43
FY 2024	31

Diagnosis

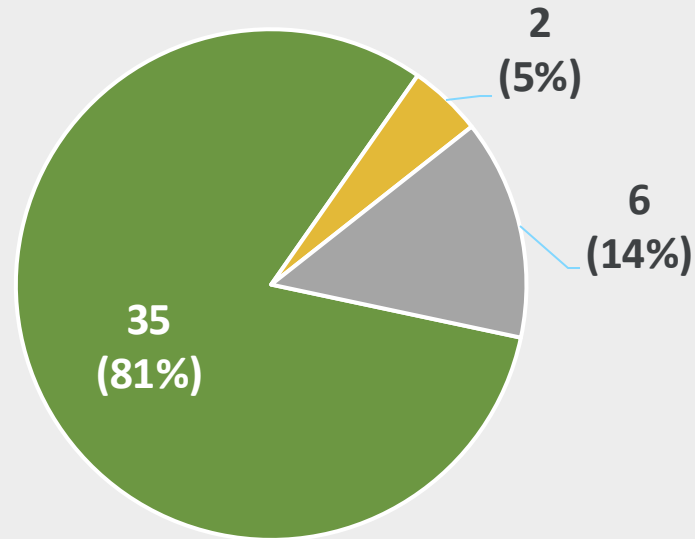


Original Patient Setting



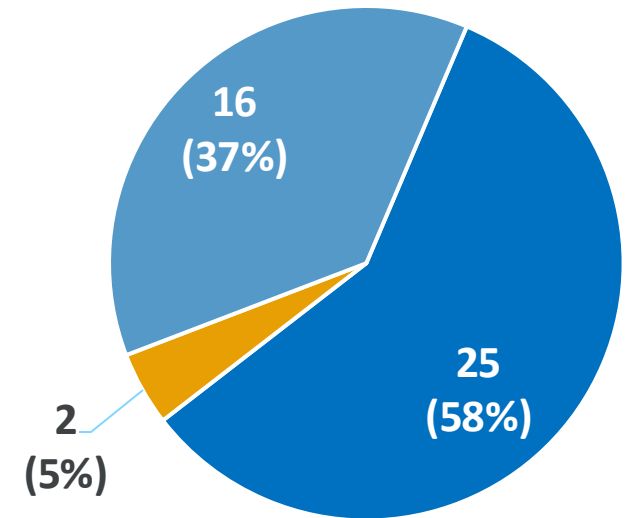
- State Hospital
- Training Center
- Community
- Virginia Center for Behavioral Rehabilitation

Type of Stay

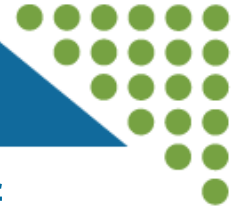


- Permanent
- Special Hospitalization
- Medical Stabilization (from Community)

Beds by Care Level



- Skilled
- General Medical
- LTC Nursing



Starting the process to make plans for safe patient transfers and successful staff transitions for the gradual and careful closure of HDMC by December 2027



1. Planning Team

- Identify required stakeholders
- Hold meetings needed to reach consensus on a comprehensive plan
- Follow required steps to seek plan review and approval



2. Patient Transfers

- Ensure timeline is met
- Close admissions
- Work with individuals and families/authorized representatives to identify placements for 43 patients
- Prepare for the careful transition of patients to new homes
- Use contracts to support community providers



3. Staff Transitions

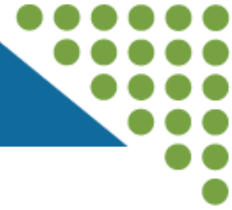
- DBHDS anticipates staff attrition but will also move some departments to Central State, and transition staff to other DBHDS locations
- Layoffs will be minimized
- Bonuses offered to ensure care for remaining patients as HDMC downsizes





Types of options currently available
for individuals and families
to choose from for placements





Southeastern Virginia Training Center (SEVTC)

Southeastern Virginia Training Center (SEVTC)

State operated intermediate care facility for individuals with I/DD.

Private Intermediate Care Facility for People with I/DD (ICF/IID)

Residential facility with active treatment, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health/rehabilitative services.

Sponsored Residential Home

Family home that supports 1-2 individuals but has a contractual agreement with a licensed provider agency who provides oversight and administrative services. Some support complex medical support needs.

Group Home

Home providing 24-hour supervision and support to 3 or more people. Homes may employ specialized staff or utilize the individuals' Medicaid waiver to secure skilled or private duty nursing services and behavioral health and other support.



Residential placement options for individuals with a serious mental illness, dementia, or other neurocognitive disorder:

- Some patients may need services in a private facility or specialized mental health group home that provides medical support.
- DBHDS contracts with:
 - Agencies operating specialized group homes and memory care facilities with programs to provide residential services to individuals with these diagnoses.
 - Agency to provide behavioral support for individuals living in private nursing facilities who engage in maladaptive or challenging behaviors.



Special Hospitalization options for individuals from state behavioral health hospitals, training center, and rehabilitation center:

- DBHDS will identify alternative placements for state facility patients who would otherwise be admitted to HDMC.
- Community options available for stabilization and rehabilitation to support these populations.
- Additional strategies will be developed to ensure residents from the Virginia Center for Behavioral Rehabilitation have appropriate support options.



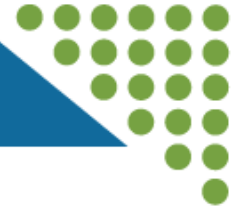
- Laboratory
- Radiology
- Therapy (physical, occupational, speech, recreational)
- Dental services
- Podiatry
- Internal medicine
- General surgery
- GYN
- Pharmacy
- End of Life care

Rehabilitation

Medical stabilization, rehabilitation, and some end of life care for community residents

Outpatient Care

Medical needs for community residents



Staff Options



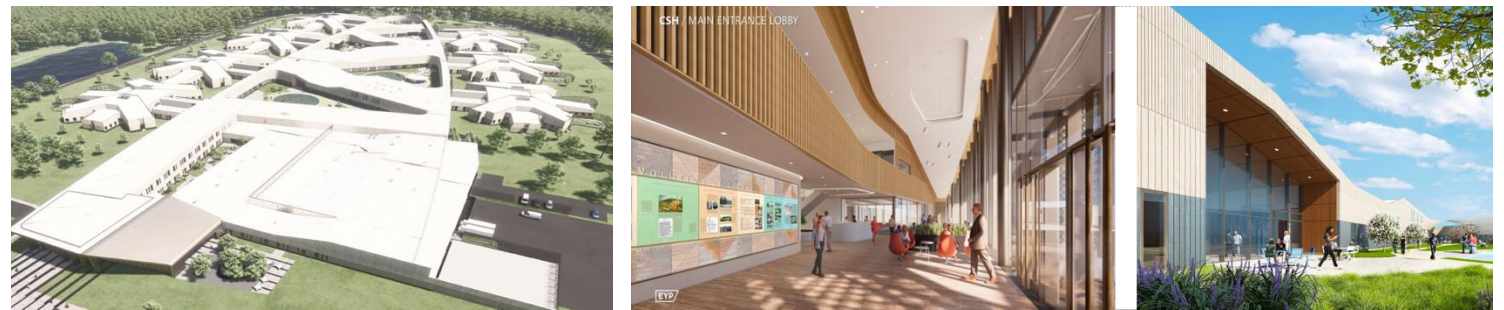


HDMC Classified Staffing (9/1/2024)	Filled	Vacant
Administrative Staff	25	11%
Clinical Staff	21	7%
Therapy	7	0%
Healthcare Compliance Specialists	4	20%
Direct Service Associates	58	17%
LPN	24	25%
Nursing	25	14%
Totals	164	16%

- As of 9/1/2024, there were 164 full time staff and 16% vacancy.
- Some departments will move to the new Central State
- Placement opportunities at DBHDS facilities
- Retirement eligibility
- Limiting layoffs
- Retention bonuses
- Attrition

HDMC Departments Planned to Move to CSH	Full-time	Wage
Dental	5	
Pharmacy	14	
Laboratory	5	2
Radiology	2	
Physical Therapy	3	
Other Therapies	2	1
Total	31	3

Note: These are whole departments planned to move, many employees may move through attrition






*State and Community
Consensus and
Planning Team Process*



§ 37.2-316 ensures community stakeholders, families, consumers, legislators, government officials, CSBs, providers and other have an opportunity to develop a plan to ensure the continuity of HDMC's care and services in alternate settings.

Virginia Code requires DBHDS to establish a planning team when any restructuring involves an existing state hospital.

- Ensures comprehensive input.
 - Requires community education, implementation of community services, staffing transition strategies, and discharge plans.
 - Ensures consideration for sustainability, funding, and resolution of concerns related to the closure of the hospital.
 - Requires plans to be provided to the Governor and the JCHC to review and make recommendations.
 - Final approval from the Governor and General Assembly.
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Code Required State and Community Consensus and Planning Team § 37.2-316

DBHDS staff
 local government officials
 individuals receiving services
 family members

advocates
 state hospital employees
 CSBs
 private providers

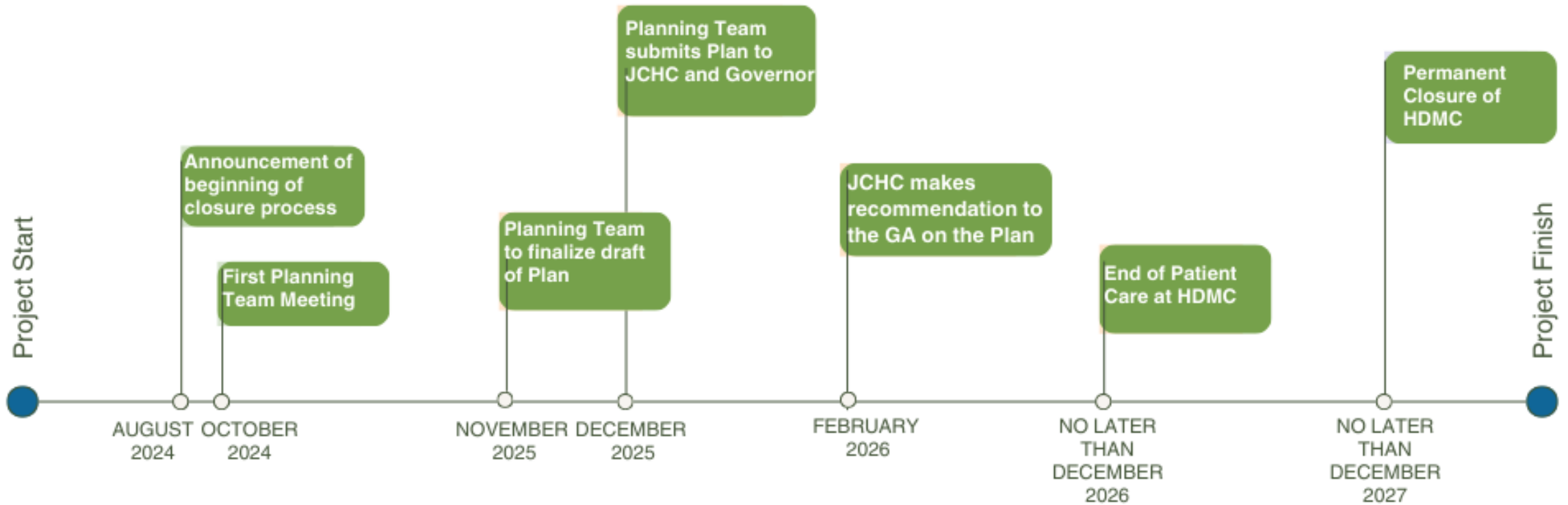
private hospitals
 local health department
 local DSS
 local Sheriff's office

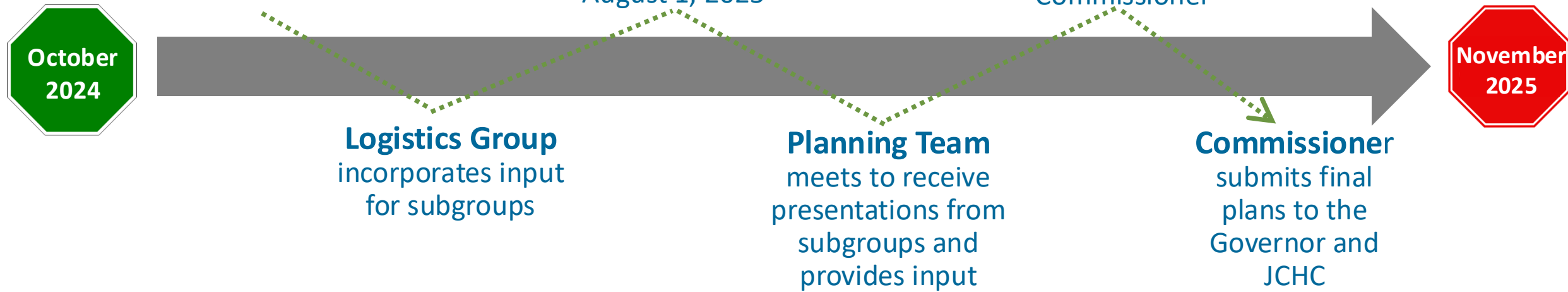
area agencies on aging
 local GA members
 others interested

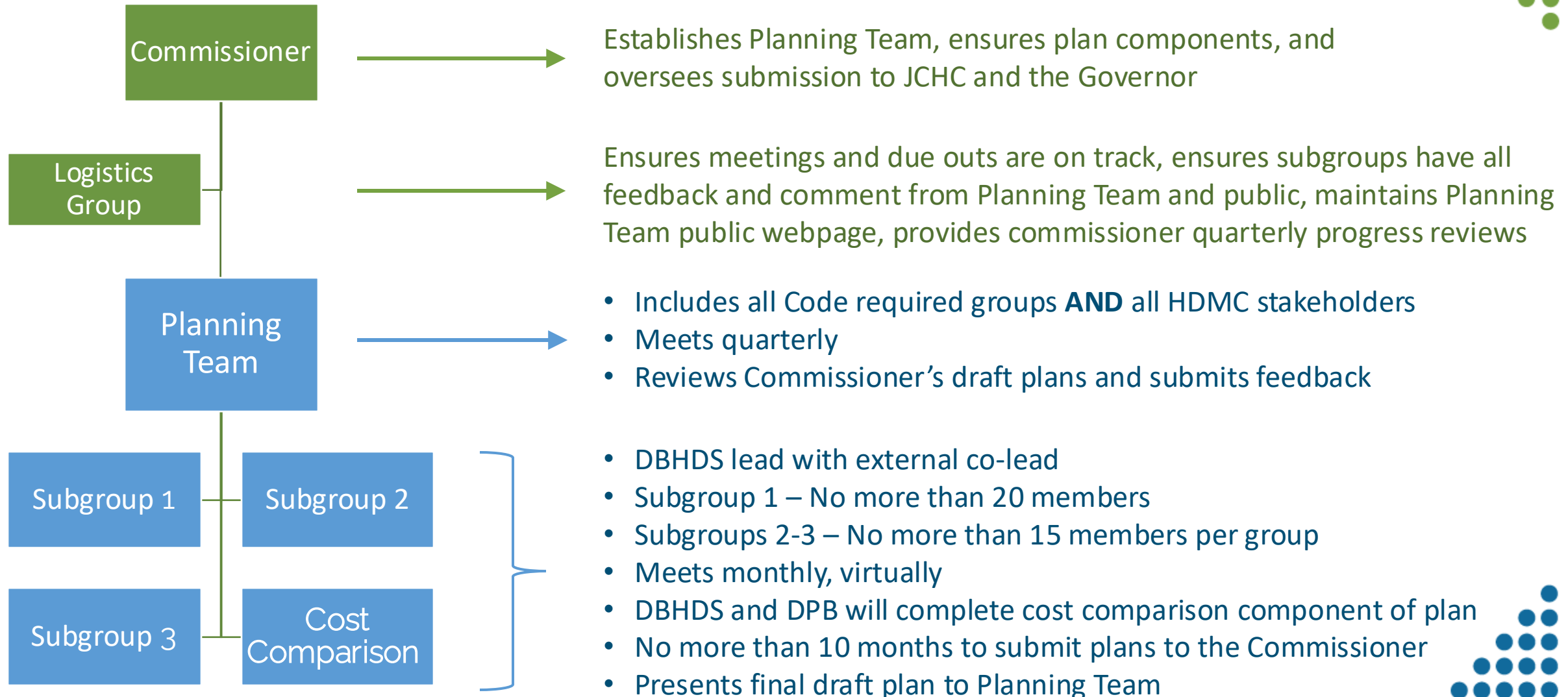
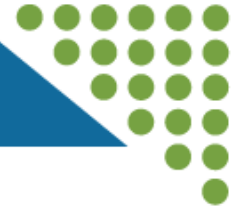
Required Plan Components

Community education	Implementation of required community services	Development, funding, and implementation of individualized discharge plans
Availability of adequate staff in the affected communities	Provision for suspending plan if total GF appropriated to DBHDS for SH and community services decrease in any year of plan implementation by more than 10% from the year the plan was approved by the General Assembly	









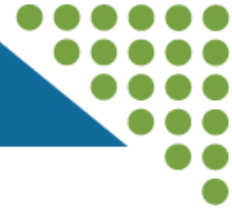
1. Identifying Services Needed for Closure, Building Community Infrastructure and Creating and Enhancing Community Services

- Types, amounts, and locations of new and expanded community services needed to successfully implement the facility closure, including a six-year projection of the need for inpatient beds and community services
- Development of a detailed implementation plan designed to build community services infrastructure for current and future capacity needs
- Creation of new and enhanced community services prior to facility closure

Co-Leads:

Susan Alabanza (HDMC), Susan Moon (DBHDS), Eric Williams (DBHDS), Amy Loving (Chesterfield CSB)





2. **Supporting Patients** – Transition of individuals receiving services in the state facility to services in the locality of their residence prior to admission or the locality of their choice after discharge.

Co-Leads:	Heather Rupe (DBHDS) Nichole Russell (HDMC)
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3. **Supporting Staff** – Resolution of issues relating to the restructuring implementation process, including employment issues for state employee transition planning and appropriate transitional benefits.

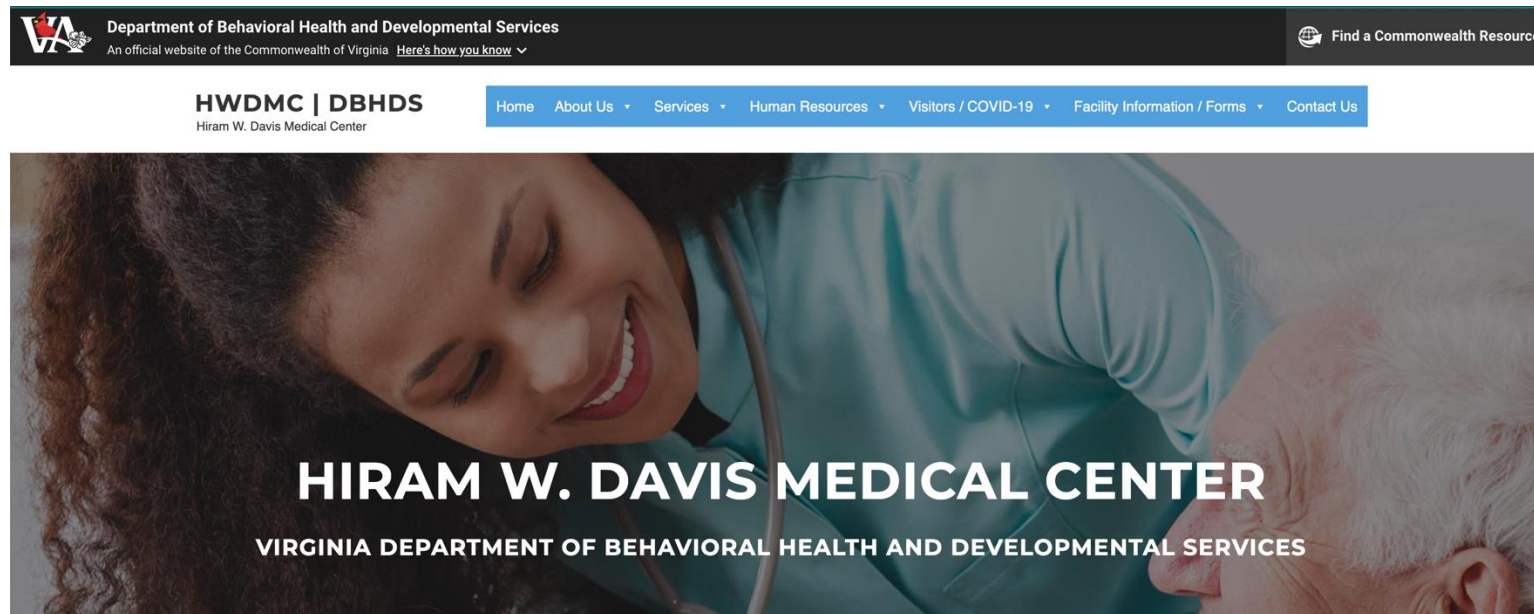
Co-Leads:	Kassi Cibulka (DBHDS) Tracy Salisbury (DBHDS) Dr. Jarvis Griffin (HDMC) Stacy Pendleton (DHRM)
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In addition to the reports prepared by the subcommittees, DBHDS Finance and the Department of Planning and Budget will prepare a six-year projection comparing the cost of the current structure and the proposed structure.



- Find more information at dbhds.virginia.gov/facilities/hwdmc/hwdmc-planning-team
- This page will be updated regularly with meeting information for the planning team and subcommittees
- Submit public comment at any time or submit interest in participating on a subcommittee at: hdmcplanningteam@dbhds.virginia.gov





PUBLIC
COMMENT

- To provide comment, you must have signed up and received a number at the beginning of the meeting
 - We will hear as many people as we can until the meeting ends at 5 p.m.
 - When their number is called, people providing comment should line up up at the microphone
 - 2 minutes max for public comment
 - Written comment can be submitted today or via email at: hdmcpplanningteam@dbhds.virginia.gov
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