Public Comment
September 5th-19th, 2025

Following the final Planning Team meeting in Petersburg on September 5, 2025, DBHDS shared the draft plan on the HDMC website and offered a two-week public comment period. Below are the comments received during that time:

September 5, 2025

https://dbhds.virginia.gov/facilities/hwdmc/wp-content/uploads/sites/6/2025/09/2025.09.04-HDMC-DRAFT-Closure-Plan-Presentation.pdf

Good afternoon everyone,

Safety concerns about the slides from September 4 mtg at Petersburg library about Hiram Davis proposed closure.

1. Inadequate shared bedroom space including beds 4ft apart and lack of space for respiratory supplies and daily care per person.
Hiram Davis medical center beds are 6ft apart safety for 2 wheelchairs in use at the same time. Taylor Bryant has a roommate diagonally across with 10ft apart respiratory droplets separation. Son has custom wheelchair including custom armrests. He uses a large ARJO lift, not a ceiling mount Lyft.
Shower trolley requires turn radius also.

2. Infection control space including droplet zone separation. COVID CDC guidelines 6ft Occupants are not expected to wear masks.

3. Presentation omits measurements.
Fall risk location in the shower room water zone pathway to the toilet. Known pattern of fall in bathrooms.

4. No therapy spaces and equipment storage.
No walk oxygen in therapy or other living areas than the bedroom.

5. No staff break room. I see lockers and a staff bathroom

6. No sight line from nursing station to bedrooms. Sight line to living room unclear if solid door.

7. Window one per bedroom to match other houses. Limited natural light. Son currently has 3 bedroom window.

8. Limited front porch with railings.
Hiram Davis has a covered canopy and benches. Outdoor space planned .

9. Medical and pantry storage documents as a single room.

10. Statement about continuity and closer to home care. This is totally disruptive and far from homes. Parents in public comment live in
Amherst, Lynchburg and Goochland.
A brother in family council is from Richmond.
Another family is from Northern Neck

11. Statewide safety net serves as far as 8hr.

12. Off site services with excessive time for star lab run at a hospital and expected results in 4 hours. Does not meet 1hour Sepsis guidelines, not comparable to onsite lab services at Hiram Davis
Routine labs may be sent to Burlington NC for delayed results days later.

13. Quality reporting non-specific
What qualifies as rapid response?
Mortality missing
Severity scoring or raw numbers?
No sentinel event

14. DME purchase and supplies unclear how
Person centered and reimbursement caps

15. Off site services, how delayed are the
new appointments and accepting new.
Medicaid and Medicare recipients

16. Contracts for multiple services now onsite

17. $ 4.5 construction costs, Appropriations
$3

18. Non emergency ambulance transportation
Hiram Davis uses H2H including oxygen and stay onsite at appointment..

19. Revenue source, increase in Medicare and Medicaid base rate annually.
Why is Hiram Davis not billing all services rendered for CSH outpatient cost codes?

20. No connection between the cottages.

21. Cook chill tetherm? Included in protective space?

22. How are medications and supplies delivered to retain licensed nursing in cottage 24/7? There is no operation and staffing plan?
What is redundancy staffing plan?

23. Assuming about MH psychiatric hospital adding new services not allowed in license such as PICC IV, tracheostomy and wound care?

24. Lack of clarity and financial accountability for start up funding one time and ongoing?
Per person acuity scoring? Capitated?

25. Son has environmental allergies and uses fragrance free products including laundry detergent and hygiene products.
Sharing close space has led to allergic reactive airway. No aerosols.

26. VCU and Bon Secours Southside specialists are his medical home.

SEVTC uses 2 hospital systems, Chesapeake General and Sentara. This would totally disrupt his care and electronic health records.
Hiram Davis uses Cerner electronic record.
What does SEVTC use?
Is it compatible with the two hospitals?
How many health information professionals are onsite?

27. Son requires multiple generator power outlets. How many outlets per bed are proposed at SEVTC?

I looked at the Sheltering Arms room graphic better space, light, visitation in bedroom with full ADA bathroom and shower all private rooms. VCU affiliated.

Oxygen consumption rates vary by size of tank and liter flow rate. Tanks are less safe than wall and require refills. My son uses 5 liters per minute. A transport tank lasts about an hour and the EMT must have backup.
Son takes rolling E tank from the facility to an appointment with an assigned nurse and a portable suction machine and tracheostomy travel bag.

I have no current mapping for DBHDS operated skilled nursing facility care for ID. I understand the state MH psychiatric facility map..
I don't know an updated crisis service map.
Does SEVTC have an onsite crisis center staff
and therapeutic space? Regional response?

Has DMAS approved new rates for discharge to contract community providers for ID , Psychiatric, dementia and VCBR discharges?
Is there an ongoing staffing ratio support onsite? Hiram Davis has onsite security cameras, rounding, and behavioral health staff including 1:1 assignments.

How does SEVTC Chesapeake provide end of life care onsite?

I disagree with the plan to close Hiram Davis by December 2026.

I support the less than $1 million cost for the study of rebuilding the Same services as currently available on the shared CSH.

I'm happy to discuss solutions.
I have participated in 28 meetings and have made many documents submitted.

The current draft proposal doesn't meet my son's needs for safety. I will not consent to unsafe environments.

Thanks,
Martha Bryant, mother and guardian
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Emotions run high as state nears deadline for recommended closure of Dinwiddie hospital

The state Department of Behavioral Health & Developmental Services has until Nov. 1 to officially recommend closure of Hiram W. Davis Medical Center.

Check out this story on progress-index.com: https://www.progress-index.com/story/news/2025/09/05/families-of-patients-at-hiram-w-davis-medical-center-plead-to-keep-it/85979655007/

Good afternoon everyone,
Please include this in the public comment and archive.

Thanks,
Martha Bryant
Amherst
434-851-4933
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September 9, 2025

Residency: Hiram Davis Medical Center, Virginia
First let me start out by saying I strongly support new construction or extending operations at Hiram Davis in Petersburg!!!!!
Brian is a 48-year-old Male that was born prematurely spending three months in MCV /VCU prenatal unit having a brain hemorrhage when he was two weeks old. Brian suffered significant Brain Damage at birth and is severely and profoundly disabled. He is Blind, Nonverbal, Non-ambulatory, Epileptic and a severe Spastic Quadriplegic with significant muscle wasting in his lower extremities. Brian is fed with a G-Tube. Over the past several years Brian has been hospitalized and treated for a range of disorders including surgery for Hydrocele, Oxygen depredation, G Tube complications and constipation among others. Brian's current adaptive assessment measurement is 3 months old. Brian clearly needs Skilled Nursing and remains

dependent on others for his medical, personal and daily care. He has a shattered fractured femur and has to be placed in wheelchair by PT only with a brace on his leg.
Brian has recently been treated for an obstructed bowel blockage as well as UTI and was in General Medical for 18 days for recovery at Hiram Davis. While there he was able to get labs, x-rays, EKG, rectal tubing, and IV. Ratio for nursing 4 to one in General Medical. This kept him from having to be transported numerous times for tests and avoided having to go out to the hospital. Also, he was able to see the GI doctor at Hiram Doctor. This was a huge cost savings. Specialists come in monthly and are available when needed. Hiram Davis provides in house dental care, PT, OT, pharmacy, dietitian, speech, oxygen availability and recreation. Doctors are available Monday thru Friday and one on call on weekends 24/7plus two Nurse Practitioners. Contract with vascular specialists. Superior ratio and expertise not available in community. Brian has NEVER needed wound care in 36 years which makes a statement in his care.

Brian has received and requires intensive, comprehensive, individualized programs of active, and precise nursing treatment and care that is designed by an interdisciplinary team of qualified professionals that are trained to provide for Skilled Nursing Care for clients such as presently being provided for him at Hiram Davis. His mother is legal guardian and visits Brian regularly and confident that Brian's complicated personal and medical needs are being addressed and met at Hiram Davis. His father deceased on February 17, 2024.
Brian has had to move from St. Mary's Infant Home to Southside Training Center, from Southside Training Center to Central Virginia Training Center, from Central Virginia Training Center to Hiram Davis Medical Center because of closures. It is time that the fragile clients stay at Hiram Davis where the necessary services are provided. Hiram Davis is proximity to home for visiting and responding to appointments and meetings.
These are lives we are talking about!!!!
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