



**EXPANDING ACCESS AND IMPACT**

# A Partnership Approach to Youth Crisis Care at St. Joseph's Villa



ST. JOSEPH'S VILLA



# WHO WE ARE



- Founded in 1834, St. Joseph's Villa is the longest-serving children's nonprofit in the country.
- We serve families experiencing homelessness, mental and behavioral health challenges, and specialized education needs.
- Staff bring expertise from many fields to address each individual's unique needs, and provide the tools for long-term independence, stability and success.
- Our integrated programs impact more than 3,000 lives each year.

# VILLA SNAPSHOT

- 82-acre campus
- 19 buildings + field office in Petersburg
- 300+ staff
- \$27 million budget





# OUR PROGRAMS

## MENTAL & BEHAVIORAL HEALTH

- Youth Crisis Services
- Community-Based Services
- Day Support Services

## HOUSING & HOMELESSNESS

- Crater Area CoC
- Greater Richmond CoC
- Hollybrook Apartments

## EDUCATION

- Villa Education Center
- Alternative Education
- Career and Transition Services
- School-based Therapeutic Day Treatment
- Community Training

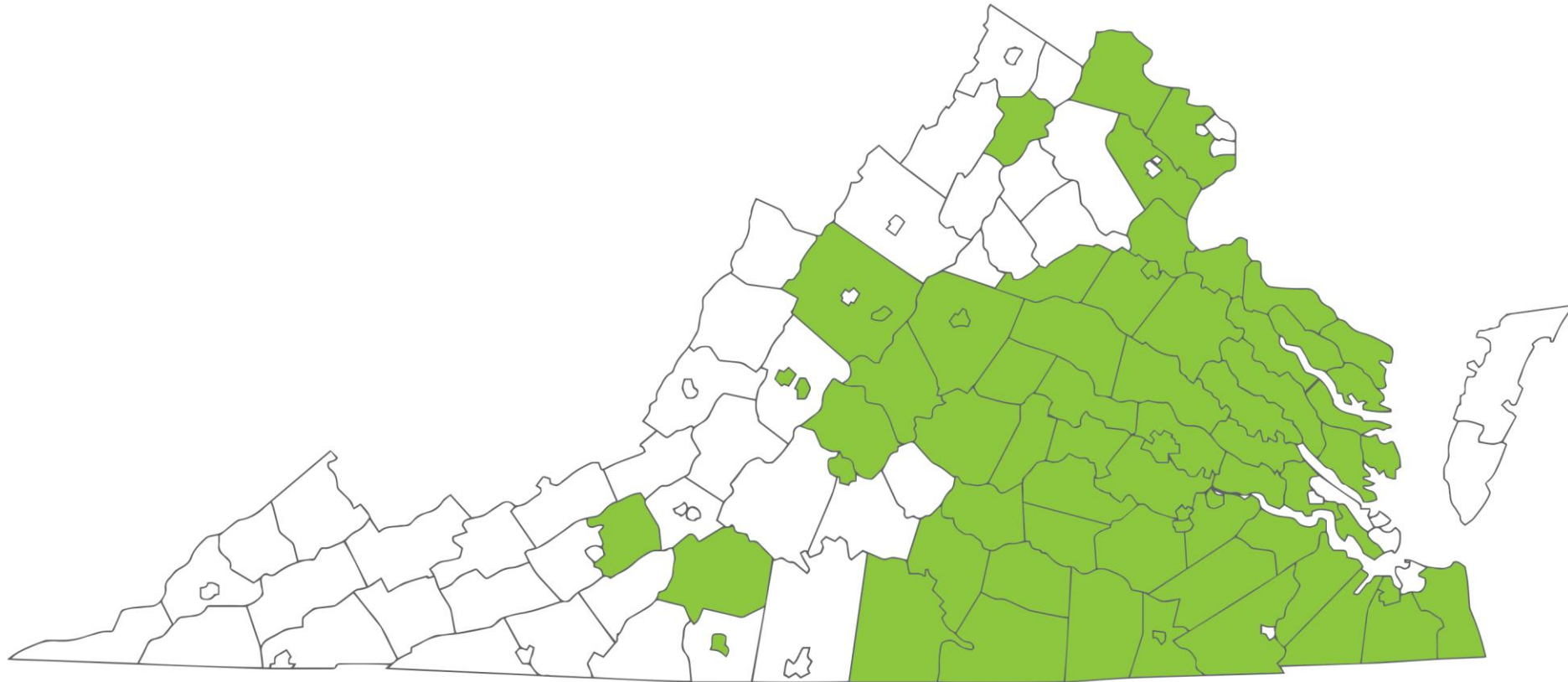


# THE VILLA EDUCATION CENTER



- Our new building opened in 2022 as part of a \$30 million campaign.
- Designed to serve as a replicable model for all public schools to promote clinical-level outcomes in an education setting for even the most challenging students.
- Data-driven programming promotes social and life skills through community-based instruction.
- Our primary goal is to equip students with the skills they need to successfully transition back to their neighborhood public schools.

# OUR IMPACT



The Villa reaches **68 localities** throughout Virginia.



# CRISIS RECEIVING CENTER (CRC)

*A specialized emergency room alternative in partnership with Henrico County and Region 4:*

- Currently a pilot as the first youth CRC in the state.
- Provides rapid assessments, evaluations, crisis stabilization services, nursing and psychiatry in a purpose-designed, hospital-quality, ligature-free setting.
- All individuals discharged within 23 hours.



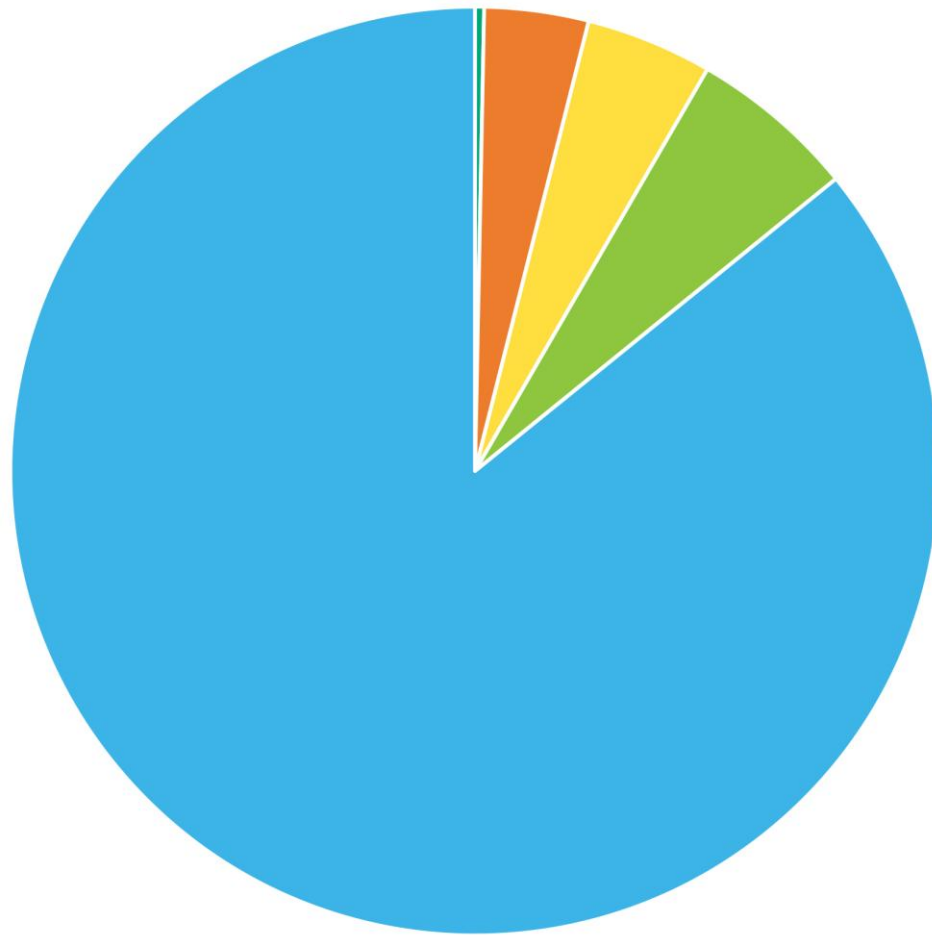
# CRISIS RECEIVING CENTER (CRC)

- **The transition of care is a collaborative process.** Staff actively connect youth and families to appropriate community-based services for follow-up care.
- We ensure a **warm handoff** by scheduling appointments, communicating directly with service providers, and tailoring referrals based on the individual's and family's specific needs and location.
- All youth leave with a Safety Plan, linkages to their local CSB, and individualized referrals that may include outpatient counseling, therapy centers, Villa in-home services, or the Villa's Crisis Stabilization Unit.



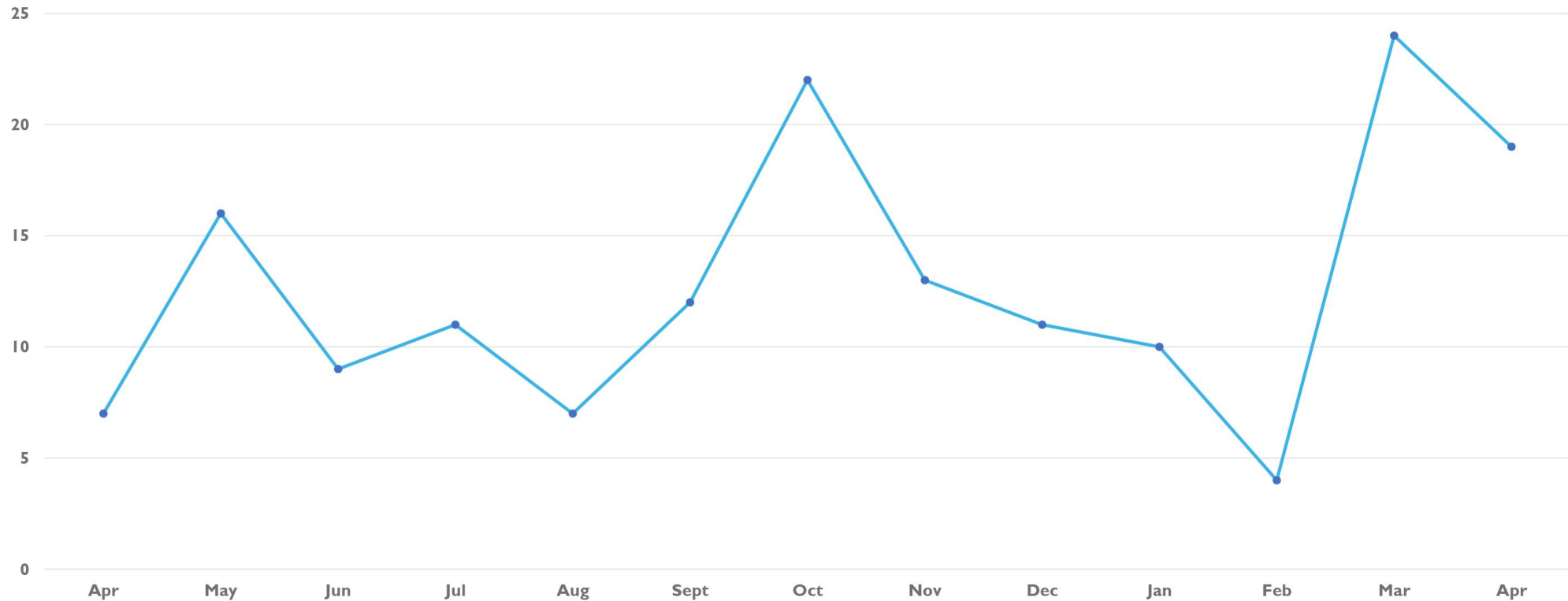
# FY26 CRC BUDGET

## Total Expenditures: \$1,654,877



- DBHDS through Henrico County – \$1,420,497 (85.8%)
- Henrico County – \$96,315 (5.8%)
- Medicaid – \$72,869 (4.4%)
- Private philanthropy – \$60,000 (3.7%)
- Clinical assessment fees – \$5,196 (0.3%)

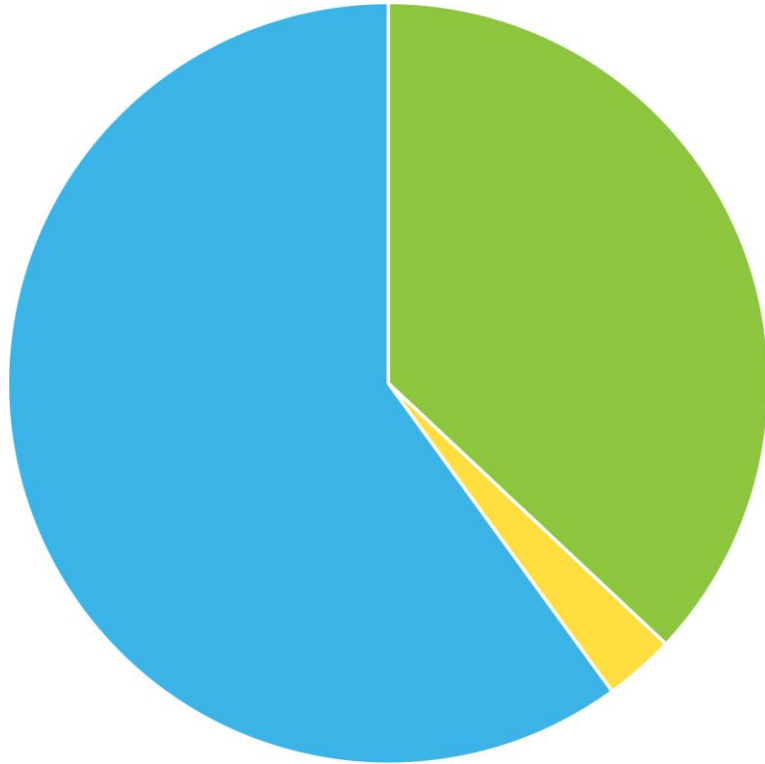
# CRC UTILIZATION



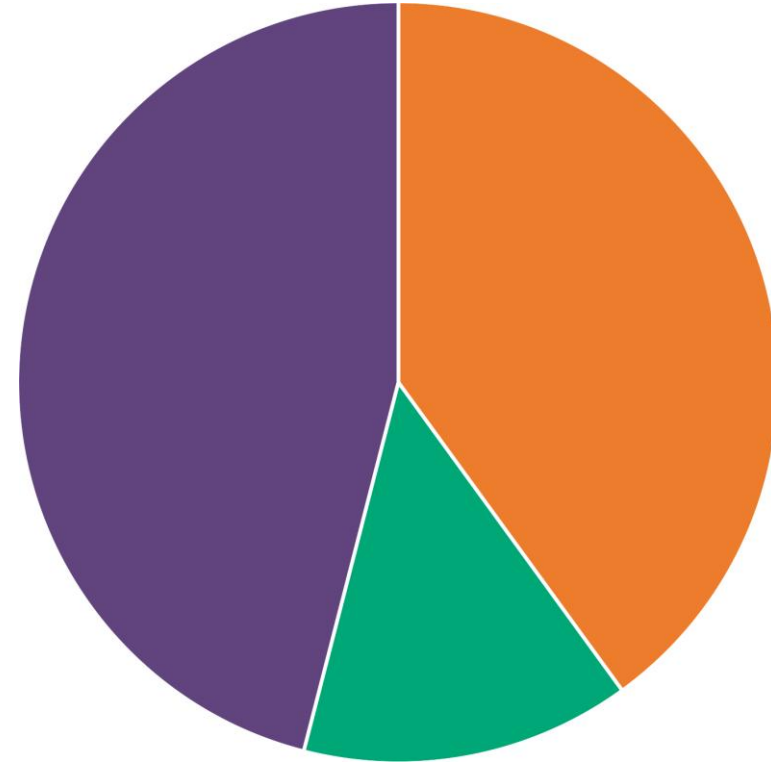
**165 youth** served, April 2024-April 2025



# CRC DEMOGRAPHICS

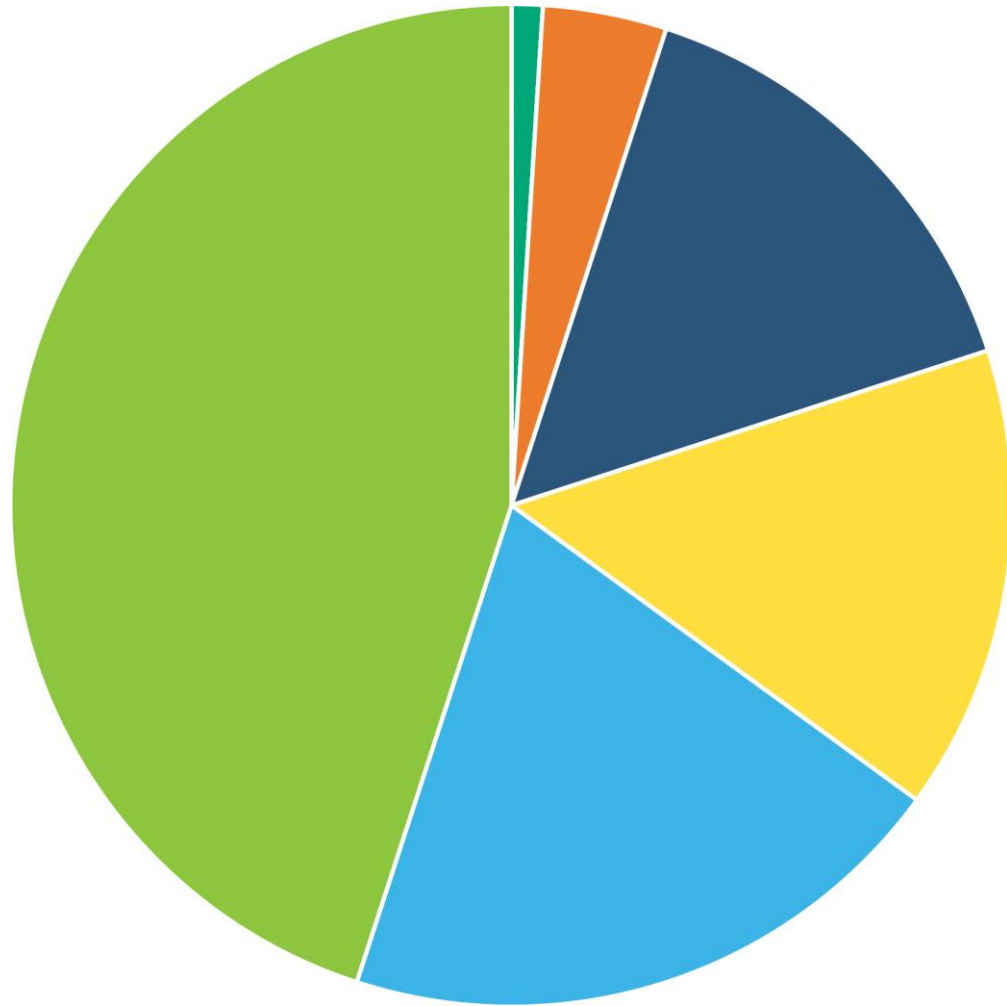


- **Female – 60%**
- **Male – 37%**
- **Transgender – 3%**



- **Ages 14-17 – 46%**
- **Ages 11-13 – 40%**
- **Ages 7-10 – 14%**

# CRC REFERRAL SOURCES



- Henrico County – 45%
- Richmond City – 20%
- Chesterfield County – 15%
- Hanover County – 15%
- Greater Reach (formerly District 19) – 4%
- Goochland/Powhatan Counties – 1%

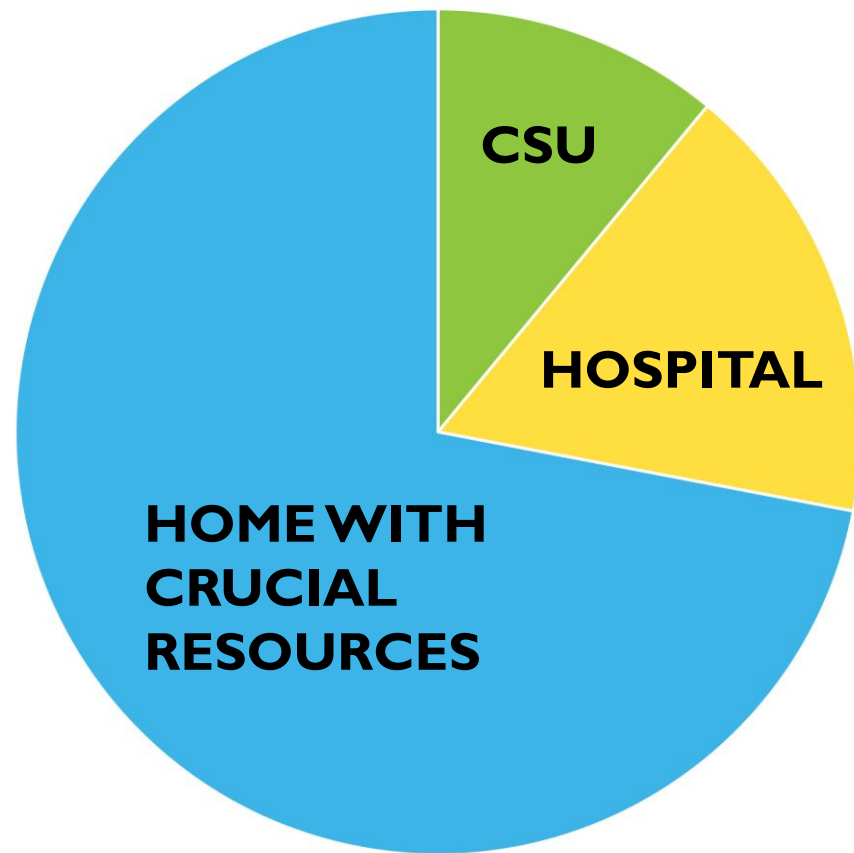


# CRC PREVALENT CONCERNS

- Suicidal ideation and gestures
- Self-harm or harming others
- Depression
- ADHD
- Anxiety
- PTSD
- Visual or auditory hallucinations
- Some youth who come to the CRC are experiencing crisis for the first time.
- Others have learned that extreme behaviors are the only way they feel heard or receive attention and support.

# CRC OUTCOMES

## 165 Youth Served



- **83% diverted from an emergency room visit; of those:**
  - **11% received further treatment** at the Villa's Crisis Stabilization Unit
  - **72% returned home** with direct linkage to crucial resources and referrals for follow-up community-based care, ensuring continuity of treatment



# WHY IT WORKS

- Highly trained staff specialize in de-escalating youth in crisis.
- Our youth-centered facility is designed to be welcoming, safe (ligature-free), and does not use seclusion.
- We take a multi-disciplinary approach with case management, clinicians, nurses, and a psychiatrist to ensure immediate support and a plan for ongoing care.
- Strong community coordination connects youth to their local CSB.
- Youth have access to a Crisis Stabilization Unit located 200 yards away, providing integrated care and a warm handoff if needed at discharge.

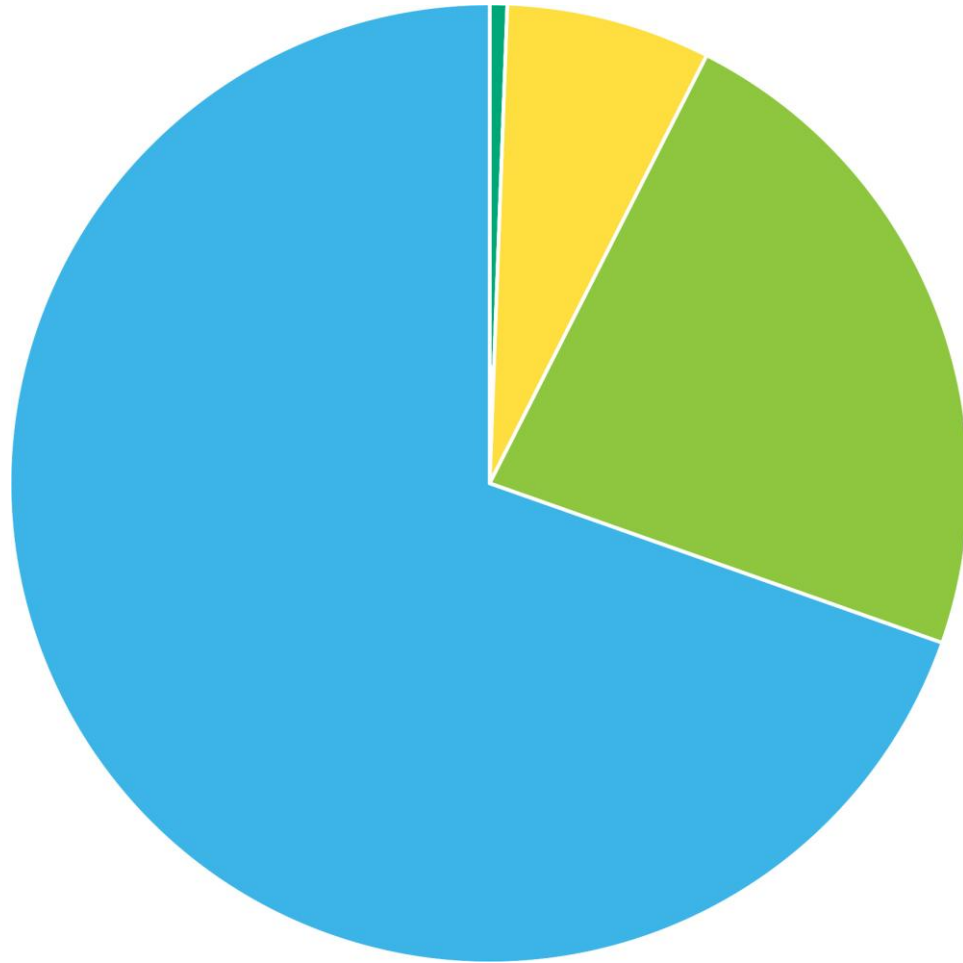
# CRISIS STABILIZATION UNIT (CSU)



*An 8-bed, short term residential facility in partnership with Richmond Behavioral Health Authority Region 4:*

- Piloted in 2012 as the first youth CSU in the state.
- Serves youth ages 5 to 17, and their families.
- Open 24 hours a day, 7 days a week.
- Provides assessments, crisis intervention, medication management, educational coordination, and telepsychiatry services.
- 15 day program with follow-up (no limit on re-admission; some youth return 2-3 times within a year)

# FY26 CSU BUDGET

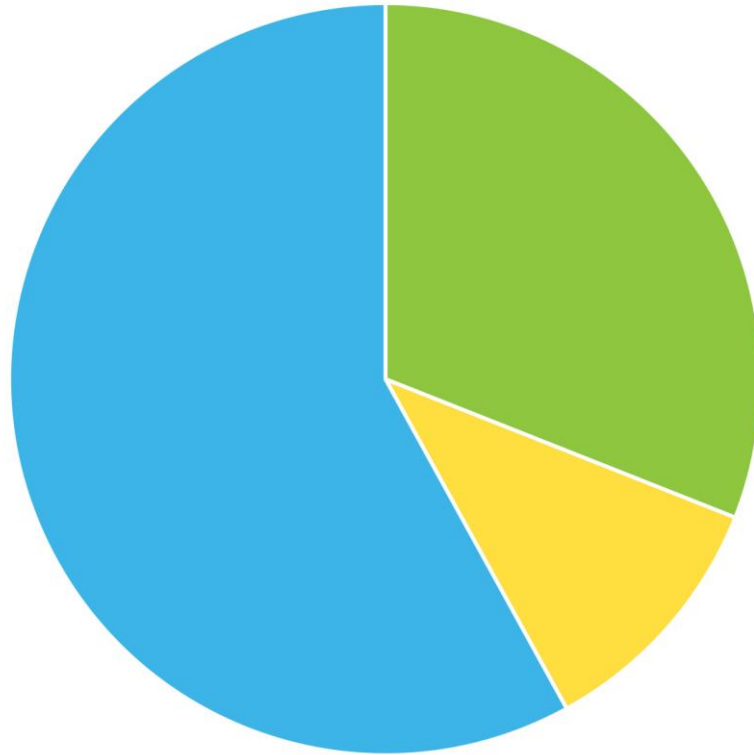


**Total Expenditures:**  
**\$2,039,952**

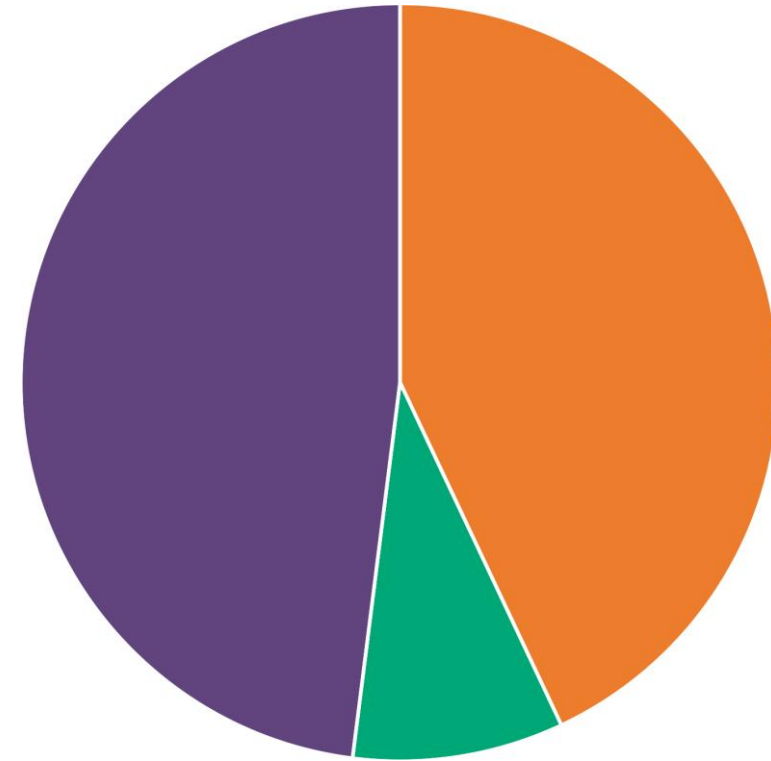
- RBHA – \$1,419,950 (69.6%)
- Medicaid – \$467,566 (22.9%)
- Private philanthropy – \$140,436 (6.9%)
- Commercial insurance – \$12,000 (0.6%)



# CSU DEMOGRAPHICS (FY24)

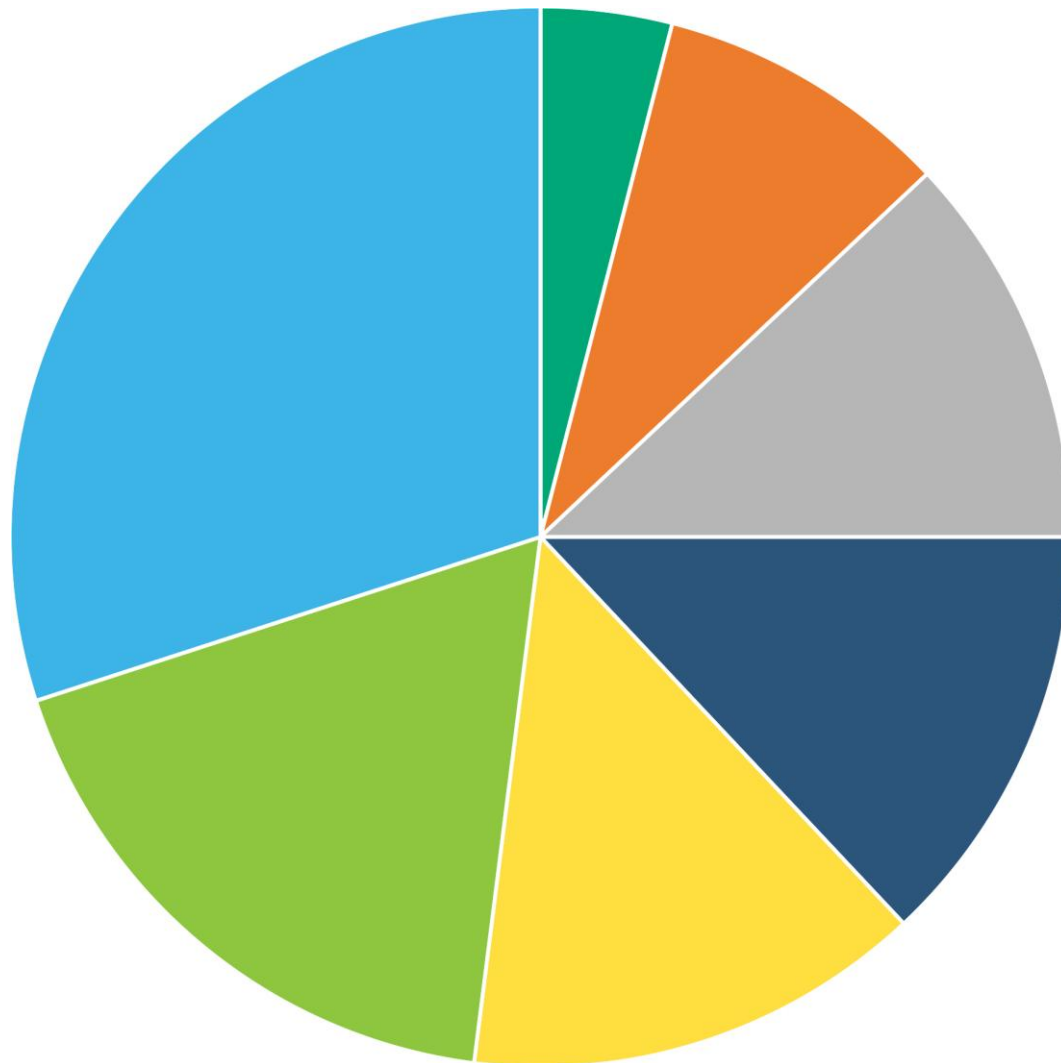


- **Female – 58%**
- **Male – 31%**
- **Transgender – 11%**



- **Ages 14-17 – 48%**
- **Ages 11-13 – 43%**
- **Ages 5-10 – 9%**

# CSU REFERRAL SOURCES (FY24)



- Henrico County – 30%
- Chesterfield County – 18%
- Out of Region – 14%
- Greater Reach – 13%
- Richmond City – 12%
- Hanover County – 9%
- Crossroads – 4%

The CSU helps prevent hospitalization and serves as a step-down option following inpatient care. Referrals also come from schools, counseling offices, clinics, CSBs, and the CRC.

# CSU PREVALENT CONCERNS

- Suicidal ideation and gestures
- Self-harm
- Anxiety
- Depression
- Bi-polar disorder
- ADHD
- Eating disorder
- Overwhelmed with academic stress
- Bullying (often racial or based on sexual orientation)
- Family dysfunction (grief/loss, divorce)



# CSU EMERGING TRENDS

- **100%** of clients and parents/guardians report poor communication within the family
- **45%** of parents report extreme parental despair
- **36%** of clients report experiencing gender identity crisis
- **58%** of clients report feeling pressure from social media
- FY24 (July 1, 2023-June 30, 2024) saw a significant rise in parental despair, prompting a need for targeted responses including: enhanced parental supports; focused family sessions to improve relationships and communication; and additional coping skill interventions.

# CSU OUTCOMES

Nearly **2,100 youth and their families** have been served since the CSU opened in May 2012, averaging 161 youth per year.

In FY24:

- **97%** of youth were diverted from hospitalization.
- **96.5%** of clients/families reported satisfaction with services.
- **82%** of clients/families reported a satisfactory improvement in family relationships.

# WHY IT WORKS

- A group treatment model promotes connection, teaches coping skills, and helps youth learn they are not alone in their struggles.
- Individual and family therapy provides space to address personal challenges and strengthen family dynamics and communication.
- A family-centered approach recognizes that when a child is in a crisis, the whole family is impacted. Healing happens together.
- Medication management is available when appropriate.
- Strong community coordination connects youth to their local CSB.
- Case management connects youth and families to community-based services that support lasting recovery upon discharge.
- We collaborate with schools to ensure continuity of education and services.



# COSTS FOR SERVICES

Medicaid rates:

- CSU – \$699/day per person (8 capacity)
- CRC – \$648/admission per person (7 capacity)

**Inability to pay is not a barrier to access services.**

The average cost of a hospital stay per day in Virginia is **\$2,871**.

# OUR CRISIS SERVICES TEAM

## **Crisis Services staff supporting both the CRC and CSU include:**

- Clinical Supervisor
- Program Manager – Compliance
- Program Manager – Operations
- 6 Nurses
- 5 Clinicians
- 3 Clinical Case Managers
- 7 Behavior Specialists
- Operations Coordinator



# WAYS TO SUPPORT SYSTEM IMPROVEMENTS

- **Raise public awareness of crisis services.** Many families and first responders don't know they are available as an alternative to emergency departments, full residential treatment, or hospitalization.
- A statewide media campaign led by DBHDS could help promote these new services.
- Maintaining utilization will require ongoing public education consistent with the Governor's *Right Help, Right Now* initiative – which emphasizes that getting appropriate services in a timely way doesn't always mean going to a hospital.



# WAYS TO SUPPORT SYSTEM IMPROVEMENTS

- **Reassess the DMAS authorization period to reduce administrative burdens and support more efficient care delivery at CSUs.**
- Since July 1, 2022, Medicaid has required a “continued stay” request with detailed clinical justification for each individual after only 5 days at the CSU.
- Each reauthorization we are required to submit takes 3-4 hours, totaling over **1,000 additional staff hours** each year.
- Despite increased acuity of clients, we’ve seen an increased denial of reauthorizations, resulting in precipitous discharge or pro bono services.

# WAYS TO SUPPORT SYSTEM IMPROVEMENTS

- **Ensure all insurance providers share responsibility.** During the 2023 General Assembly, HB2216 and SB1347 were enacted requiring commercial health insurers to cover mobile crisis response services and short-term residential crisis stabilization – effective January 1, 2024.
- In a given year, **30-45%** of clients present with private commercial insurance.
- Despite state legislation, commercial insurance companies have been slow to comply, creating barriers such as: lack of transparency on billing procedures; changing expectations; no clear process for collecting co-pays; and licensing restrictions.

# LEVERAGING PHILANTHROPIC SUPPORT



- St. Joseph's Villa has raised nearly **\$1.2 million** in private philanthropy for youth crisis services over the last 5 years.
- Recruited and facilitated over **500 volunteer hours** to enhance the CSU program – painting interior spaces, planting outdoor garden areas, coordinating collection drives, and assembling care packages.

# PARENT TESTIMONIALS

“It was the darkest time of our lives, and the Crisis Stabilization Unit was the ray of hope we needed. It wasn’t just a quick fix. Our daughter walked away with coping skills and felt more comfortable opening up. Since coming to the CSU, we’re closer than we’ve ever been.”

“My daughter was having thoughts of harming herself and others, and she communicated those thoughts on a few occasions. Our experience at the Crisis Receiving Center was absolutely amazing. They were compassionate, sensitive, understanding and encouraging. The help their staff provided was invaluable.”



# CRC IN THE NEWS





An aerial photograph of a residential neighborhood, likely in St. Joseph's Villa. The image shows a large, multi-story building with a prominent chimney, surrounded by lush green trees and a well-maintained lawn. In the foreground, there is a playground with various equipment. The background features more houses and a road with some vehicles. The entire image is overlaid with a semi-transparent green filter.

# Thank You!

**Jenny Friar, CEO**  
**[jfriar@sjvmail.net](mailto:jfriar@sjvmail.net)**



**ST. JOSEPH'S VILLA**