

Prince William County Crisis Receiving Center Complex

Bringing the Highest Fidelity of SAMHSA's National Guidelines to Virginia

June 2, 2026

connections



Agenda

- Prince William County CRCC Background
- Connections History & Continuum of Services
- How to use the CRCC & Impact
- Legislative Recommendations

Why PWC needed this level of care

Psychiatric Boarding - FY25				
CSB	8 hrs - 2 days	3 - 5 days	6+ days	Total
Alexandria	344	39	7	390
Arlington	214	27	3	244
Fairfax	1,145	174	21	1,340
Loudoun	238	25	5	268
Prince William	633	100	14	747
Total	2,574	365	50	2,989

FY25	Average per month
TDO Placed out of NoVA	33
State Hospital Admissions	10

PD Man Hours	Avg per month
FY25	2,245

Budget Projection & Development



Funding Source	Funding Description	Ongoing Annual Funds for CRC Operations		One-Time Funds for CRC Buildout & Program Startup	
Local	PWC Crisis Receiving Center	\$2.7M	General Fund-services	\$10.1M <u>Buildout</u> \$5.7M Startup	ARPA Distribution, Capital Reserve & General Op Funds
Local	PWC Crisis Receiving Center	\$1.8M	General Fund-facility		
State	Dept of Behavioral Heath & Developmental Service (DBHDS) Performance Contract (PC) and Regional Distributions	\$5.25M	State Performance Contract	\$20.2M <u>Buildout</u> \$5.7M Startup	DBHDS PC/Regional MH Block Grant/ and House Bill 29
Federal	Dept of Health & Human Services, Health Resources & Services Administration (HRSA)		n/a	\$2.0M	HRSA Community Project Funding/ Congressionally Directed Spending
Other	Potomac Health Foundation		n/a	\$2.0M	Potomac Health Foundation
TOTAL	Crisis Services Facility and Grounds	\$7.95M \$1.8M	Ongoing	\$34.3M <u>Buildout</u> \$11.4M Startup	One-Time



Connections isn't just a name; it's who we are and why we do what we do.



OUR MISSION

Providing immediate care to people in crisis and connecting them to long-term support within their community.

Who we are and why we do what we do

①

We prioritize access for 100% of individuals

No exceptions. Inclusive of high acuity, violent, agitated, and co-occurring SUD.

②

We believe in the least restrictive care

41% of individuals that access urgent care and 23-hour observation are stabilized and discharged back to the community, avoiding a higher level of care.

③

We create connections and community

72% of individuals have a follow-up appointment scheduled at discharge.

④

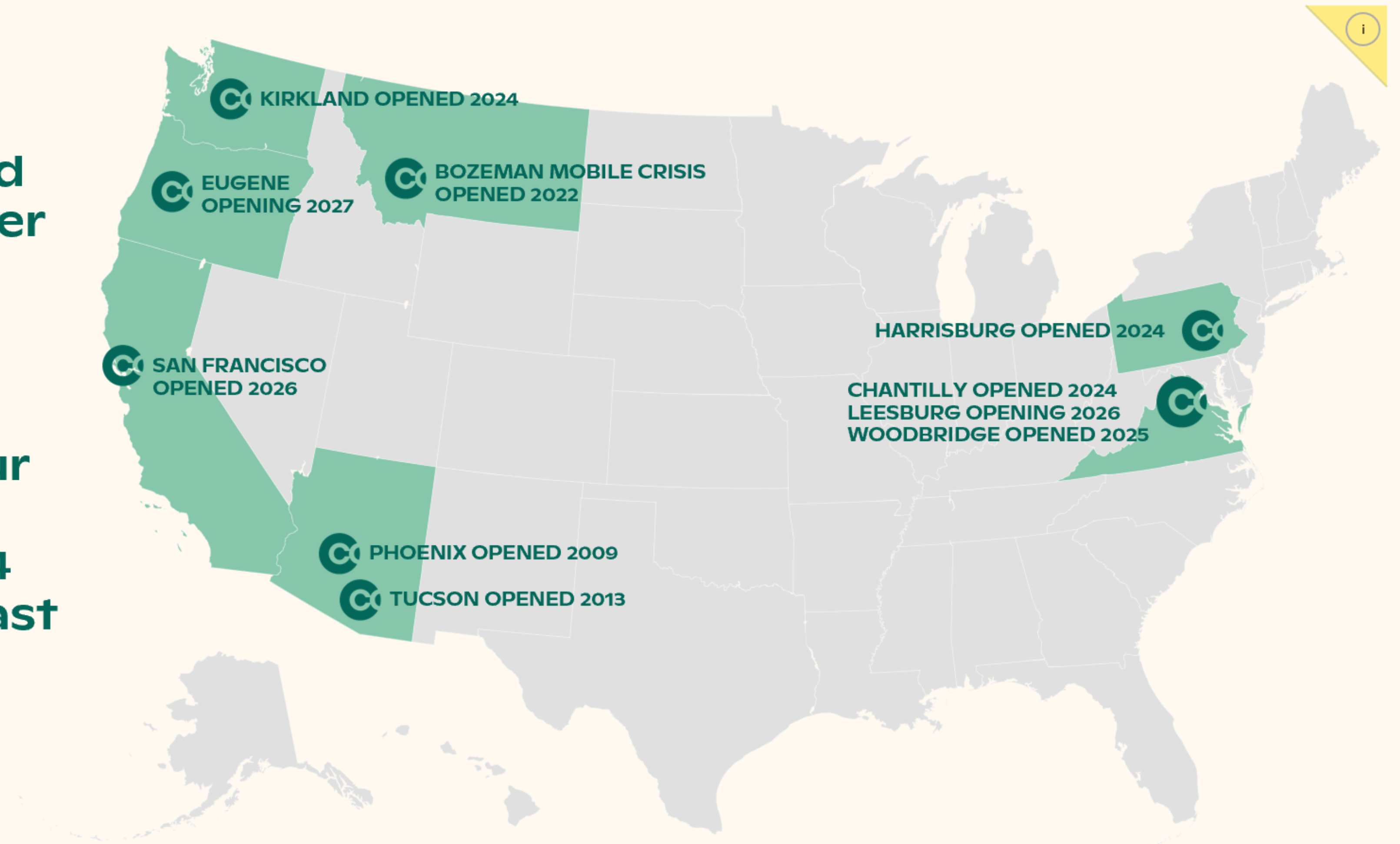
We focus on safety

Our approach to facility design, staffing, clinical practices, and treatment model provides safe treatment regardless of acuity.



Over 15 years ago, Connections established what became the premier crisis care model.

Today, Connections continues to see increasing interest in our nationally recognized model and has opened 4 new centers over the past year.



Prince William Crisis Receiving Center Overview

- Continuum care model
- Open 24/7/365
- Serves adults (18+) and youth (ages 12-17)
- Access for all, no appointment or referral required
- Services include: 24-hour adult and youth walk-in services, 16 chair adult observation unit, 16 bed adult crisis stabilization unit, 16 chair youth observation unit, 16 bed youth crisis stabilization unit, and thorough discharge planning
- Multidisciplinary team of experts providing compassionate, effective crisis care
- Opened for first responder drop off/Adult Services 10.28.25, Youth Services 12.1.25 and Walk in Services 1.5.26



A county collaborative effort with Prince William County to provide crisis services through the Crisis Response Center and county resources at one complex



Locus 1-4

Walk-In Center
(Front Door)

Walk-in access to treatment within 90 minutes.

Locus 5-6

23-hour
Observation

Rapid assessment, treatment, stabilization and proactive discharge planning within 23 hours, 59 minutes via interdisciplinary engagement.

Locus 5-6

Crisis
Stabilization

Continued stabilization beyond 23 hours 59 minutes for those requiring an extended stay.

Ages 12-17

Dedicated Youth Services

We also provide tailored services for youth, recognizing that they have unique needs from adults.

Located in Woodbridge, Virginia, the Crisis Response Center provides care for individuals age 12+.

Walk-in urgent care provides immediate access to care

Urgent care offers care in a voluntary office-based setting, without the need for a referral. Psychiatric, psychosocial, and medical assessments are provided.



Team

- Behavioral health medical provider (MD, NP, PA)
- Case manager
- Behavioral health specialist

Outcomes

- 100% Acceptance rate
- 330 visits
- 32-minute door to intervention
- 41% community disposition

23-hour observation treats and stabilizes high-acuity individuals



Our goal is to successfully discharge individuals within 24 hours. 100% of patients admitted to observation meet inpatient admission criteria.

Team

- Behavioral health medical provider (MD, NP, PA)
- Nurse (RN, LPN)
- Case manager
- Behavioral health specialist
- Recovery support specialist

Outcomes

- 1,429 visits
- 47% community disposition



Crisis stabilization



Bed-based continued stabilization beyond 24 hours for individuals who are not stable enough for discharge.

Team

- Behavioral health medical provider (MD, NP, PA)
- Nurse (RN, LPN)
- Case manager
- Behavioral health specialist
- Recovery support specialist

Outcomes

- 763 visits
- Average length of stay is 5.3 days
- 95% community disposition

Youth services



- Designed for youth comfort and safety
- Youth-specific staff experience combine care and compassion to treatment
- Customized treatment plans and leverage deep community connections to ensure patients and families have access to wrap-around resources

Team

- Behavioral health medical provider (MD, NP, PA)
- Nurse (RN, LPN)
- Case manager
- Behavioral health specialist
- Recovery support specialist

Current Locations

- Harrisburg, Pennsylvania
- Tucson, Arizona
- Woodbridge, Virginia
- Kirkland, Washington

A Dedicated First Responder Entrance Offers a Secure and Simple Drop-Off



Patients that arrive at our crisis centers via law enforcement, first responders, crisis mobile teams, or EDs/ambulance transfers arrive at a dedicated entrance.

Connections and Emergency Services partner at the backdoor for patients on an ECO and/or TDO.

This dedicated first responder access point offers rapid, no-hassle drop-offs, ensuring individuals in crisis receive timely, appropriate care without delays or barriers.

- Accepts both involuntary and voluntary individuals
- Accepting all acuities, including high acuity and dysregulated individuals
- Diverts individuals from hospital and jails to appropriate crisis care

Team

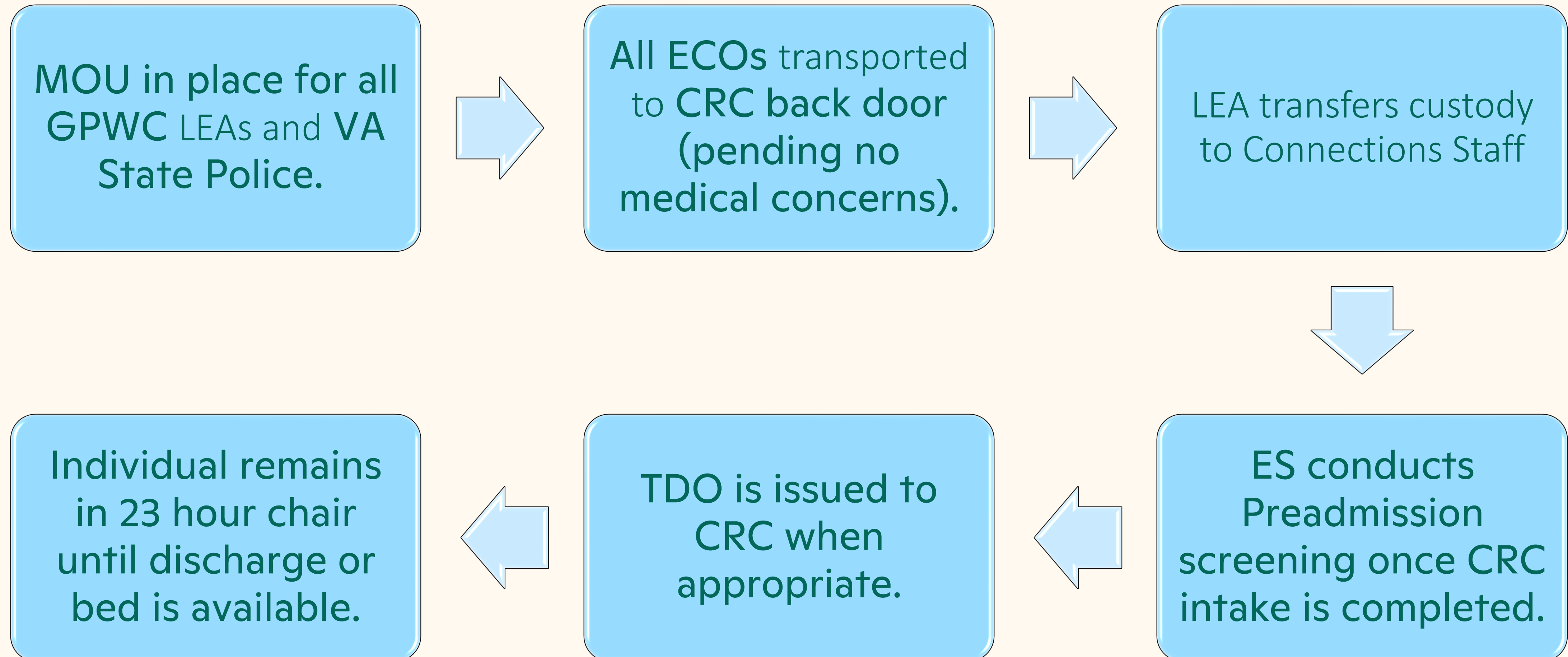
- Behavioral health medical provider (I.E., MD, NP, PA)
- Registered nurse/licensed practical nurse
- Licensed case manager
- Behavioral health specialist,
- Peer support specialist

Outcomes

- **<10-minute law enforcement drop-off time**
- 59% patient volume driven by LEO drop off
- 38% individuals arrive to facility under ECO/TDO
- <3% transferred to ED for medical clearance
- 0 individuals turned away annually



ECO/TDO Process



What Makes PWC CRC Different

ECO transfer directly to CRC staff.

Locked Doors.

Seclusion Rooms on all units and at backdoor.

Onsite medication dispensing.

Level of hands on training for staff.

Willingness to discharge when stabilized prior to hearing.

Co-location of CSB Same Day Access and ES services.



Impact and results



CRC Impact

62%

of GPWC TDOs
placed at CRC

46%

Reduction in
Police Man Hours

64%

Reduction in ER
Wait Times

84%

Reduction in
Monthly Out of Area
placements

78%

Reduction in State
Hospital
Admissions

Program Performance, Quality, & Impact

CORE PERFORMANCE 10/28/25 - 5/27/26

- 2,522 admissions since opening adult services
- 1,271 unique patients
- 95% of adults discharged to the community from CSU
- 41% of adults discharged to the community after 24 hours in Observation
- 5.33 days average length of stay for adult patients in CSU
- 544 patients arrived under TDO, ECO, CMI, CMA
- 7-minute average law enforcement wait time

COMMUNITY IMPACT

- 5,433 law enforcement hours saved since November 2025
- 1,580 ED days avoided since November 2025
- 9,489 psychiatric inpatient bed days avoided since November 2025
- Sentara Chief Medical Officer: *"Connections has decreased BH and SUD utilization in Sentara ED"*

Challenges

- **Inability to move high acuity cases causing a bottleneck in the 23 hour recliners**
 - Difficulty placing individuals with private or state hospitals while in the 23 hour recliners.
 - Difficulty transferring individuals to private or state hospitals while in the CSU.
 - Difficulty obtaining transportation for transfer of care
- **IMD waiver status**
 - Awaiting waiver status approval – unlocks FMAP
 - Continue to utilize [CMS Best Practices](#) to expand crisis care to maximize coverage and draw down FMAP for stabilization services

Policy Recommendations to ensure continuous system improvement

- **40% of the people utilizing the center are uninsured;** higher than projected and potential to increase as H.R. 1 is implemented
- **Tier Medicaid Rates** to reflect the emergency function & align with staffing model
- Address **transportation barriers & lack of coverage** with the goal of providing a smoother transition to higher levels of care and lower lengths of stay at the CRCC
- **CMS approval for DMAS submitted IMD waiver** will unlock FMAP for crisis services

Thank you

The core to Connections' values is system collaboration, we welcome any follow-up questions or feedback

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