Urgent Crisis Center Performance Improvement Center Quarterly Report: FY2026 Q3

Child Health and Development Institute

Urgent Crisis Centers (UCCs) provide full crisis assessments in a safe location for any child and family in Connecticut experiencing a behavioral health crisis. There are three community-based UCCs funded by DCF and operated by Child and Family Agency of Southeastern Connecticut (New London), The Village for Families and Children (Hartford), and Wellmore Behavioral Health (Waterbury).

This report provides an overview of UCC services using data entered by the three community-based UCCs into DCF's Provider Information Exchange (PIE) Database.

This report was prepared by the UCC Performance Improvement Center, housed at the Child Health and Development Institute (CHDI). CHDI receives data from DCF, which is analyzed and summarized for this report. For more information, please contact Kayla Theriault at ktheriault@chdi.org.

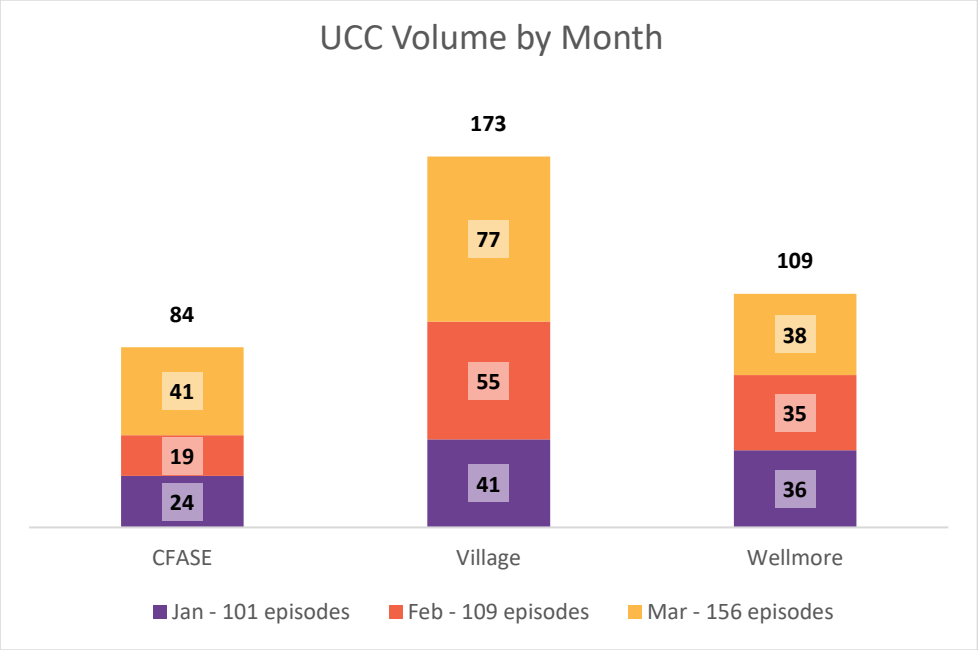
Quarterly Highlights:

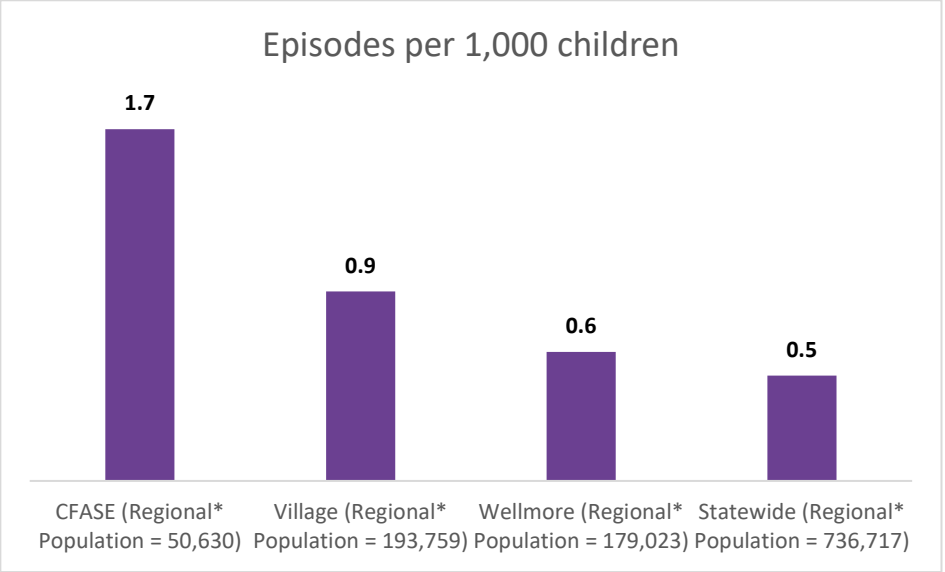
This report presents data for Connecticut's three community-based Urgent Crisis Centers for children (UCCs), from January 1, 2026 - March 31, 2026.

Between July 1, 2023 and March 31, 2026 the UCCs have served 3,414 children

FY2026 Q3 Highlights:
- 366 episodes of care - a similar number to last quarter and a 7.8% decrease from the same quarter last year.
- White children served at a lower rate than the overall CT population
- Higher number of female children served
- Harm/risk of harm to self was the most common presenting problems statewide
- Schools were the most common referral source
- 99.7% of children met their treatment goals, which was consistent across major racial and ethnic groups (100% for Black and White children and 99% for Hispanic children)
- 89% of children showed some level of improvement from intake to discharge and 11% stayed the same
- 97% of children were discharged to their homes and communities, which was consistent across racial and ethnic groups (100% for Hispanic children, 98% for Black children, and 96% for White children).

How much did we do?





*Regions are defined to include towns within an estimated 30 minutes of drive time from the UCC location.

In FY2026 Q3, the three community-based UCCs reported **366 episodes of care.** In total, 428 families reported to the UCC but ultimately 62 of these were evaluation only cases, meaning that the child was not admitted to the UCC for assessment. The most common reasons for an evaluation only case were the child/family declining services (48%) and the child needing a higher level of care (27%).

The highest volume was reported by the Village (173) and the lowest volume was reported by CFA (84). Statewide, March had the highest volume (156).

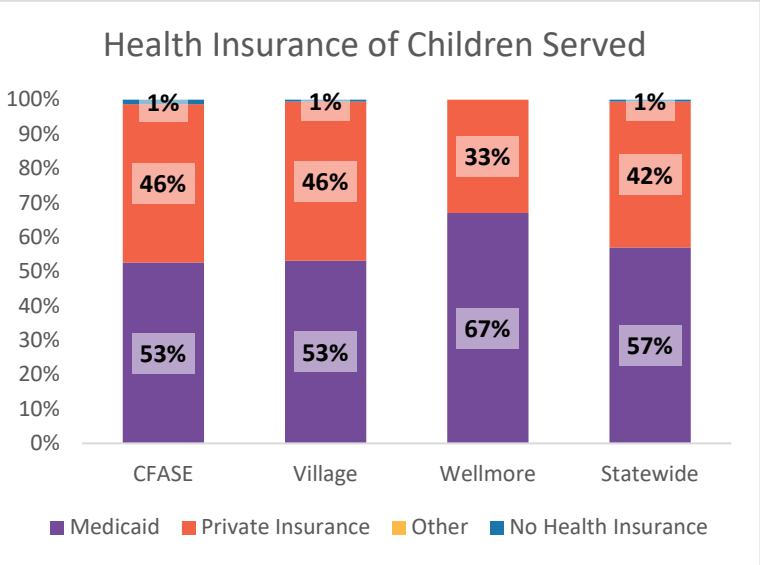
Volume this quarter was similar to last quarter (n=363 in FY26 Q2) and 7.8% lower than the same quarter last year (n=397 in FY25 Q3).

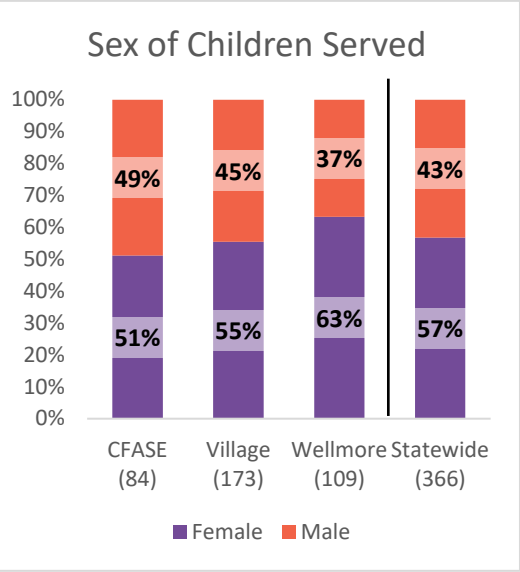
In FY2026 Q3, UCCs statewide had **0.5 episodes per 1,000 children**.

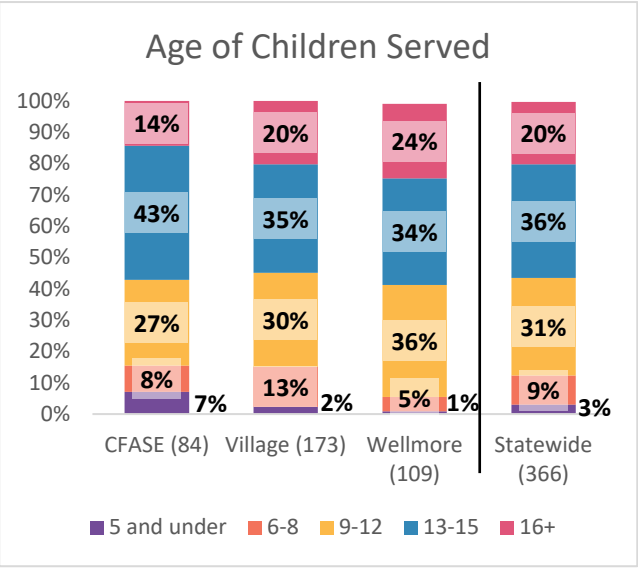
All three UCCs served a higher rate of children in their regional population than the statewide rate, which is expected given there are areas of the state where families have to travel further to visit a UCC.

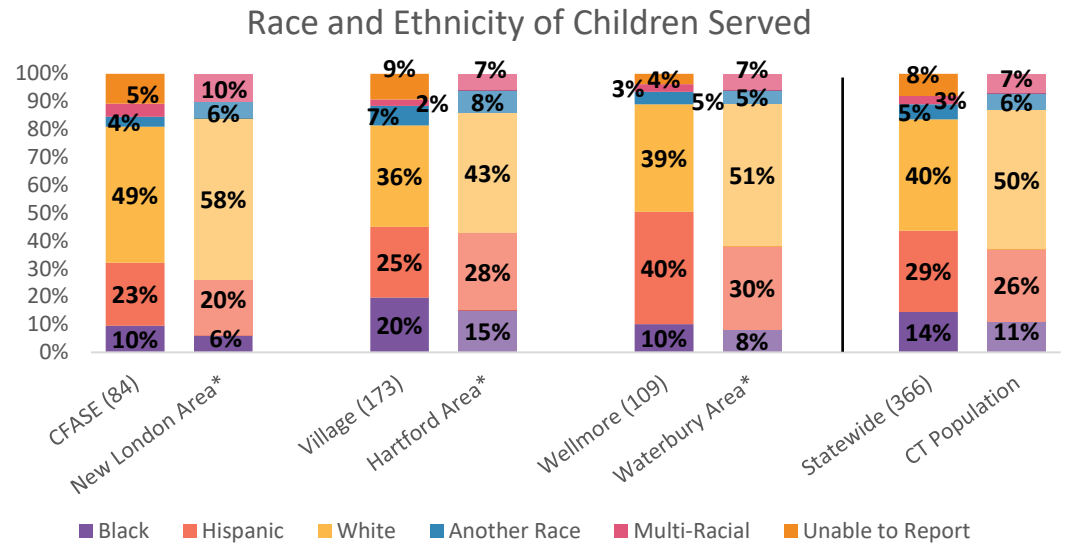
CFA had the highest rate of episodes based on their population, with 1.7 episodes per 1,000 children, while Wellmore had the lowest rate at 0.6 episodes per 1,000 children.

Who did we serve?









*As a walk-in service, families can choose to visit any UCC regardless of where they live. These areas are as any towns within an estimated 30 minute drive time of the UCC. There may be overlap between these areas.

Statewide, UCCs served a lower rate of White youth compared to the CT popularion. Across individual services areas, Wellmore served a higher percentage of Hispanic youth and a lower percentage of White youth compared to the regional population.*

In Q3, 57% of the youth served were female, and 1.4% of children served reported being transgender. The largest age groups of children served were 13-15 years old (36%) and 9-12 years old (31%).

*Due to relatively small sample sizes, it is important to interpret differences with caution. We monitor overall trends, and only note differences of 10 percentage points or more.

Who did we serve?

Presenting Problem	CFASE (81)	Village (167)	Wellmore (107)	Statewide (355)
Harm/Risk of Harm to Self	51%	47%	39%	46%
Depression	5%	12%	19%	12%
Disruptive Behavior	9%	16%	7%	12%
Anxiety	10%	6%	16%	10%
Harm/Risk of Harm to Others	7%	5%	2%	5%
School Problems	4%	3%	7%	4%
Hyperactive/Impulsive	5%	2%	2%	3%
Family Conflict	1%	2%	3%	2%
Psychosis	1%	1%	1%	1%
Peer Difficulties	0%	0%	3%	1%
Other	7%	5%	2%	5%

Statewide, the most common presenting problem was harm/risk to self (46%). While it was still their top presenting problem, Wellmore had a lower rate of harm/risk of harm to self at 39%, but a higher rate of depression compared to the other agencies.

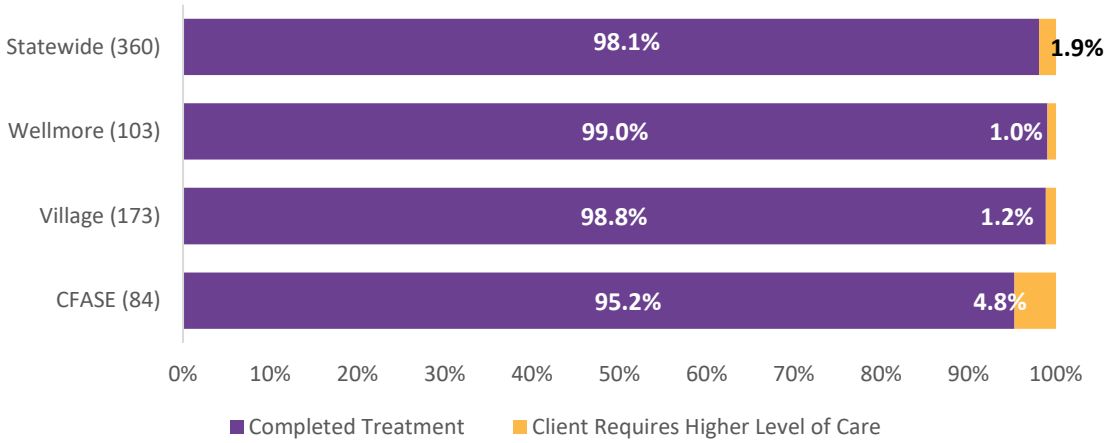
Statewide, the most common referral source was school (48%).

Referral Source	CFASE (84)	Village (173)	Wellmore (109)	Statewide (366)
School	50%	45%	50%	48%
Self/Family	20%	12%	18%	16%
Other Community Provider Agency	8%	13%	17%	13%
Physician	7%	15%	1%	9%
Other Program within Agency	8%	3%	6%	5%
Mobile Crisis	0%	5%	1%	3%
DCF	0%	3%	2%	2%
Police	2%	1%	3%	2%
Info-Line (211)	1%	1%	1%	1%
Emergency Department	2%	1%	0%	1%
Other Referral Source	0%	1%	0%	1%

How well did we do?

Services Provided	CFASE	Village	Wellmore	Statewide
Medical Clearance	100%	99%	94%	98%
Crisis Assessment and Intervention	99%	99%	94%	98%
Psychiatric Care	99%	99%	94%	98%
Care Referrals	99%	98%	94%	97%
Safety Planning	96%	96%	94%	95%
Written Discharge Instructions	99%	99%	93%	97%
Aftercare Case Management	96%	98%	94%	96%
Total Episodes	84	173	109	366

Most major elements of the model were consistently provided to all children served by the UCC.



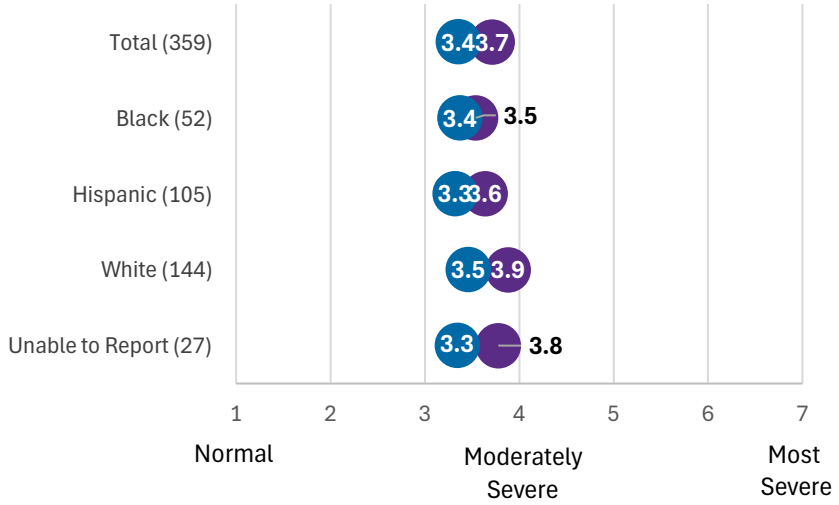
Note: Data is not shown for race and ethnicity groups that have 10 or fewer children during the quarter.

The **average length of stay (LOS)** statewide was 3.7 hours. This number varied by agency with CFA and Wellmore having LOS of 3.4 and 3.5 hour respectively, and the Village having the highest average LOS of 4.1 hours.

Nearly all children statewide were discharged because they completed treatment with the UCC. Statewide, 99.7% of children met treatment goals, varying minimally by race and ethnicity, with no statistically significant differences between groups.

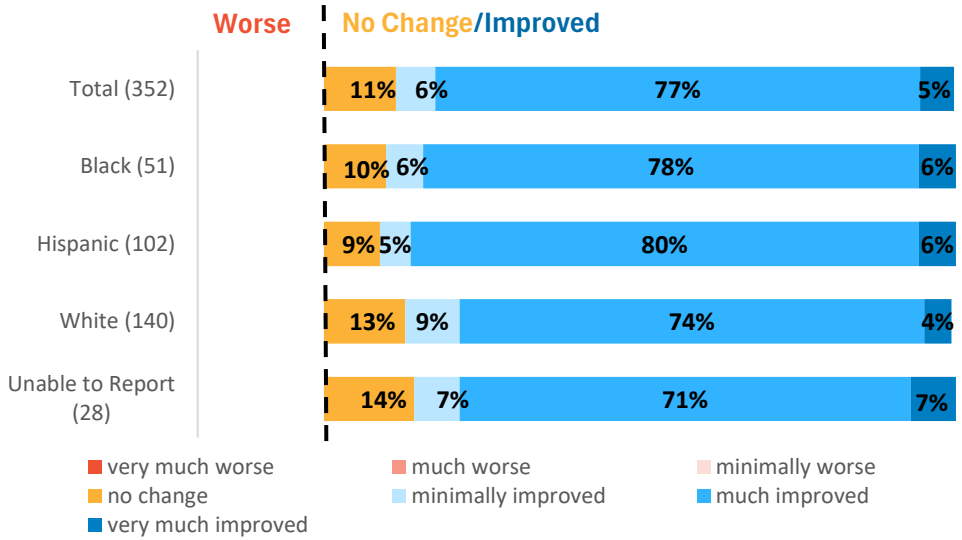
Is anyone better off?

Severity Rating on CGI at **Intake** and **Discharge**, by Race and Ethnicity



Note: Data is not shown for race and ethnicity groups that have 10 or fewer children during the quarter.

Compared to the child's condition at intake, at discharge the child's condition is...

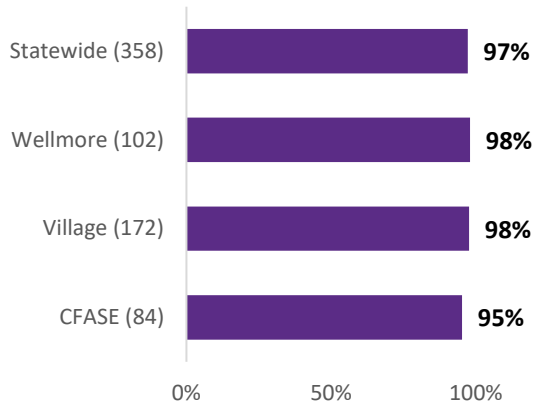


Note: Data is not shown for race and ethnicity groups that have 10 or fewer children during the quarter.

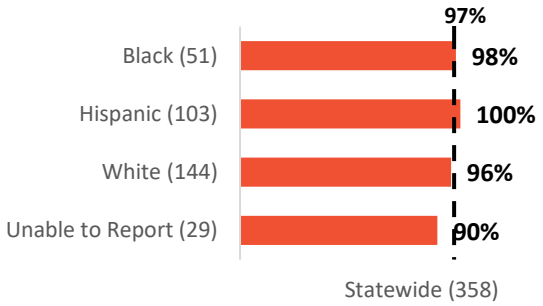
The Clinical Global Impressions Scale (CGI) consists of two questions. The first, asked at both intake and discharge, is "Considering your experience, how severe are the child's emotional, behavioral, and/or cognitive concerns at this time?" Clinicians respond on a scale of 1 to 7, with 1 being "normal" and 7 being "among the most severe symptoms that any child may experience". At intake for the UCCs, the average severity reported on the CGI was 3.7, approaching "moderately severe". There was a change in severity reported between intake and discharge, with the average score at discharge being 3.4. There were no statistically significant differences by race and ethnicity.

The second CGI questions asks "Compared to the child's condition at intake, this child's condition is...", answered on a scale of "very much worse" to "very much improved". The majority of children (89%) saw some level of improvement, with the most common category being "much improved" (77%). Given the UCC is such a short intervention, a child demonstrating even minimal improvement is considered a positive outcome. Additionally, it is recognized that in some situations helping maintain a child and family is the goal, and that might not result in any change; this was the case for 11% of children. There were no statistically significant differences by race and ethnicity.

Percent Discharged to Home/Community



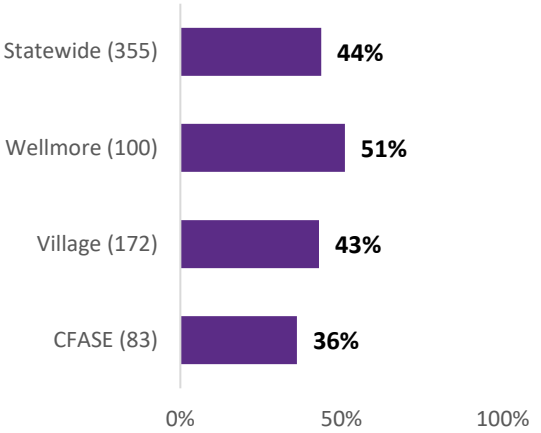
Percent Discharged to Home/Community by Race and Ethnicity



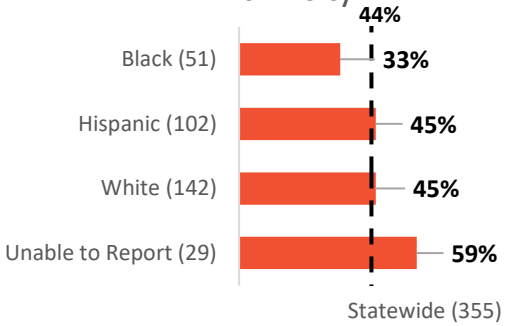
Note: Data is not shown for race and ethnicity groups that have 10 or fewer children during the quarter.

97% of children were able to return to their home/community at discharge. There were minimal statistically significant differences between racial and ethnic groups, with children whose race was not reported having a lower rate of being discharged home compared to Hispanic youth.

Percent of families reporting they would have used the ED if not for the UCC



Percent of reporting they would have used the ED if not for the UCC, by Race and Ethnicity



Note: Data is not shown for race and ethnicity groups that have 10 or fewer children during the quarter.

UCC providers ask families what they would have done if the UCC wasn't availble, particularly whether they would have gone to an ED. For 44% of episodes, families reported diversions from the emergency department, indicating a substantial portion of clients being redirected or receiving care outside of the ED. There were no statistically significant differences between racial and ethnic groups.

Note: Episodes not considered a diversion did not necessarily end in a visit to the ED - the parents just did not report that they would have gone to the ED if not for the UCC.