

Urgent Crisis Center Performance Improvement Center

Quarterly Report: FY2025 Q4

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). There is an additional UCC at Yale-New Haven Health, currently operating out of their emergency department.

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. Yale recently began entering limited data into PIE, which will be analyzed separately due to differences between hospital-based and community-based UCCs.

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.

Urgent Crisis Center Quarterly Report - FY2025 Q4

This report presents data for Connecticut's three community-based Urgent Crisis Centers for children (UCCs), from April 1, 2025 - June 30, 2025.

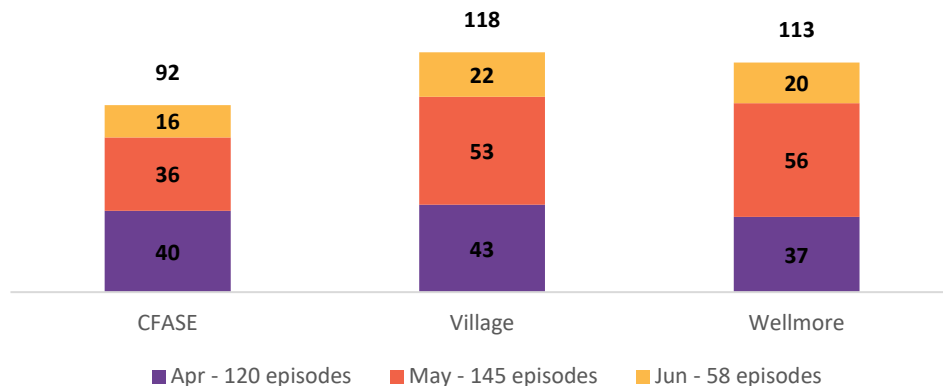
Between July 1, 2023 and June 31, 2025 the UCCs have served 2,460 children

FY2025 Q4 Highlights:

- 323 episodes of care
- Race and ethnicity of children served is consistent with CT's child population - statewide, 12% of children served were Black, 31% were Hispanic, and 46% were White
- Higher rate of female children served
- Harm/risk of harm to self is 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 (99% for White children and 100% for Black and Hispanic children)
- 90% of children showed some level of improvement from intake to discharge and 10% stayed the same
- 97% of children were discharged to their homes and communities, which was consistent across racial and ethnic groups (99% for White children, 95% for Black children, and 97% for Hispanic children).

How much did we do?

UCC Volume by Month

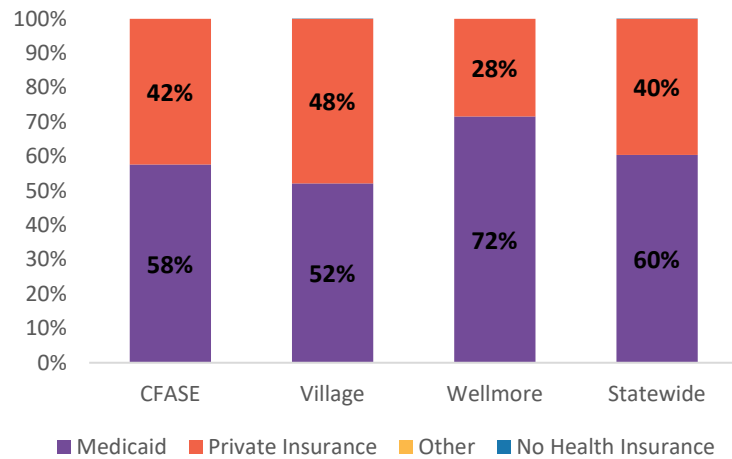


In FY2025 Q4, the three community-based UCCs reported **323 episodes of care**. In total, 385 families reported to the UCC but ultimately 62 of these were evaluation only cases, meaning that the child was not admitted to the UCC for assessment. The most common reasons for an evaluation only case were the child/family declining services (63%) and the child needing a higher level of care (23%).

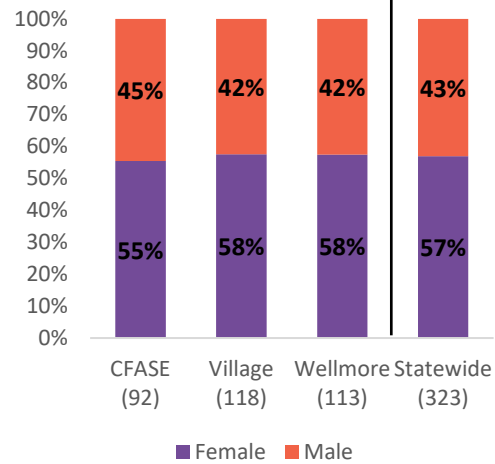
The highest volume was reported by the Village (118) and the lowest volume was reported by CFASE (92). Statewide, May had the highest volume (145).

Who did we serve?

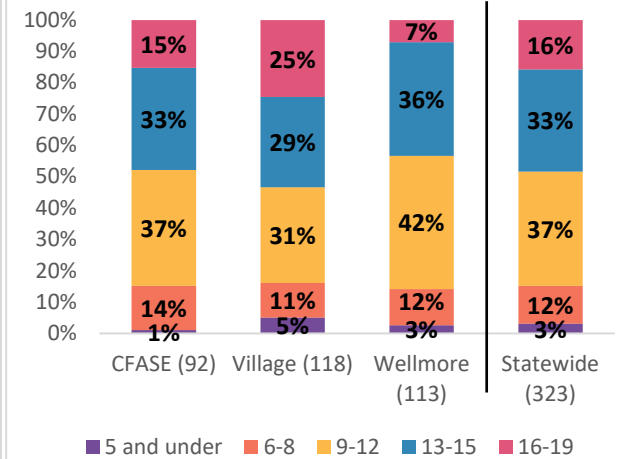
Health Insurance of Children Served



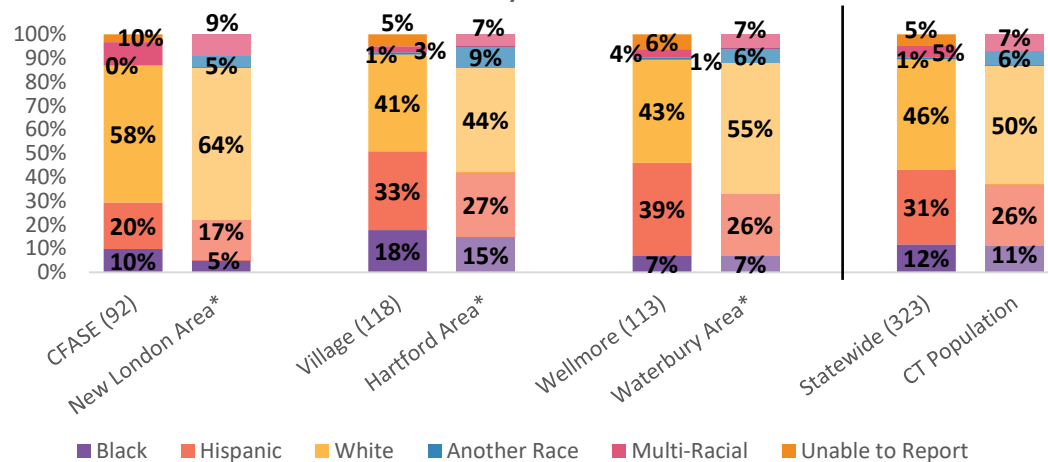
Sex of Children Served



Age of Children Served



Race and Ethnicity of Children Served



*As a walk-in service, families can choose to visit any UCC regardless of where they live. These areas are defined as the city the UCC is located in plus a selection of towns in the surrounding area. There may be overlap between these areas.

Statewide, UCCs served a population that is similar in race and ethnicity to the CT child population. Wellmore served Hispanic youth at a higher rate and White youth at a lower rate when compared to their regional child population. There was some variation within other regions, but no major differences.*

In Q4, 57% of the youth served were female, and 2.5% of children served reported being transgender. The largest age groups of children served were 9-12 years old (37%) and 13-15 years old (33%).

*Due to small relatively small sample sizes, it is important to

Who did we serve?

Presenting Problem	CFASE (56)	Village (102)	Wellmore (70)	Statewide (228)
Harm/Risk of Harm to Self	54%	42%	18%	37%
Disruptive Behavior	11%	24%	14%	17%
Depression	10%	5%	25%	13%
Anxiety	4%	9%	14%	9%
Harm/Risk of Harm to Others	10%	3%	5%	5%
Trauma	5%	1%	7%	4%
Developmental Delays	0%	0%	8%	3%
Family Conflict	4%	2%	3%	3%
School Problems	1%	3%	2%	2%
Running Away	0%	4%	0%	2%
Other	4%	8%	5%	5%

Statewide, the most common presenting problem was harm/risk to self (37%). CFA was the highest at 54%, while the Village followed at 42%. Wellmore's most common presenting problem was depression (24%). Village had a notably higher rate of disruptive behavior out of all UCCs (24%). Statewide, the most common referral source was school (42%), with CFA having the highest rate of school referrals at 61%.

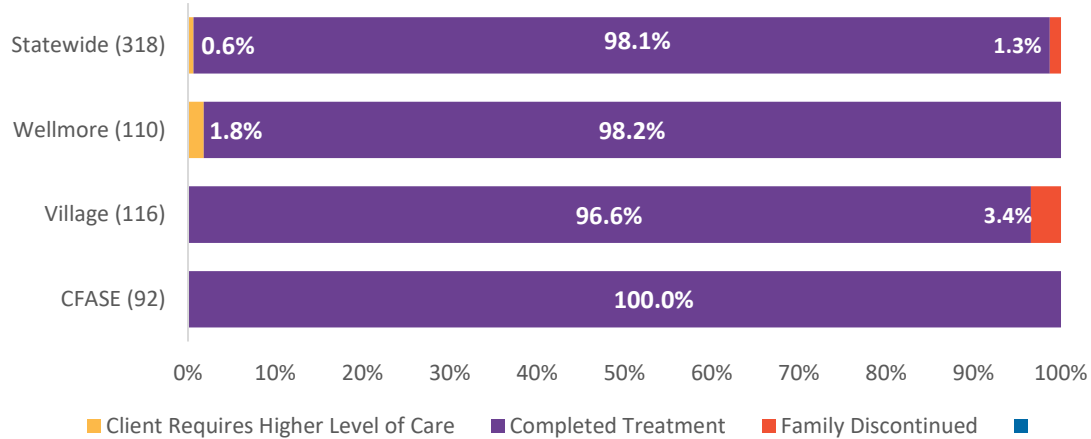
Referral Source	CFASE (56)	Village (102)	Wellmore (70)	Statewide (228)
School	61%	33%	35%	42%
Self/Family	20%	14%	20%	18%
Other Community Provider Agency	4%	17%	7%	10%
Physician	1%	14%	10%	9%
Other Program within Agency	7%	6%	11%	8%
Mobile Crisis	0%	9%	5%	5%
DCF	0%	4%	7%	4%
Police	7%	1%	1%	2%
Emergency Department	1%	0%	3%	1%
Info-Line (211)	0%	1%	1%	1%
Other Referral Source	0%	0%	0%	0%

How well did we do?

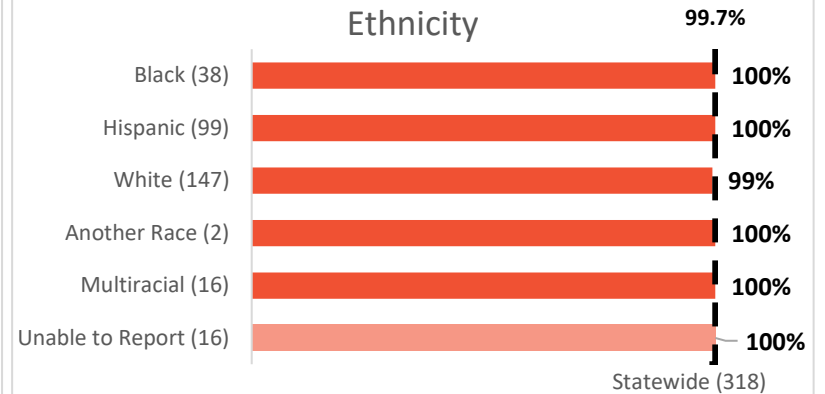
Services Provided	CFASE	Village	Wellmore	Statewide
Medical Clearance	93%	98%	97%	97%
Crisis Assessment and Intervention	93%	98%	97%	97%
Psychiatric Care	93%	96%	96%	95%
Care Referrals	91%	96%	96%	95%
Safety Planning	92%	95%	94%	94%
Written Discharge Instructions	90%	95%	96%	94%
Aftercare Case Management	93%	96%	95%	95%
Total Episodes	92	118	113	323

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

Reason for Discharge



Met Treatment Goals by Race and Ethnicity



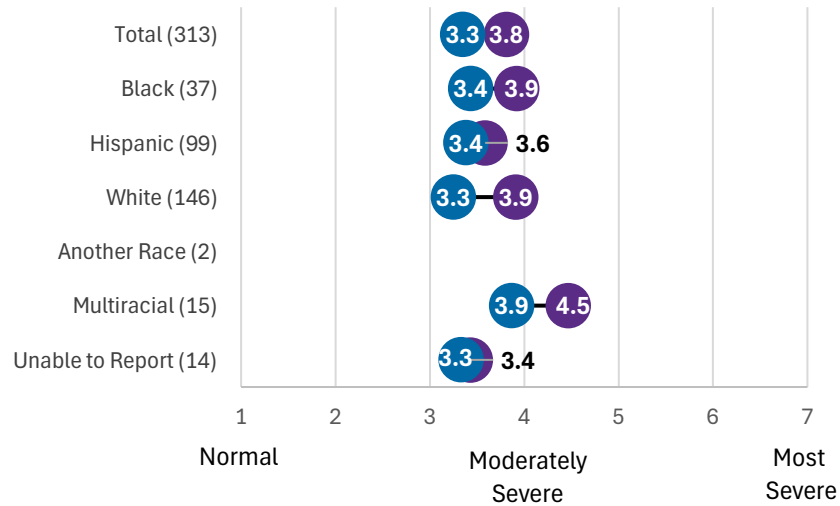
Note: Data is not shown for race and ethnicity groups that have 10 or fewer children during the quarter.

The **average length of stay (LOS)** statewide was 3.7 hours. This number varied by agency with CFA having an average LOS of 2.9 hours, Wellmore 3.7 hours, and the Village having the highest average LOS of 4.4 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.

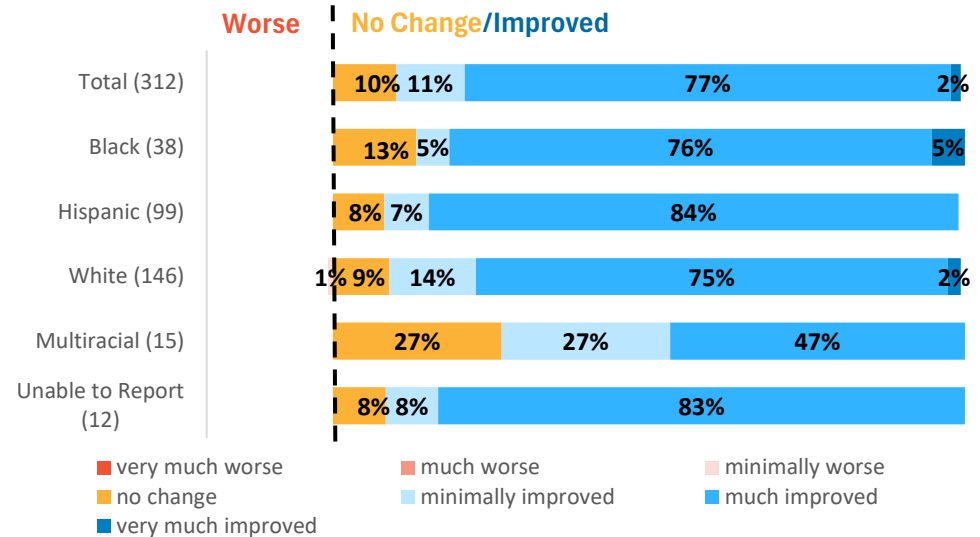
Is anyone better off?

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...

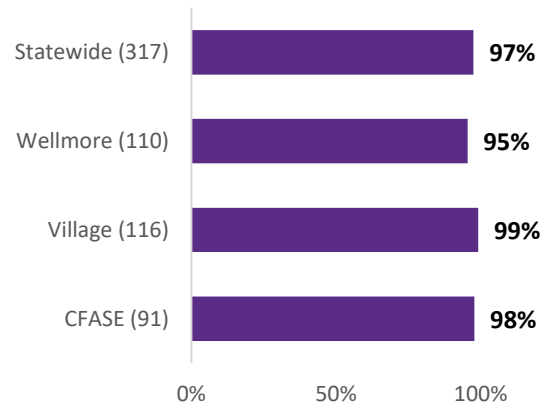


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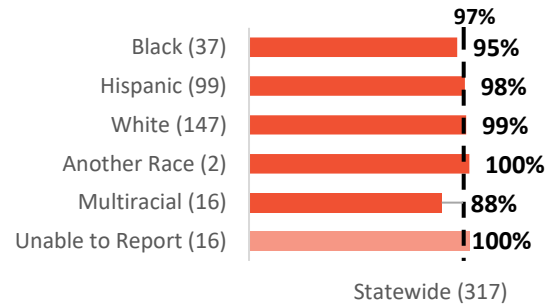
The Clinical Global Impressions Scale (CGI) consists of two questions. The first, asked at both intake and discharge, was "Considering your experience, how severe are the child's emotional, behavioral, and/or cognitive concerns at this time?" Clinicians respond on a scale of 1 to 7, with 1 being "normal" 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 3.8, approaching "moderately severe". There was a change in severity reported between intake and discharge, with the average score at discharge being 3.3. There were statistically significant differences between groups with Hispanic youth having a lower severity rating at intake compared to White and Multiracial youth, and having a smaller change in severity compared to White and Black youth.

The second CGI question 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". Nearly all children (90%) 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 10% of children. There were statistically significant between groups, with reported improvement for Hispanic children being higher than other races.

Percent Discharged to Home/Community



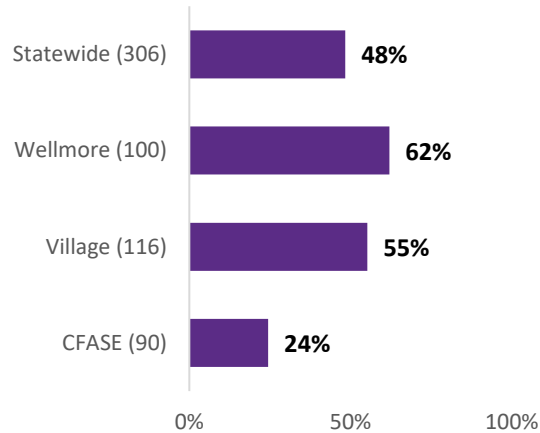
Percent Discharged to Home/Community by Race and Ethnicity



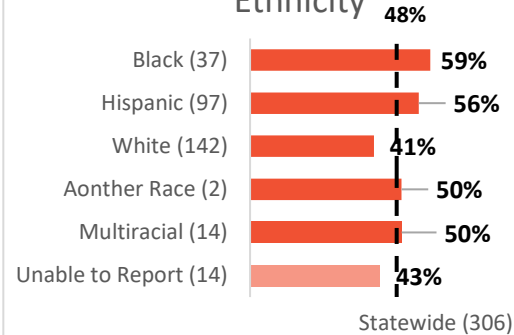
Note: Data is not shown for race and ethnicity groups that have 10 or fewer children during the quarter.

97% of children were able to return to their home/community at discharge. There were no statistically significant differences between racial and ethnic groups.

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 available, particularly whether they would have gone to an ED. For 48% of episodes, families reported diversions from the emergency department, indicating a substantial portion of clients being redirected or receiving care outside of the ED. Hispanic families reported the highest likelihood of ED use in the absence of the UCC at 60%, while white families reported the lowest likelihood at 42%. 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.