Urgent Crisis Center Performance Improvement Center

Quarterly Report: FY2025 Q3

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 is not currently entering data into PIE; when data becomes available for Yale, it 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.

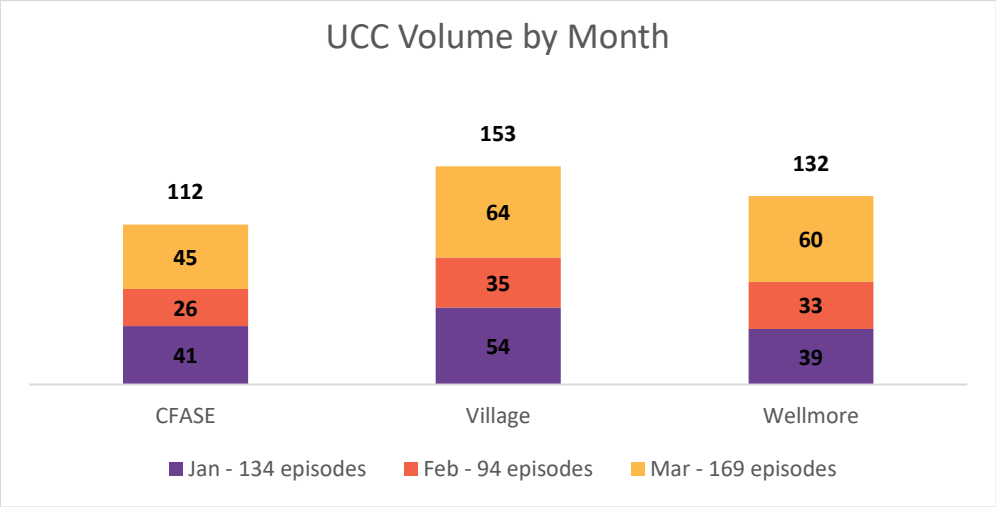
Urgent Crisis Center Quarterly Report - FY2025 Q3

This report presents data for Connecticut's three community-based Urgent Crisis Centers for children (UCCs), from January 1, 2025 - March 31, 2025.

Between July 1, 2023 and March 31, 2025 the UCCs have served 2,130 children

FY2025 Q3 Highlights:
- 397 episodes of care
- Race and ethnicity of children served is consistent with CT's child population - statewide, 15% of children served were Black, 24% were Hispanic, and 49% were White
- Higher rate of female children served
- Harm/risk of harm to self and disruptive behavior are 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)
- 88% of children showed some level of improvement from intake to discharge and 12% stayed the same
- 98% of children were discharged to their homes and communities, which was consistent across racial and ethnic groups (96% for White children, 98% for Black children, and 99% for Hispanic children).

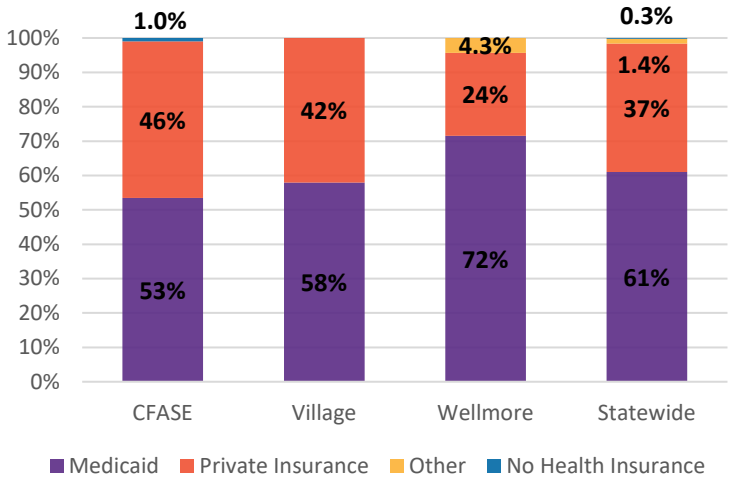
How much did we do?

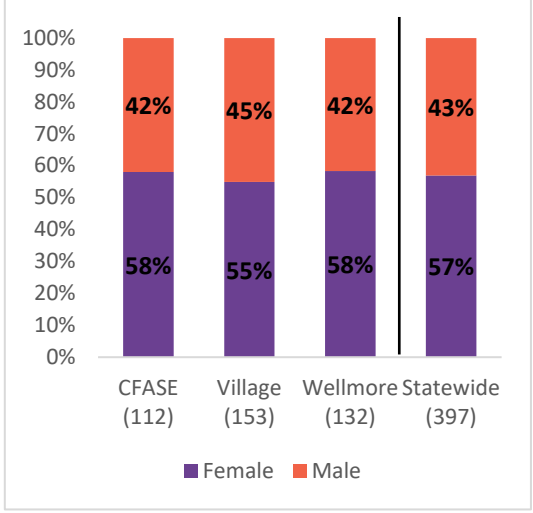


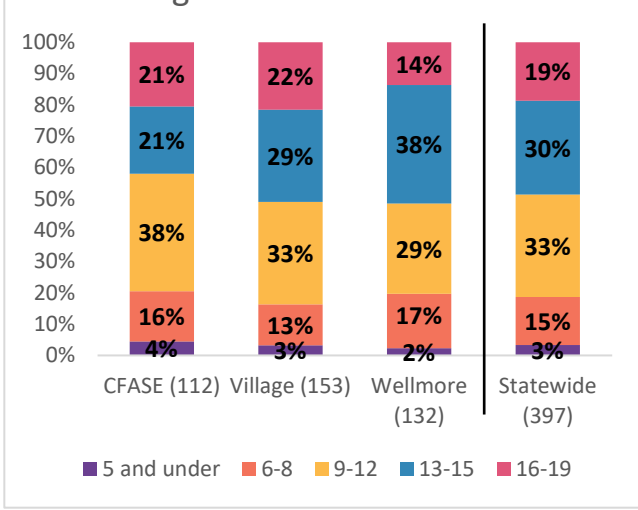
In FY2025 Q3, the three community-based UCCs reported **397 episodes of care.** In total, 457 families reported to the UCC but ultimately 60 of these were evaluation only cases, meaning that the child was not admitted to the UCC for assessment. The most common reasons for an evaluation only case were the family or child declining services (53%), the child needing a higher level of care (30%), or the service not being appropriate for the needs of the child and family (10%).

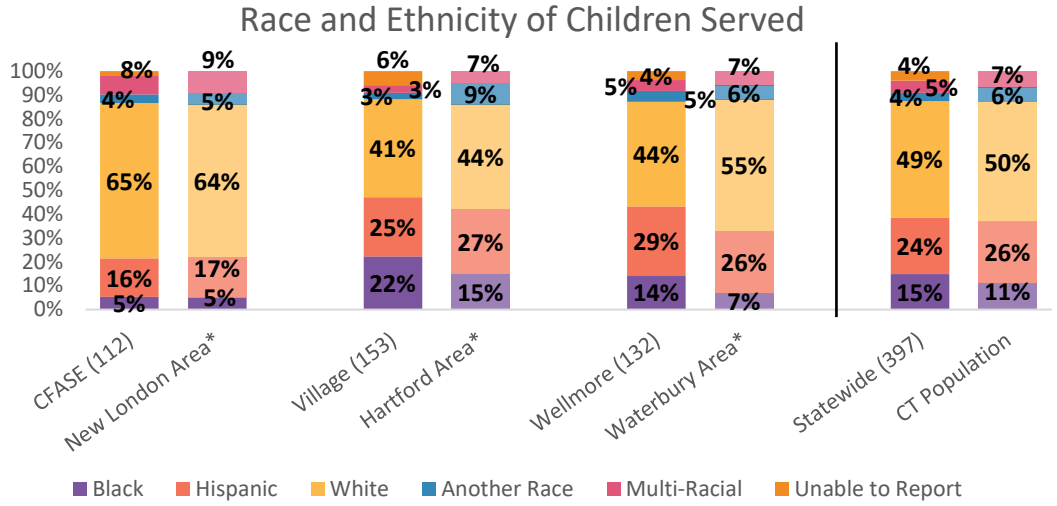
The highest volume was reported by the Village (153) and the lowest volume was reported by CFA (112). Statewide, March had the highest volume (169).

Who did we serve?









*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. There was some variation within indivudal regions, but no major differences.*

In Q3, 57% of the youth served were female, and 1.5% of children served reported being transgender. The largest age groups of children served were 9-12 years old (33%) and 13-15 years old (30%).

*Due to small 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 (56)	Village (102)	Wellmore (70)	Statewide (228)
Harm/Risk of Harm to Self	49%	41%	18%	36%
Disruptive Behavior	16%	28%	11%	19%
Depression	13%	8%	20%	13%
Anxiety	8%	7%	18%	11%
Trauma	4%	0%	10%	4%
Harm/Risk of Harm to Others	3%	5%	6%	4%
School Problems	2%	1%	5%	3%
Hyperactive/Impulsive	5%	1%	1%	2%
Family Conflict	1%	1%	2%	2%
Developmental Delays	0%	0%	2%	1%
Other	1%	8%	6%	5%

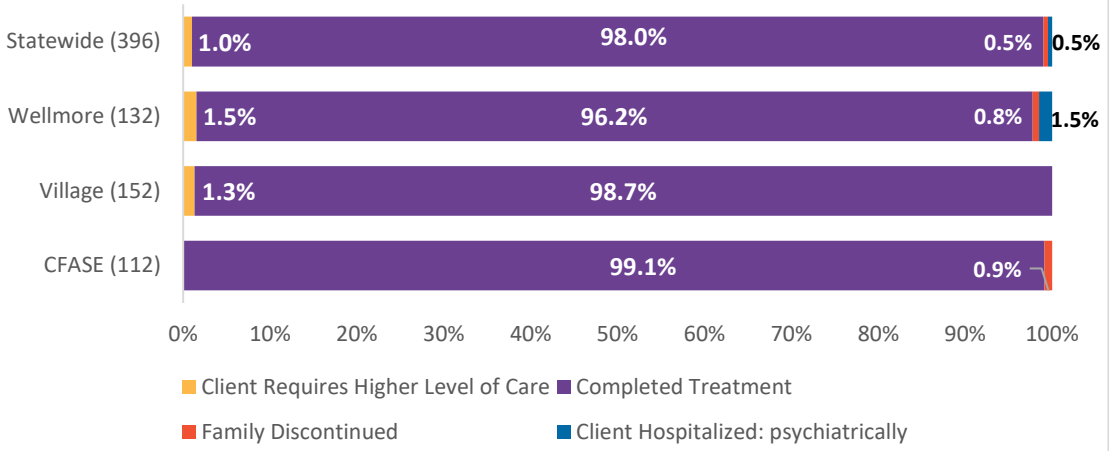
Statewide, the most common presenting problem was harm/risk to self (35%). This was consistent with all providers with CFA being the highest at 49%. Wellmore had a much lower rate of children presenting for this region (18%).
Statewide, the most common referral source was school (47%), with CFA having the highest amount of school referrals at 60%

Referral Source	CFASE (56)	Village (102)	Wellmore (70)	Statewide (228)
School	60%	41%	42%	47%
Self/Family	12%	20%	25%	19%
Other Community Provider Agency	10%	8%	5%	8%
Physician	3%	10%	8%	7%
Other Program within Agency	8%	4%	6%	6%
DCF	1%	3%	7%	4%
Mobile Crisis	0%	7%	2%	3%
Info-Line (211)	0%	5%	2%	3%
Police	5%	1%	2%	2%
Emergency Department	1%	0%	2%	1%
Other Referral Source	1%	1%	2%	1%

How well did we do?

Services Provided	CFASE	Village	Wellmore	Statewide
Medical Clearance	98%	99%	100%	99%
Crisis Assessment and Intervention	98%	99%	100%	99%
Psychiatric Care	98%	99%	64%	87%
Care Referrals	98%	99%	99%	99%
Safety Planning	98%	99%	98%	98%
Written Discharge Instructions	98%	99%	97%	98%
Aftercare Case Management	98%	99%	98%	99%
Total Episodes	112	153	132	397

Most major elements of the model were consistently provided to all children served by the UCC. Notably, Wellmore provided Psychiatric Care 64% of the time compared to higher rates among the other agencies.



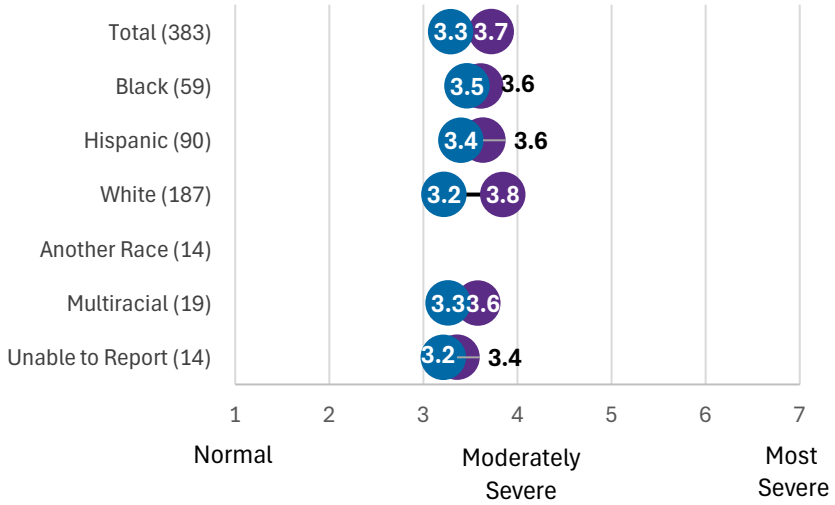
Note: Data is not shown for race and ethnicity groups that have 10 or fewer children during the quarter.

The **average length of stay (LOS)** statewide was 3.1 hours. This number varied by agency with CFA having an average LOS of 2.6 hours, Wellmore 3.1 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



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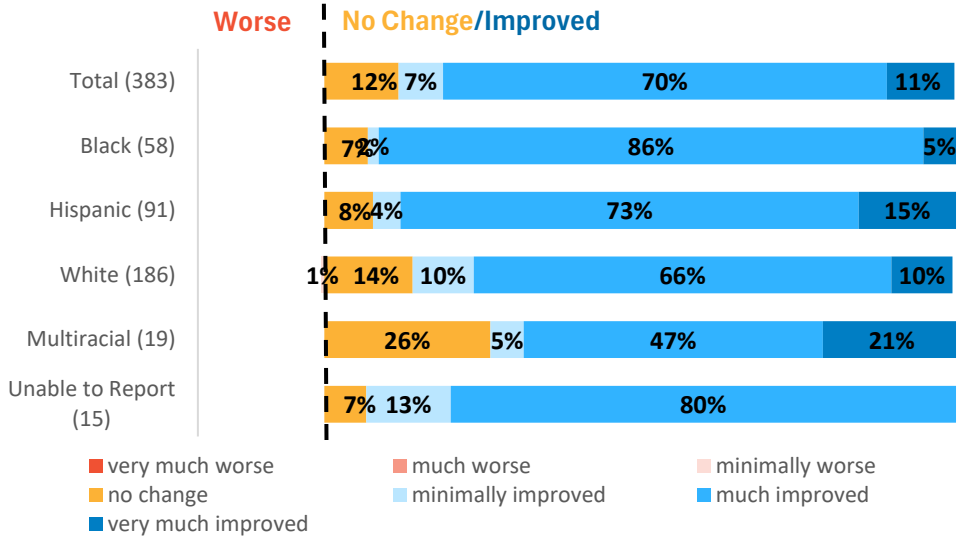
Compared to the child's condition at intake, at discharge the child's condition is...



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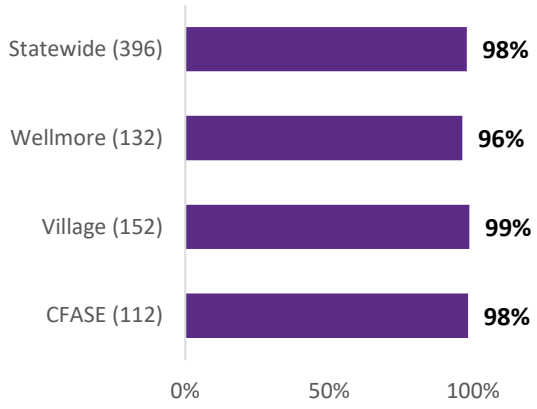
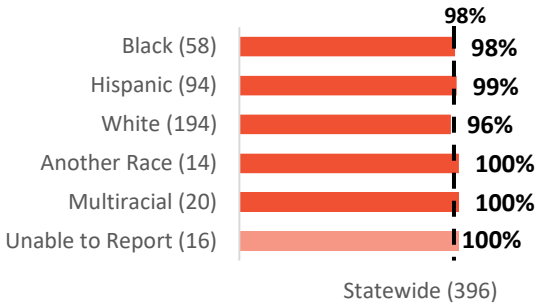
The Clinical Global Impressions Scale (CGI) consists of two questions. The first, asked at both intake and discharge, was "Considering your experience, how severe are the child's emotional, behavioral, and/or cognitive concerns at this time?" Clinicians respond on a scale of 1 to 7, with 1 being "normal" 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 3.7, 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 (p=.007), with the change in severity for Black and Hispanic children being significantly lower than the change for White children.

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". Nearly all children (88%) saw some level of improvement, with the most common category being "much improved" (70%). 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 12% of children. There were no significant differences in improvement level between racial and ethnic groups.

Percent Discharged to Home/Community



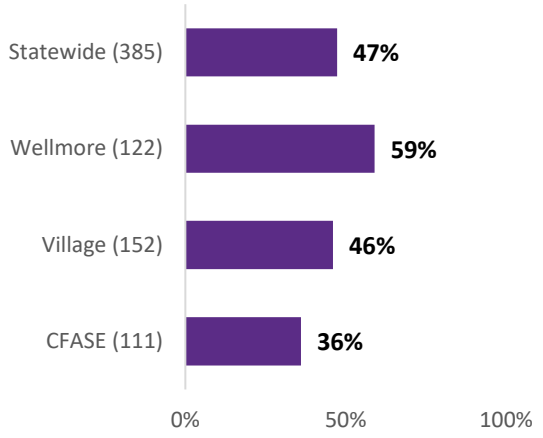
Percent Discharged to Home/Community by Race and Ethnicity



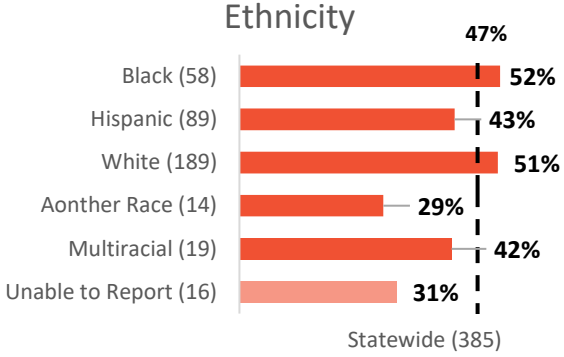
Note: Data is not shown for race and ethnicity groups that have 10 or fewer children during the quarter.

98% 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



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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 47% of episodes, families reported diversions from the emergency department, indicating a substantial portion of clients being redirected or receiving care outside of the ED. Differences between racial and ethnic groups were not statistically significant.

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.