Child Health and Development Institute

Urgent Crisis Center Performance Improvement Center

Annual Report: FY2025

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.

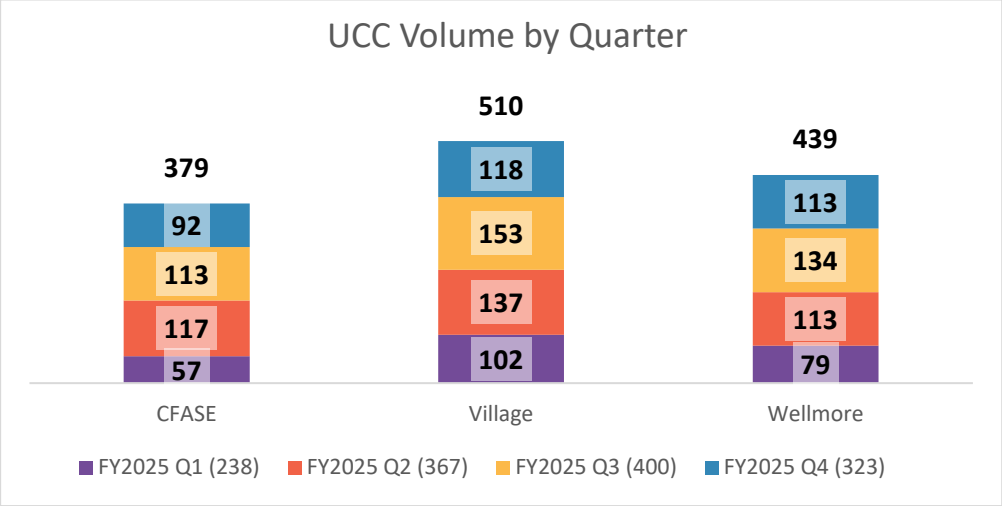
Urgent Crisis Center Annual Report - FY2025

This report presents data for Connecticut's three community-based Urgent Crisis Centers for children (UCCs), from July 1, 2024- June 30, 2025.

Between July 1, 2023 and June 30, 2025 the UCCs have served 2,460 children

FY2025 Highlights:
- 1,328 episodes of care
- Race and ethnicity of children served is similar to CT's child population - statewide, 12% of children served were Black, 32% were Hispanic, and 45% 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
- 99.4% of children met their treatment goals, which was consistent across major racial and ethnic groups (99% for Black and White children and 100% for Hispanic children)
- 89% of children showed some level of improvement from intake to discharge and 11% stayed the same
- 98% of children were discharged to their homes and communities, which was consistent across racial and ethnic groups (97% for Black and White children and 98% for Hispanic children).

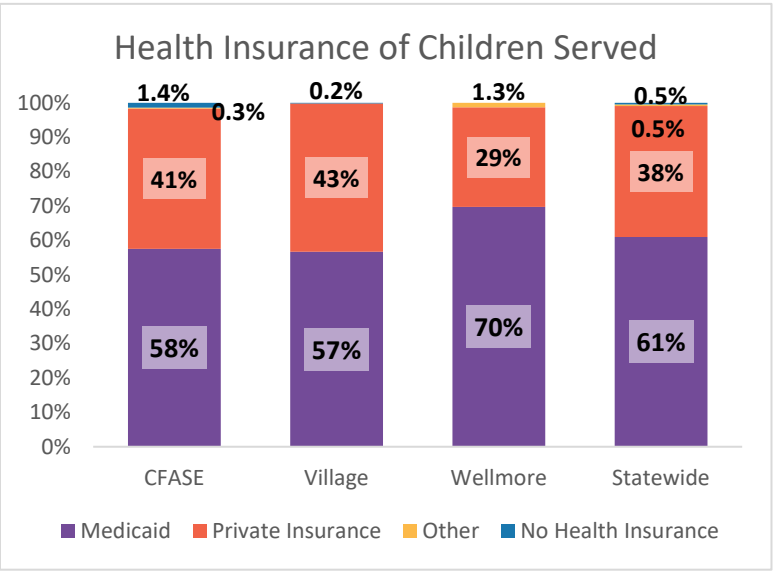
How much did we do?

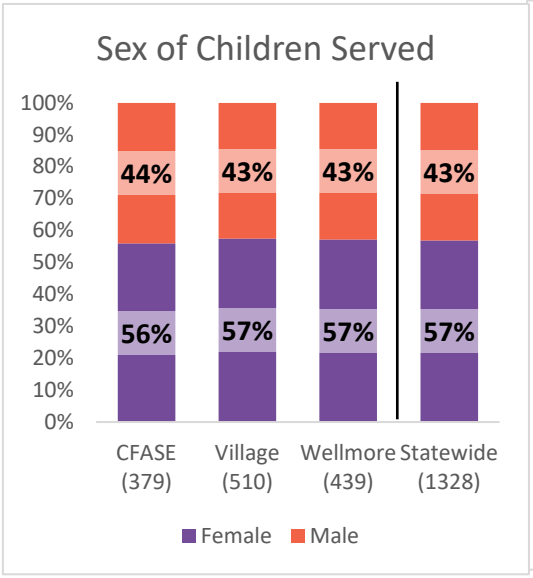


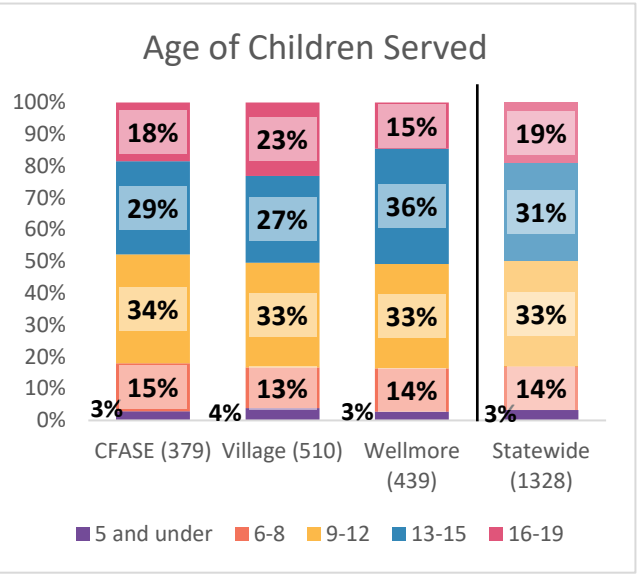
In FY2025, the three community-based UCCs reported **1,328 episodes of care.** In total, 1,568 families reported to the UCC but ultimately 240 of these were evaluation only cases, meaning that the child was not admitted to the UCC for assessment. The most common reasons for an evaluation only case were the child/family declining services (53%) and the child needing a higher level of care (28%).

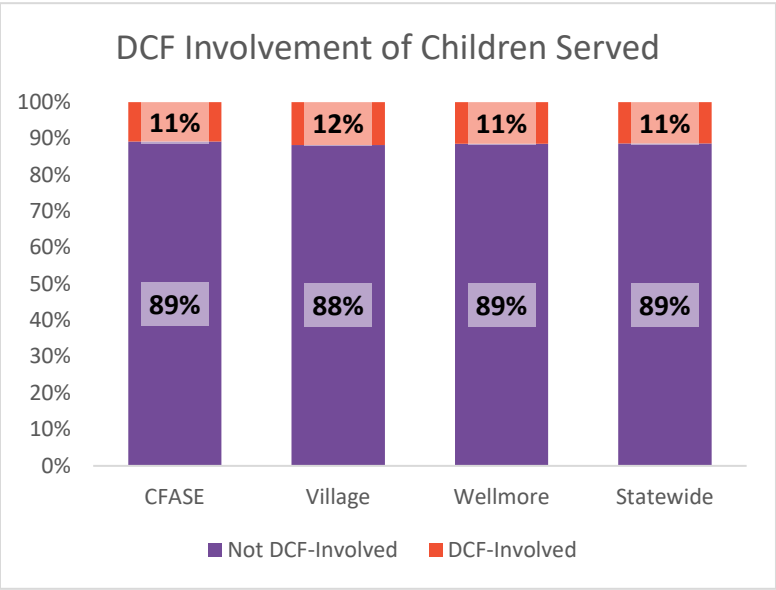
The highest volume was reported by the Village (510) and the lowest volume was reported by CFA (379). Statewide, Quarter 3 had the highest volume (400).

Who did we serve?







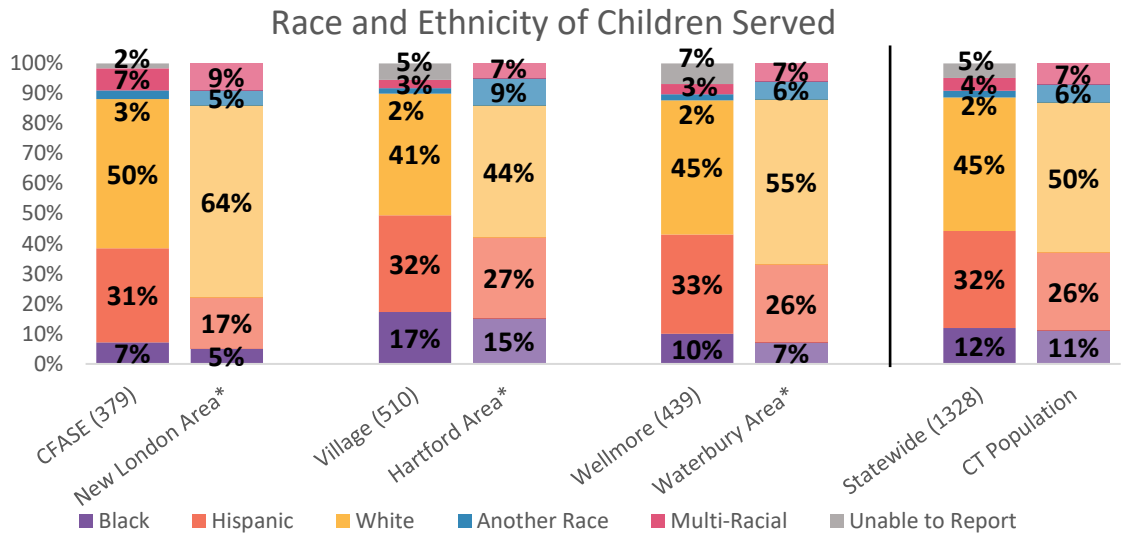


89% of children served were not DCF-involved, which was consistent across providers. 61% of children statewide are covered by Medicaid, with 38% covered by private insurance. This is largely consistent across providers, though Wellmore served a higher percentage of Medicaid youth.

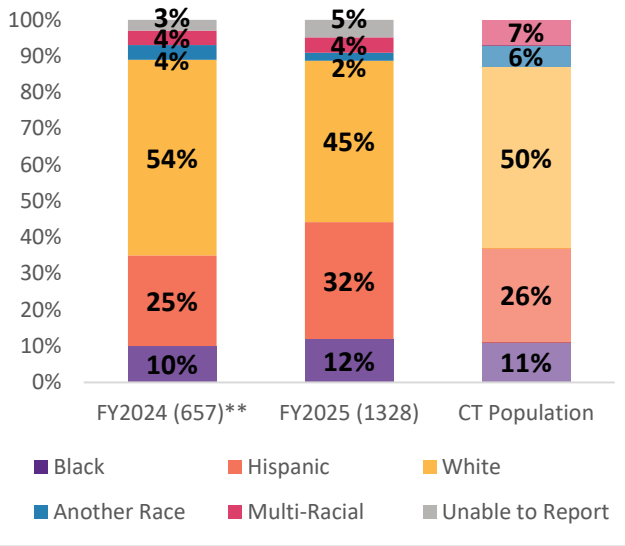
In FY25, 57% of the youth served were female, and 3.0% of children served reported being transgender. The portions of male and female children served are consistent across providers.

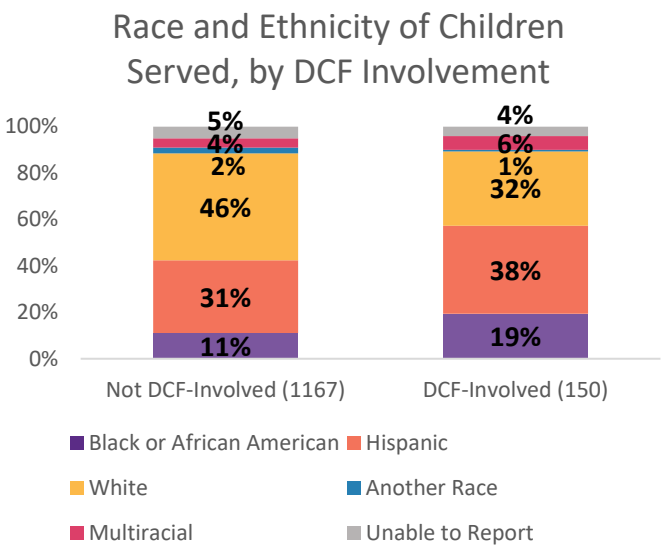
The largest age groups of children served were 9-12 years old (33%) and 13-15 years old (31%). The breakdown of ages served is consistent across providers, though the Village served a slightly larger portion of children 16 and over.

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. CFA served Hispanic youth at a higher rate than their regional population (31% vs. 17%). There was some variation within other regions, but no major differences.^

The race and ethnicity of children served in FY2025 was similar to FY2024, with both years being similar to the CT child population.

Compared to children not involved with DCF, there were slightly higher rates of Black and Hispanic DCF-involved youth served by the UCCs.

**FY2024 only includes data for quarters 3 and 4.

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

Who did we serve?

Presenting Problem	CFASE (368)	Village (510)	Wellmore (427)	Statewide (1305)
Harm/Risk of Harm to Self	48%	39%	21%	35%
Disruptive Behavior	14%	25%	15%	18%
Depression	10%	10%	21%	13%
Anxiety	8%	9%	15%	11%
Harm/Risk of Harm to Others	4%	5%	4%	4%
Trauma	3%	0%	6%	3%
School Problems	2%	2%	4%	2%
Family Conflict	2%	2%	4%	2%
Hyperactive/Impulsive	2%	1%	2%	2%
Developmental Delays	0%	0%	3%	1%
Other	8%	7%	6%	7%

Statewide, the most common presenting problem was harm/risk to self (35%). CFA had the highest rate at 48%, while the Village followed at 39%. Wellmore's most common presenting problem was depression (24%). Wellmore had equal rates of harm/risk of harm to self and depression (21%).

Statewide, the most common referral source was school (42%), with CFA having the highest rate of school referrals at 55%. Referral sources were relatively similar to FY2024.

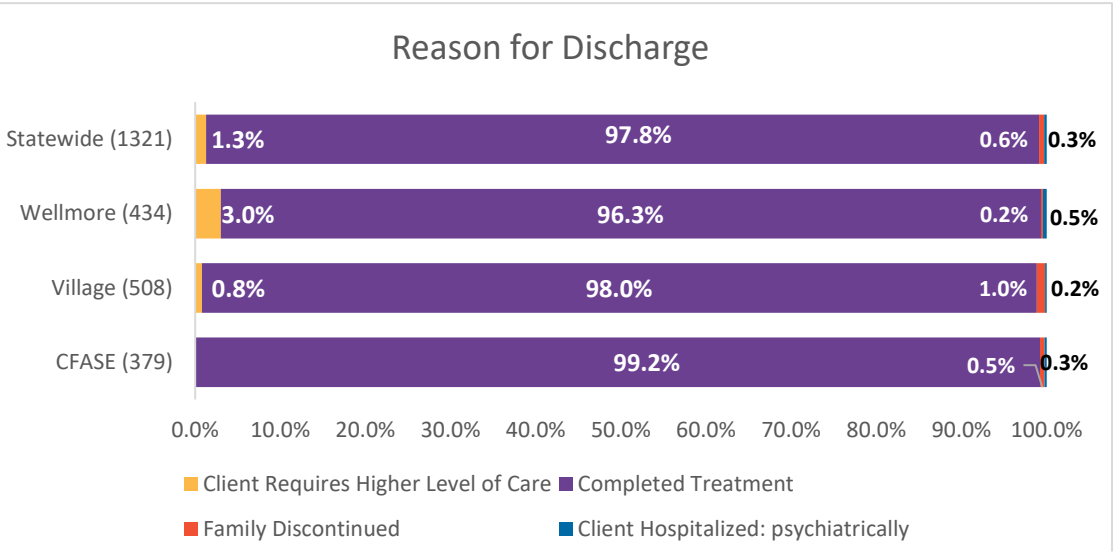
**FY2024 only includes data for quarters 3 and 4.

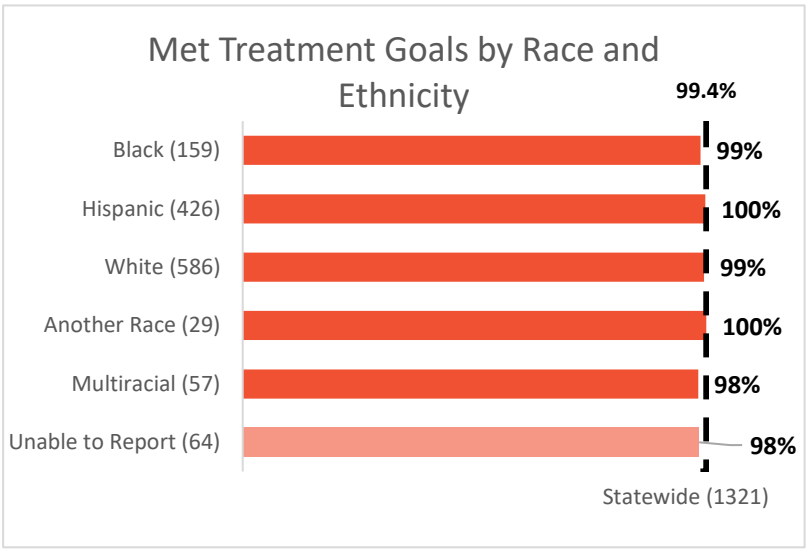
Referral Source	CFASE (379)	Village (510)	Wellmore (439)	Statewide (1328)	FY2024*
School	55%	36%	37%	42%	48%
Self/Family	15%	19%	25%	20%	25%
Other Community Provider Agen	8%	13%	7%	10%	5%
Physician	2%	12%	8%	8%	1%
Other Program within Agency	10%	7%	8%	8%	13%
Mobile Crisis	0%	5%	5%	4%	1%
DCF	1%	3%	5%	3%	1%
Police	6%	1%	1%	2%	2%
Info-Line (211)	0%	5%	1%	2%	2%
Emergency Department	1%	0%	2%	1%	1%
Other Referral Source	1%	1%	1%	1%	2%

How well did we do?

Services Provided	CFASE	Village	Wellmore	Statewide
Medical Clearance	97%	100%	94%	97%
Crisis Assessment and Intervention	97%	99%	98%	98%
Psychiatric Care	97%	99%	76%	91%
Care Referrals	96%	98%	96%	97%
Safety Planning	86%	87%	90%	88%
Written Discharge Instructions	85%	87%	89%	87%
Aftercare Case Management	97%	98%	90%	95%
Total Episodes	379	510	439	1328

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



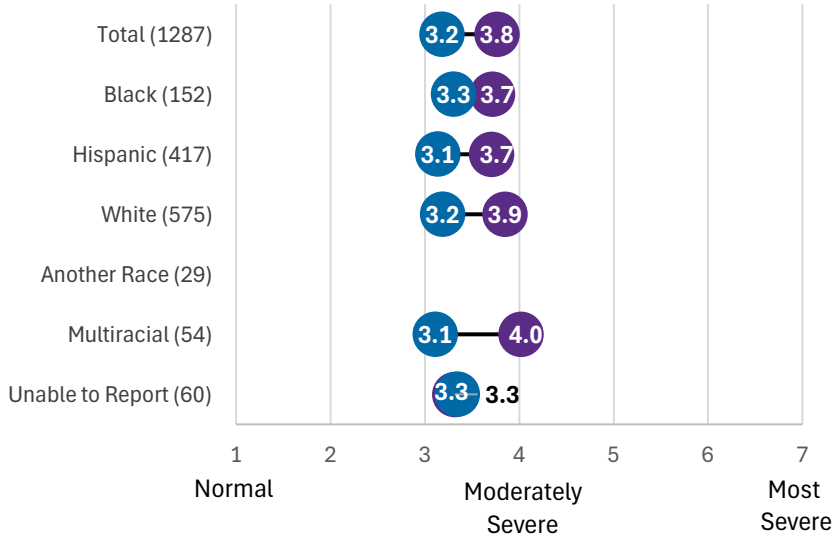


The **average length of stay (LOS)** statewide was 3.5 hours. This number varied by agency with CFA having an average LOS of 2.9 hours, Wellmore 3.4 hours, and the Village having the highest average LOS of 4.3 hours.

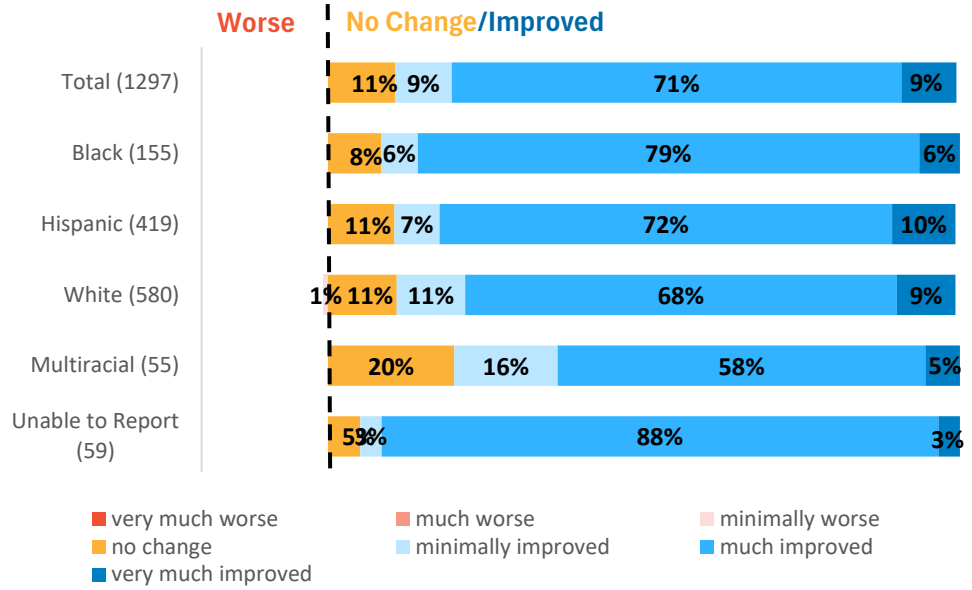
Nearly all children statewide were discharged because they completed treatment with the UCC. Statewide, 99.4% of children met treatment goals, varying minimally by race and ethnicity, with no statistically significant differences between groups.

Is anyone better off?

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



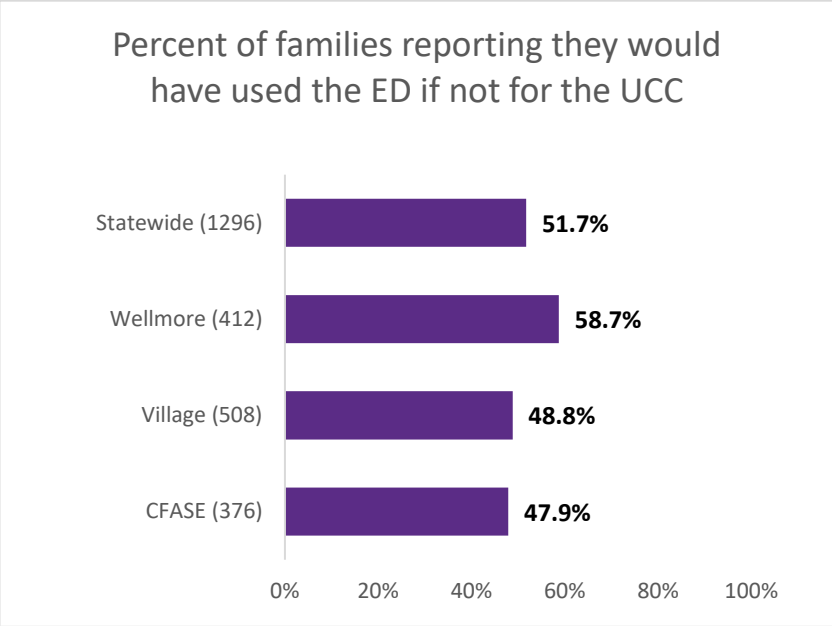
Compared to the child's condition at intake, at discharge the child's condition is...

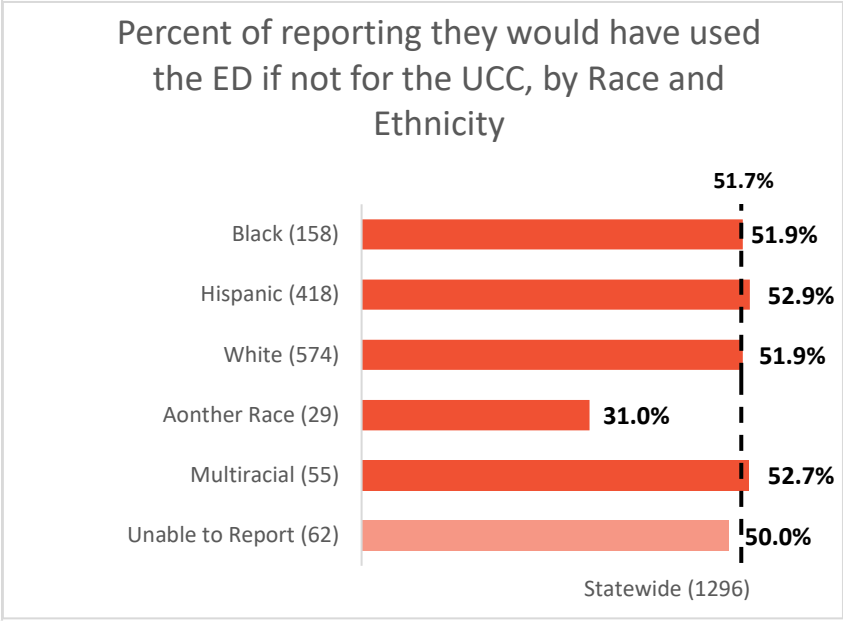


The Clinical Global Impressions Scale (CGI) consists of two questions. The first, asked at both intake and discharge, was "Considering your experience, how severe are the child's emotional, behavioral, and/or cognitive concerns at this time?" Clinicians respond on a scale of 1 to 7, with 1 being "normal" 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 3.2. There were statistically significant differences between groups with children whose race wasn't reported having a lower severity at intake and a lower change in severity compared to other groups.

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 (89%) saw some level of improvement, with the most common category being "much improved" (71%). 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 statistically significant between groups, with reported improvement for Multiracial children being lower than for those whose race was not reported. No other differences were statistically significant.

Is anyone better off?

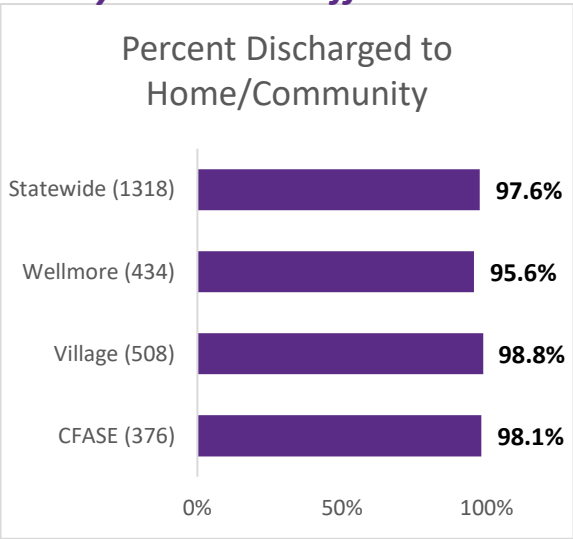


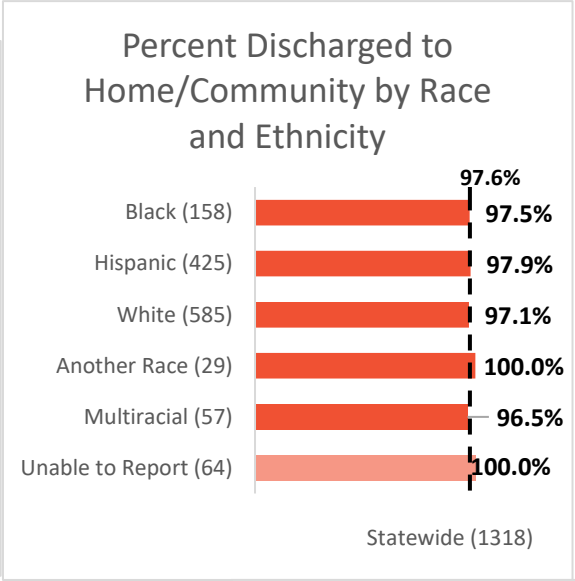


UCC providers ask families what they would have done if the UCC wasn't available, particularly whether they would have gone to an ED. For 52% of episodes, families reported diversions from the emergency department, indicating a substantial portion of clients being redirected or receiving care outside 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.

Is anyone better off?





98% of children were able to return to their home/community at discharge. There were no statistically significant differences between racial and ethnic groups.

Looking across both provider and demographic groups, there is minimal variation in the rate of children being discharged back home - over 90% across all groups.

Is anyone better off - a deeper dive