

Urgent Crisis Center Performance Improvement Center

Quarterly Report: FY2025 Q1

Urgent Crisis Centers (UCCs) provide full crisis assessments in a safe location for all children and families 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 Q1

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

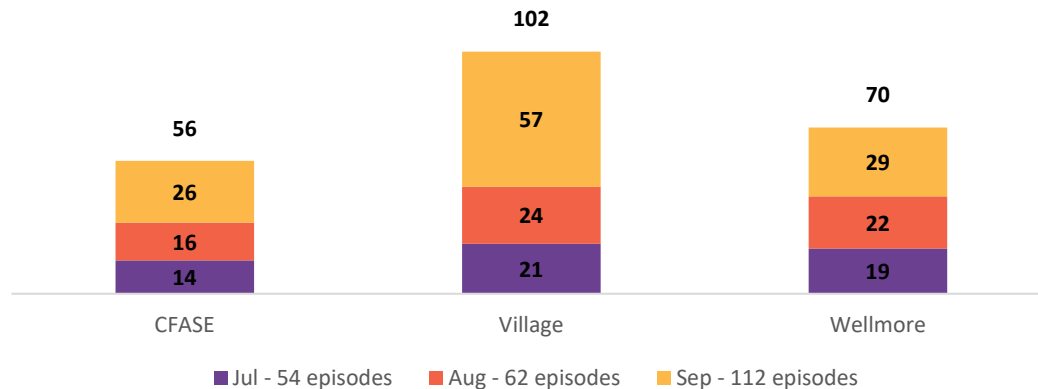
Between January 1, 2024 and September 30, 2024 the UCCs have served 1,470 children

FY2025 Q1 Highlights:

- 228 episodes of care
- Race and ethnicity of children served is consistent with CT's child population - statewide, 10% of children served were Black, 29% were Hispanic, and 40% 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
- 99.6% of children met their treatment goals, which was consistent across major racial and ethnic groups (100% for Black, White, and Hispanic children)
- 92% of children showed some level of improvement from intake to discharge and 8% stayed the same
- 95% of children were discharged to their homes and communities, which was consistent across racial and ethnic groups (94% for White and Hispanic children, 100% for Black children)

How much did we do?

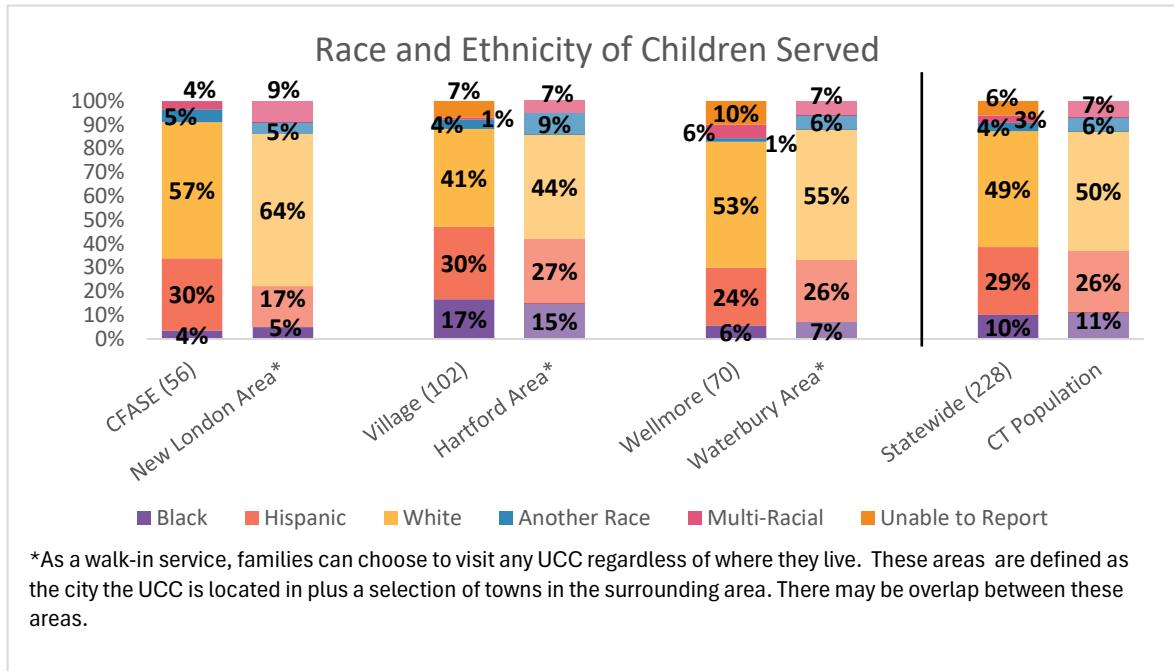
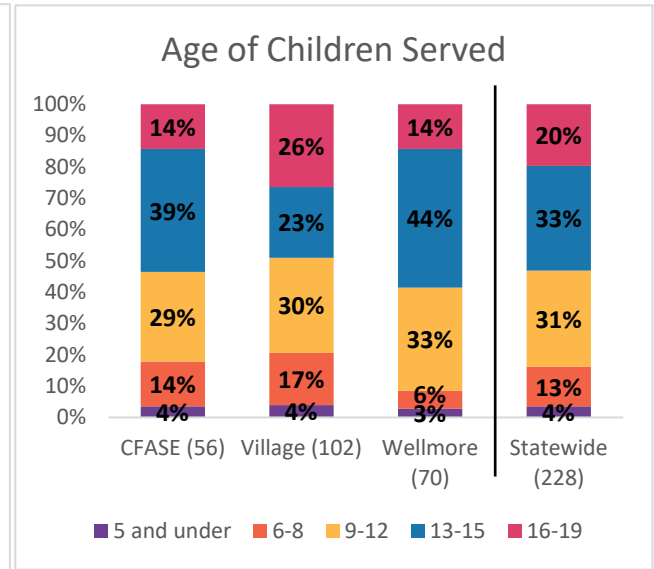
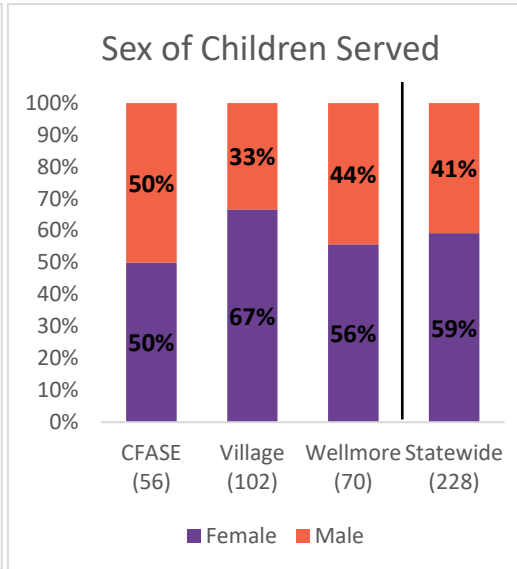
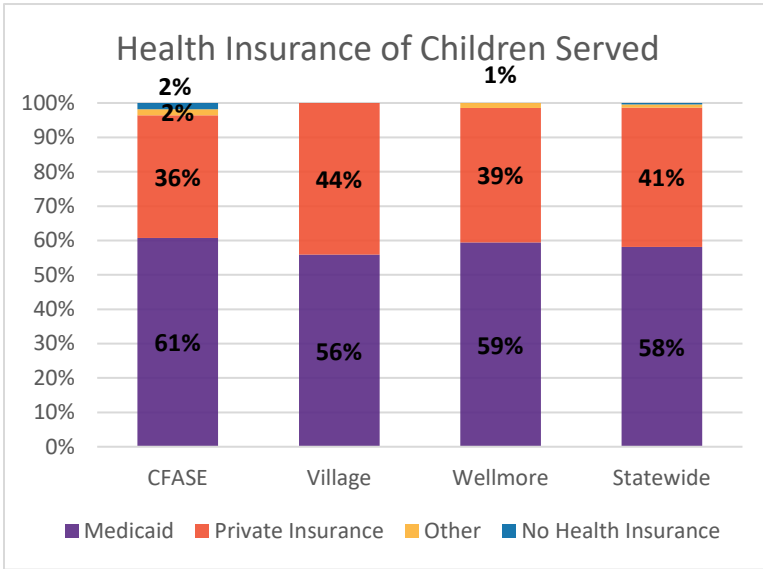
UCC Volume by Month



In FY2025 Q1, the three community-based UCCs reported **228 episodes of care**. In total, 269 families reported to the UCC but ultimately 41 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 declining services (46%), the child needing a higher level of care (34%), or the child being more appropriate for a lower level of care (7%).

The highest volume was reported by the Village (102) and the lowest volume was reported by CFA (56). Statewide, September had the highest volume (112).

Who did we serve?



Statewide, UCCs served a population that is similar in race and ethnicity to the CT child population. At the individual UCC level, there was some variation in population served compared to the population of the surrounding towns. Most notably, CFA served Hispanic youth at higher rates than the regional population (30% vs. 17%).

In Q1, 59% of the youth served were female, and 3.9% of children served reported being transgender. The largest age groups of children served were 9-12 years old (31%) and 13-15 years old (33%).

Who did we serve?

Presenting Problem	CFASE (56)	Village (102)	Wellmore (70)	Statewide (228)
Harm/Risk of Harm to Self	30%	37%	22%	31%
Disruptive Behavior	14%	24%	29%	23%
Depression	13%	15%	13%	14%
Anxiety	13%	10%	10%	11%
Family Conflict	2%	1%	12%	4%
Harm/Risk of Harm to Others	2%	2%	4%	3%
Hyperactive/Impulsive	2%	3%	1%	2%
Substance Problem: Other Subst	0%	3%	1%	2%
Problem Sexual Behavior	4%	0%	0%	1%
Psychosis	4%	0%	0%	1%
Other	18%	6%	7%	9%

Statewide, the most common presenting problem was harm/risk to self (31%). This was consistent for CFA and the Village, but disruptive behavior was more common for Wellmore (29% vs. 22%).

Statewide, the most common referral source was self/family (25%). However, for both CFA and the Village school referrals were more common. Quarter 1 includes two summer months, accounting for lower rates of school referrals compared to other quarters.

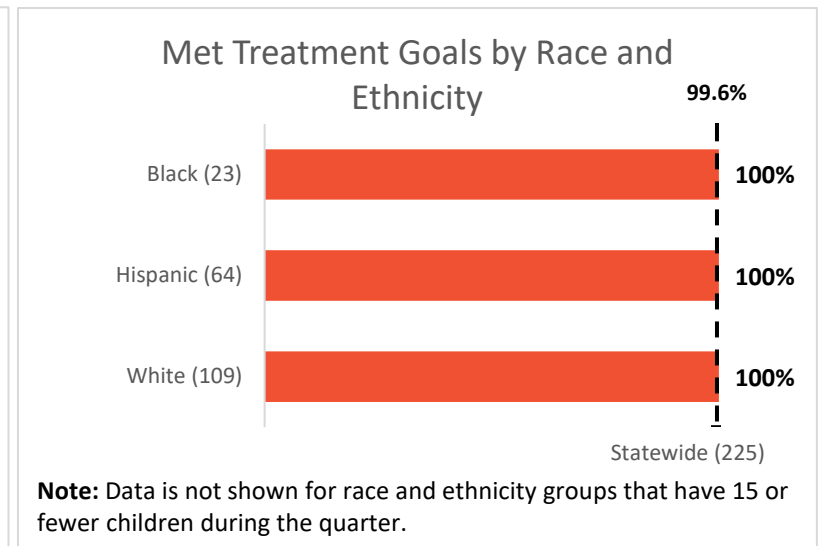
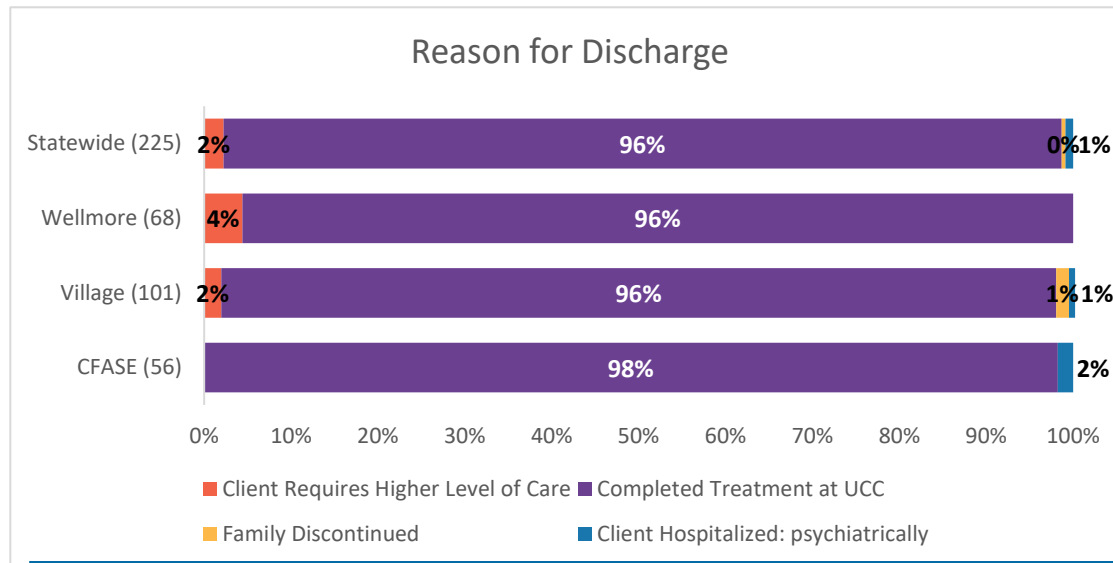
Referral Source	CFASE (56)	Village (102)	Wellmore (70)	Statewide (228)
Self/Family	18%	21%	36%	25%
School	29%	23%	16%	22%
Other Program within Agency	27%	9%	11%	14%
Other Community Provider Agency	11%	16%	10%	13%
Physician	7%	17%	7%	11%
Info-Line (211)	0%	8%	1%	4%
Mobile Crisis	0%	0%	10%	3%
Police	5%	2%	1%	3%
Emergency Department	2%	1%	3%	2%
Probation/Court	0%	3%	0%	1%
Other Referral Source	2%	2%	4%	3%

How well did we do?

Services Provided	CFASE	Village	Wellmore	Statewide
Medical Clearance	100%	99%	71%	91%
Crisis Assessment and Intervention	100%	99%	94%	98%
Psychiatric Care	100%	99%	54%	86%
Care Referrals	100%	98%	84%	94%
Safety Planning	30%	41%	53%	42%
Written Discharge Instructions	30%	41%	50%	41%
Aftercare Case Management	100%	97%	71%	90%
Total Episodes	56	102	70	228

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

Note: The discrepancy between Wellmore and other agencies around many of these services may be related to data entry or data definitions rather than actual services provided. Additionally, Safety Planning and Written Discharge Instructions were added to PIE partway through the quarter, resulting in missing data.

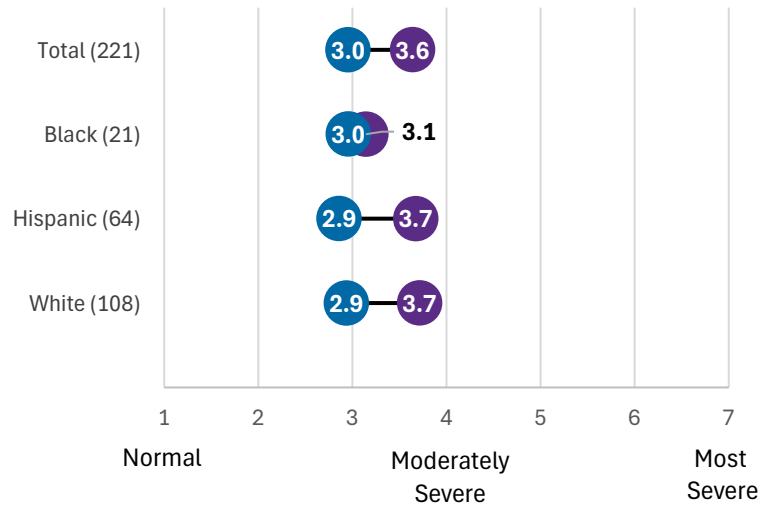


The **average length of stay (LOS)** statewide was 3.8 hours. This number varied by agency with CFA having an average LOS of 2.6 hours, Wellmore 3.6 hours, and the Village having the highest average LOS of 4.5 hours.

96% of children statewide were discharged because they completed treatment with the UCC. Statewide, nearly 100% of children met treatment goals, varying minimally by race and ethnicity.

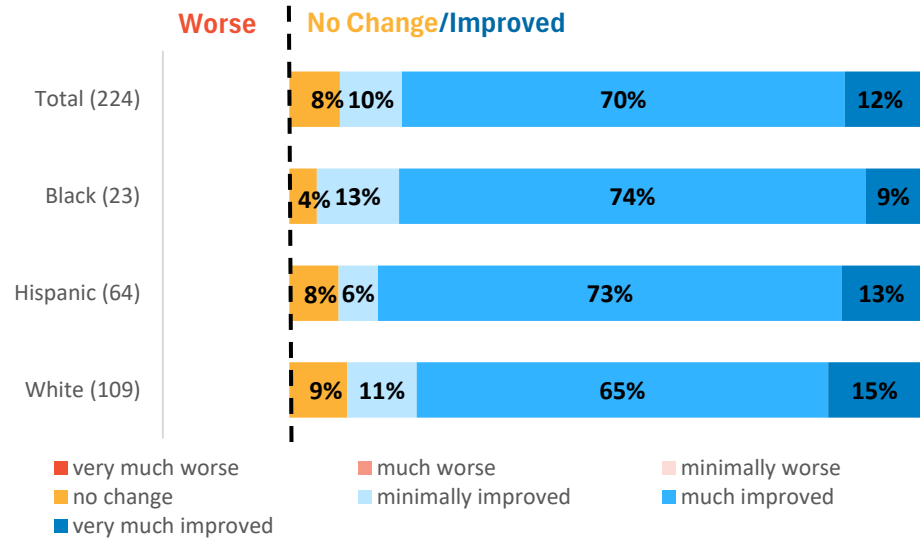
Is anyone better off?

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



Note: Data is not shown for race and ethnicity groups that have 15 or fewer children during the quarter.

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

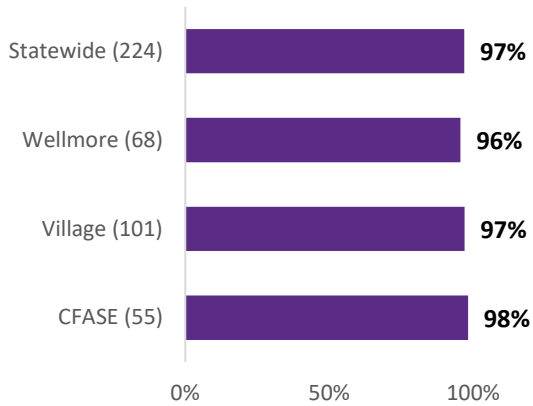


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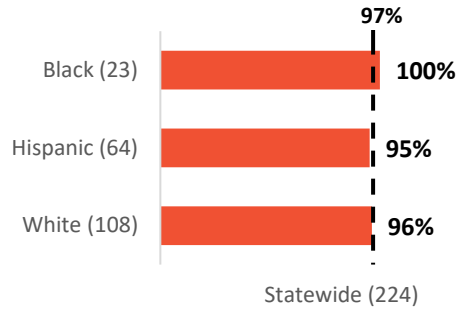
The Clinical Global Impressions Scale (CGI) consists of two questions. The first, asked at both intake and discharge, was "Considering your experience, how severe are the child's emotional, behavioral, and/or cognitive concerns at this time?" Clinicians respond on a scale of 1 to 7, with 1 being "normal" 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 3.6, approaching "moderately severe". There was a change in severity reported between intake and discharge, with the average score at discharge being 3.0. White and Hispanic youth were rated as having higher severity at intake compared to Black youth, and showed a greater decrease from intake to discharge.

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 (92%) 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 8% of children.

Percent Discharged to Home/Community



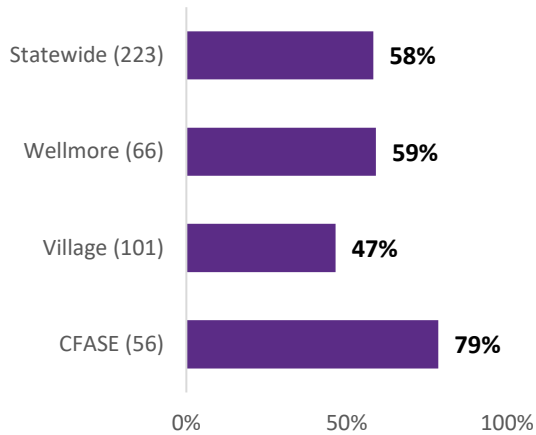
Percent Discharged to Home/Community by Race and Ethnicity



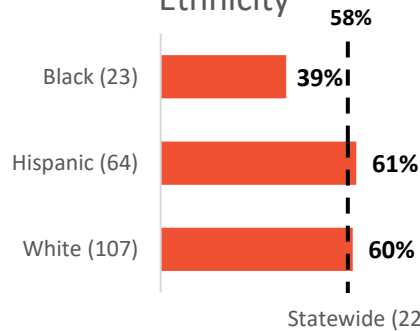
Note: Data is not shown for race and ethnicity groups that have 15 or fewer children during the quarter.

97% of children were able to return to their home/community at discharge. This was consistent across most racial/ethnic groups, with Black youth having a rate of 100%.

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 15 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 57% of episodes, families reported diversions from the emergency department, indicating a substantial portion of clients being redirected or receiving care outside of the ED. White and Hispanic youth had a diversion rate similar to the statewide rate, which is consistent with the fact that they make up the largest portion of children served. Black children had the lowest rate, at 39%.

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.