

## More Than Brick Mortar: Urgent Crisis Centers a Lifeline for Families Impacted by Behavioral Health Emergencies



In response to the growing youth mental health epidemic in the U.S., the State of Connecticut introduced Urgent Crisis Centers (UCCs) which provide immediate care - no appointment necessary - to children and teens, ages 4-18, experiencing an active and urgent mental health crisis. UCCs were designed to divert youth from visiting the emergency room, which is often not the best environment for a person experiencing a mental health episode, by offering access to trained professionals in a clinic-like setting.

An active and urgent behavioral health crisis can take the form of thoughts of suicide or self-injury, feelings of depression, anxiety, or hopelessness, out-of-control behaviors, substance misuse, or any other mental health crisis.

The three centers, strategically located across the state, were created by [legislation](#) Governor Ned Lamont signed in 2022 addressing the growing youth behavioral health crisis. At the time of their opening in 2023, Governor Lamont made reference to this saying that the mental health needs of youth is an urgent issue that must be treated as any other public health emergency.

Melissa and Linda live in the greater Hartford area and are parents to four children. On several occasions, they have had to take their oldest daughter, who has special needs, to the UCC at The Village for Families and Children when she was experiencing a behavioral health crisis.

Prior to the UCCs opening, the couple would take their daughter to the emergency department at a local children's hospital. They said the difference in care and attention received was noticeable and they want other parents to know that this valuable resource exists.

"The UCC is just a much different feel than the emergency department. You get more individualized care for your child whereas, when we went to the ED, you just sit for hours, not knowing what was going to happen next, not knowing where [our child] was going because they separated us several times. You just feel like you're getting more one-on-one with the UCC," said Melissa.



Linda agreed, "Unlike the ED, with the UCC, you have a world of experts who are not just treating the child, but the whole family. While working on the

situation at hand, they're calming things down, taking an assessment, checking in on the parents, are we safe, and creating a plan for when we leave."

As Connecticut's lead children's behavioral health agency, DCF licenses the UCCs which were designed to provide more specialized care so that the centers are better suited than an emergency department for providing crisis stabilization support, completing a comprehensive mental health assessment, working with families to develop a safety plan, and connecting children directly to follow-up services.

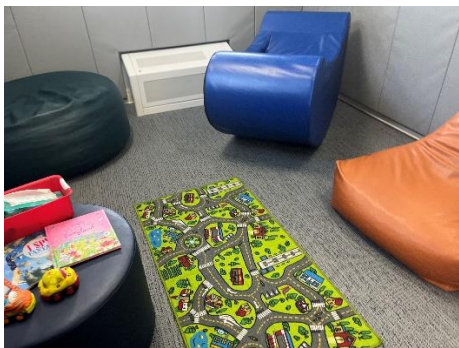
For youth already in crisis, emergency room visits can be further destabilizing and families often experience hours-long waits.

"The UCC is a warmer atmosphere, you're not going to be sitting in the ED with other children with, say, a broken arm. It could be dysregulating for your child being with somebody who's having an outburst if you're trying to regulate," said Melissa.



The availability of immediate, walk-in care without needing to visit an emergency room can make a significant difference in how quickly children and families get the support they need. There is that warmth that Melissa spoke of in addition to the UCC staff just making it easier for a family already dealing with a high-stress situation.

Lisa said, "You walk through that door, you are getting care right away whereas if you're in a big facility where they're dealing with 100 kids, you're not going to get that that immediate care."



"There are times where we haven't even gone past the waiting room and [the UCC staff] have been able to get [our daughter] regulated and have a safety plan ready."

Because Melissa and Linda bring their daughter to the UCC somewhat regularly, the family has developed relationships with the center's staff which has a significant positive impact for both adults and child.

"So it's really nice when [our daughter] is dysregulated to go in and be like, oh yeah, I've talked to this therapist before or oh, look, Joyce is sitting there at the reception desk right as we walk in. That's a huge comfort for her and, because we go in fairly frequently for her dysregulation, it helps regulate her more quickly."

With 72 daily slots across the three centers, the focus is on making care more accessible during times of urgent need. No appointment or referral is necessary. When a family visits a center, the goal is to deescalate the crisis, complete the evaluation and connect youth to services in under 24 hours.



The couple said the individualized service and one-on-one attention families receive at a UCC is lifesaver and families do not have to feel alone or lost as they might at the emergency department.

"At the ER, not only do you have 100 kids in the waiting room, but you have 14 kids back in the ward. Waiting for hours. At the UCC, they might leave your child with you and go attend to another child for 20 minutes or whatever but then they're back. But it's individualized so it's one child, in one room, being taken care of. The rooms are really nicely done with furniture that is safe. There are places to sit and hang out and they will bring coloring books, games, toys, whatever you need," said Melissa.

"And snacks," Linda added.



"Oh yes, snacks! That's a big one since hunger can make the outbursts worse," said Melissa. "But yeah, they'll check in and they'll talk to the parents. One day the staff was like 'I think you need a hug'. At the UCC, they're treating the whole family. They're not just treating the child."

Melissa said that she let her friends know that a family does not have to be a client of the respective provider to use their UCC and the couple encourages any family to use this valuable resource if their child is experiencing a behavioral health crisis.

"For the majority of kids who are just having those meltdowns, or kids who have autism, they don't need an emergency room, but the family still needs support in that moment. The UCC gives you that place."

### **UCC Outcomes Since Opening in 2023**

- Overall, 99% of children met treatment goals (Jan 1-Dec 31, 2024)
- On average, families spend 3.3 hours at the UCC
- 97.5% of children served in UCCs returned to their homes and communities
- 52.6% of families said they would have gone to the ED if not for the UCC

- Total Served = 1,781 (July 2023-December 2024)
- 95% of children were rated as having improved during UCC episode

Find contacts, addresses, and more information about an Urgent Crisis Center in your region [here](#). Or visit [WeAreCT.org](https://www.WeAreCT.org) for non-emergency behavioral health resources and support for you and your family.