**Program Goal:** Establish an organized and effective community-based response to child/adolescent behavioral crises that is built upon each child’s existing family/caretaking system and that is integrated with available community services. This response is intended to create a “best practice” model for the care of children and adolescents who have mental health problems or developmental disabilities.

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<th>Context</th>
<th>Activities</th>
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<td><strong>Population of Focus</strong></td>
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| Albany, Rensselaer or Schenectady County children and adolescents (up to age 17 or older if still in day school) who are experiencing an emotional and/or behavioral crisis. | - Telephone consultation available to families and providers.  
- Telephone screening for intervention. | - Immediate restoration of safety.  
- Youth and family connected to locally based support services.  
- More appropriate community referrals.  
- More accurate assessments.  
- Reduced use of ambulance and police for transport.  
- Less stressful escort experience for youth and family. |
| **Primary Challenge** | Crisis Assessment, Intervention and Stabilization | **Intermediate** |
| Four of the principal points of emergency access available now – the CDPC Crisis Unit and the emergency departments of Albany Medical Center, Samaritan Hospital, and Ellis Hospital – serve adults and as such are inappropriate for children and adolescents. | - Urgent face-to-face assessment and intervention in the community.  
- Utilize assessment tools designed for children and adolescents.  
- Escort, transport to service.  
- Immediate access to brief crisis respite in the three counties served. | - Reduced number of youth served in ERs and CDPC Crisis Unit due to emotional and behavioral crises.  
- Reduced hospitalizations and need for high-level care, i.e., increase diversions. |
| **Inputs** | Peer Support | **Long-Term** |
| - **Staffing:** Master’s level social work, nursing, and behavioral clinicians specially trained in child and adolescent mental health and developmental disabilities.  
- **Hours of operation:** M-F 11:00 am to 9:30 pm, identified high-needs times.  
- **Transport:** Designated CAMT vehicles.  
- **Partnerships:** A collaborative of 13 agencies in three counties and selected MOU’s with emergency rooms, county mental health agencies, and respite providers. | - Family advocate support engages the family during crisis assessment.  
- Family Advocate provides post-crisis phone support to follow up with the parents as needed.  
- Peer support works with the family on long-term, comprehensive planning. | - Cost savings based on reductions in the use of higher levels of care and ancillary services, e.g., police, ambulance.  
- Reduced stress on youth and family.  
- Reduced school days missed due to behavioral crisis. |
| **Facilitation of Community Supports and Care** | | |
| - Establish or enrich connections between providers and family, with linkages to community-based resources.  
- Establish an effective continuing plan for support of the entire caregiving system – family, school, pre-crisis service providers. | | |