Capital Region Child and Adolescent Mobile Team

Logic Model

3/16/10

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.

Context

Population of Focus

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.

Primary Challenge

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.

Inputs

- **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.

Activities

Consultation and Information

- Telephone consultation available to families and providers.
- Telephone screening for intervention.

Crisis Assessment, Intervention and Stabilization

- 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.

Peer Support

- 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.

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.

Outcomes

Short-Term

- 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.
- Longer term, comprehensive plans that ensure least restrictive services to support the child and family safely in the community.
- Customer satisfaction (families, youth, providers, local government agencies).

Intermediate

- 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.

Long-Term

- 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.