Cayuga County Community Mental Health Center

ADULT SINGLE POINT OF ACCESS (SPOA) APPLICATION

Send completed checklist and application by **encrypted** email to: AdultSPOA@cayugacounty.us
or by fax to: 315-253-1687
or by mail to: c/o Adult SPOA Coordinator,
146 North Street, Auburn, New York 13021

Applicant Name_____ D.O.B_____

**SPOA Applicants must meet eligibility criteria and all required documentation must be attached to application in order for SPOA Coordinator to process. Please check below to indicate eligibility and completeness of application. For more information, see page 2 for descriptions of services. If ineligible or if application is incomplete, SPOA Coordinator will email referring person.*

Document Requirements for Referral

☐ Completed SPOA Referral Application Form

☐ Cayuga County Community Mental Health Center Multiple Party Release Form (page 6)

☐ Psychosocial assessment or initial comprehensive assessment *updated within the last 90 days.*

☐ Hospital admission and discharge summaries (only required if no psychosocial or assessment included)

For residential treatment apartments, the following additional document is required:

☐ Restorative Services Authorization (Must have original signature from M.D. and mailed or delivered to CCCMHC)

Eligibility Requirements for Housing Services

☐ Must reside in Cayuga County

☐ 18+ years of age

☐ Mental Health Diagnosis

Eligibility Requirements for Care Management

☐ Cayuga County resident

☐ 18+ years of age

☐ Serious Mental Illness Diagnosis **OR** ☐HIV/AIDS Diagnosis **OR** ☐Two Chronic Conditions

☐ Presence of significant behavioral, medical or social risk factors

Program Descriptions

Care Management

Applicants eligible for care management will be assigned to a care manager who will collaborate with the individual to develop a care plan to address medical and social needs. The care manager and individual identify a care team to help connect to services such as medical care, mental health care, substance use treatment, housing, social services, etc.

In order to qualify for care management in Cayuga County, an individual must:

1. Reside in Cayuga County
2. Be diagnosed with a serious mental illness OR HIV/AIDS OR Two Chronic Conditions
3. Have significant behavioral, medical, or social risk factors that lead to extended impairment in functioning including:
   (a) Marked difficulties in self-care such as personal hygiene, diet, clothing, avoiding injuries, securing health care, or complying with medical advice; or
   (b) Marked restrictions of activities of daily living such as maintaining a residence, getting and maintaining a job, attending school, using transportation, day-to-day money management, or accessing community service; or
   (c) Marked difficulties in maintaining social functioning such as establishing and maintaining social relationships, interpersonal interactions with primary partners, children and other family members, friends, or neighbors, social skills, compliance with social norms, or appropriate use of leisure time; or
   (d) Frequent deficiencies of concentration, persistence, or pace resulting in failure to complete tasks in a timely manner in work, home, or school setting. Individuals may exhibit limitations in these areas when they repeatedly are unable to complete simple tasks within an established time period, make frequent errors in task, or require assistance in the completion of tasks.

Adult Residential Services

In order to be eligible for residential services, applicants must:

1. Reside in Cayuga County
2. Be 18 or older
3. Have a mental health diagnosis substantiated by a medical professional

Residential programs include:

- **Treatment Apartment Program**
  This is a transitional program that offers support to individuals needing assistance to develop skills in order to live more independently. Developing a plan to transition to independent living in the community is the primary goal. Levels of support are individualized based on need. Apartments with 24-hour on-site staff and scattered site apartments with staff supports available 7 days a week are both available.
- **Independent Housing Program**
  This housing option helps people to remain in the community by using existing county supports and providing assistance and advocacy to retain clean, safe, and affordable housing. Unity House staff members provide support and services specific to housing needs. More general care management needs are met through existing community services. The services provided by housing staff are minimal in comparison to a community residence, adult residence, or apartment program. Therefore, it is important that individuals are capable of living independently. After hours on-call services are provided through the existing county on-call services.
- **DePaul Single Site Supportive Housing Program**
  This housing option is designed to assist individuals with a mental illness, who qualify for affordable housing and meet the ESSHI homeless criteria. The intent of this permanent housing program is also to stabilize housing and help consumers build skills which will translate to their ability to eventually live in an apartment independently. While staff will be supporting residents by teaching some skills and connecting them with community support services, residents will need to have most independent living skills in place.
- **Respite**
  For respite, call 1-855-778-1900. A SPOA application is no longer needed for respite.

Referral Application

Date of referral:	
Applying for:	☐ Care Management ☐ Residential Services (please select which service) ☐ Unity House - Treatment Apartment Program ☐ Unity House- Independent Housing Program ☐ DePaul - Single Site Supportive Housing
Referring Person Contact Information:	Name_____ Title_____ Organization_____ Phone_____ Email_____

Applicant Information

Name:	Date of Birth:	SS#
Address:	Gender at Birth: Gender you identify as today:	
Medicaid CIN #:	Medicaid Managed Care Organization Name:	
Home Phone:	Medicare #:	
Cell Phone:	County of Residence:	
Indicate any need for language/interpretation services; specify language spoken if other than English:		
Emergency contact: _____ Relationship: _____ Phone: _____		

FOR CARE MANAGEMENT & HOUSING

Eligibility Category Information – Check <u>all</u> that apply

Must meet either <u>A only</u> or <u>B only</u> or <u>two C</u> to be eligible

Category			Detail *Specify diagnosis, provide available detail*
☐	**A**	Serious mental illness/Primary Diagnosis	
☐	**B**	HIV/AIDS	
☐	**C**	Mental Health condition *(other than SMI diagnosis)*	
☐	**C**	Substance Abuse Disorder	
☐	**C**	Asthma	
☐	**C**	Diabetes	
☐	**C**	Heart Disease	
☐	**C**	BMI > 25	
☐	**C**	Other Chronic Conditions *(Specify)*	

Risk Factors – Check all that apply

To qualify for care management, must have risk factors that lead to extended impairment in functioning

Category		Detail *Please explain how applicant meets risk factor*
☐	Probable risk for adverse event, e.g. death, disability, inpatient or nursing home admission	
☐	Lack of or inadequate social/family/housing support	
☐	Lack of or inadequate connectivity with healthcare system	
☐	Non-adherence to treatments or medication(s) or difficulty managing medications	
☐	Recent release from incarceration	
☐	Recent release from psychiatric hospitalization	
☐	Deficits in activities of daily living	
☐	Learning or cognition issues	

Provide any additional information that may be helpful in assignment to a care management agency:

Specify preferred or recommended care management agency, if any: _____

Additional Application Information – For Both Care Management and Housing

Legal Involvement (check all that apply)	**Comments**
☐ Legal involvement (CPS, Family Court)	
☐ Criminal involvement	
☐ Current charges pending	
☐ Currently on Probation Probation Offices:_____	
☐ Currently on Parole Parole Officer:_____	
☐ Involved in Treatment Court ☐ Drug Court ☐ Behavioral Health Court ☐ Monitoring Court	

Housing

Homeless: ☐ Streets ☐ Friends/Family ☐ Shelter ☐ Hotel

Housed: ☐ Unsafe structure ☐ Unsafe situation ☐ Unstable Housing
☐ Completing Program ☐ No needs

Reason for Housing referral at this time (please state specifically how these services will benefit the applicant):

Financial

No Income: ☐Needs to apply ☐Sanctioned

Income Source/Amount: ☐Employment $_____ ☐SSI $_____ ☐SSD $_____
☐Public Assistance $ _____ ☐Other $ _____

Medical

Provider: PCP_____ Specialist_____ ☐ Needs provider

Mental Health: Provider_____

Psychiatrist_____Therapist_____ ☐ Needs provider

Substance Use: Provider_____ ☐ Needs provider

Cayuga County Community Mental Health Center

MULTIPLE PARTY RELEASE FORM

Cayuga County S.P.O.A. Assessment Team

Client Name	Date of Birth	Date Revoked	Staff Signature

I,_____do hereby consent and authorize information to be obtained from and/or released to The Cayuga County S.P.O.A. Assessment Team to include representatives from:

ARISE
Auburn Drug Treatment Center (ADTC)
Auburn Community Hospital (ACH)
Auburn Community Hospital Behavioral Health Unit (ACH/BHU)
Auburn Housing Authority
Catholic Charities Cayuga Centers
Cayuga Counseling Services, Inc.
Cayuga County Community Mental Health Center (CCCMHC)-
Clinic & Care Management
Cayuga County Health & Human Services
Temporary Assistance, Adult Protective Services (APS), Child Protective Services (CPS)
Cayuga County Jail
Cayuga County Probation
Cayuga Seneca Action Agency
Central New York Health Home Network, LLC
Chapel House
Confidential Help for Alcohol & Drugs (C.H.A.D.)
DePaul Community Services
Grace House
Health Homes of Upstate New York HCR Health
Hillside
Homesite
Hutchings Psychiatric Center (HPC)
Liberty Resources
New York State Parole
Northbrook Heights
Onondaga Case Management Services/Circare
OMH licensed facilities
Oswego County DSS/Div of Mental Hygiene (for ACT only)
Oswego Health (for ACT only)
St. Joseph's Care Coordination Network
Syracuse Recovery
Unity House – Treatment Apartment Program
Unity House – Independent Housing Program
Other:
_____
Other: _____

the following information pertaining to myself:

Drug/Alcohol History
Financial Status
Medical Records
Mental Health Housing Referral Package
Psychiatric Assessment
Psychosocial History

PURPOSE OF THE RELEASE:

TO COMPLETE AND PROCESS REFERRAL FOR ADULT MENTAL HEALTH HOUSING, CARE MANAGEMENT SERVICES AND/OR ACT SERVICES IN CAYUGA COUNTY.

I understand that my alcohol/or drug treatment records, when associated with a federally funded alcohol/ or drug treatment program, are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. Treatment records from agencies licensed by the NYS Office of Mental Health are protected by Mental Hygiene Law Section 33.13, and by 45 C.F.R. Pts. 160 & 164, and cannot be re-disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, This release is otherwise enforced for the duration of the client's enrollment in a SPOA coordinated program.

Client Signature	Legal Representative Signature	Relationship to Client	Date

Witness Signature	Date

- ☐ Copy of release given to client
- ☐ Client declined copy of release