

Broome County
Mental Health Department



in cooperation and collaboration with:

Broome County Department of Social Services

and

Broome County Probation

DCS-Designated Population

for Priority Access to Broome County

OMH Article 31 Outpatient Clinics for

Justice-Involved Youth

Workflow Expanded Detail Guidance

Overview

OMH Article 31 Outpatient Clinic 5-Day Priority Status *For Justice-Involved Youth*

Key:

C-SPOA

DSS

OMH Article 31
Outpatient Clinic

Probation

Youth
Family

Workflow - Process

1a. DSS identify eligible Youth; complete C-SPOA *Universal Consent for Release of Information [Consent]* and *Broome County Preventive Services Screening / Referral Form [Referral Form]*; submits documents to C-SPOA.

----- or ----- [See GUIDANCE document for eligibility and required documentation.]

1b. PROBATION identify eligible Youth; complete C-SPOA *Universal Consent for Release of Information [Consent]* and *Broome County Preventive Services Screening / Referral Form [Referral Form]*; submit documents to C-SPOA.

2. C-SPOA

- A. Receives *Referral Form* and *Consent*, reviews for completeness; amend as needed. [See GUIDANCE document]
 - i. OPTIONAL: C-SPOA Application can be submitted to access other specialized services; or
 - ii. OPTIONAL: A-SPOA Application can be submitted for Justice-Involved Youth who will be turning 18 within the next few months.
- B. Contacts and submits documentation to clinic as identified by Youth/Family.
- C. If no specific preference is made by family, C-SPOA distributes referrals, in rotation, to eligible clinics.

3. CLINIC

- A. Acknowledges receipt of *Consent* and *Referral Form* to C-SPOA within three (3) business days.
- B. Reviews Referral Form
- C. Contacts youth/family to schedule day/time of priority appointment.
 - i. NOTE: Clinic must document at least three attempts by two different means (*phone/voicemail/text/letter*) within 30 days of receipt of Referral Form.
- D. Notifies C-SPOA of scheduled day/time of priority appointment.

4. C-SPOA notifies referral source (DSS/Probation—per information on referral) of scheduled appointment day/time. Transportation assistance *may* be available.

5. YOUTH / FAMILY attend priority-scheduled appointment – and any follow-up appointments with clinic.

6. C-SPOA Monitoring

- A. Initial Appointment(s):
 - i. Contacts Clinic regarding attendance to initial scheduled appointment, completion of intake process and disposition of care.
 - ii. Notifies Referral Source (DSS/Probation – per information on referral) of status of intake and disposition of care.
- B. Ongoing Monitoring – *data collection only*
 - i. Clinic-designated C-SPOA representative(s) provides update on case status (*admission/discharge/continued treatment engagement*) following C-SPOA Committee designated intervals [see GUIDANCE document].

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This document will break down the workflow to describe each item, in detail.

It also contains prompting examples and notes for end users.

DSS – Item #1a

Probation – Item #1b

1a. DSS identify eligible Youth; complete C-SPOA Universal Consent for Release of Information [Consent] and Broome County Preventive Services Screening / Referral Form [Referral Form]; submits documents to C-SPOA.

----- **or** ----- [See GUIDANCE document for eligibility and required documentation.]

1b. PROBATION identify eligible Youth; complete C-SPOA Universal Consent for Release of Information [Consent] and Broome County Preventive Services Screening / Referral Form [Referral Form]; submit documents to C-SPOA.

#1a & #1b

1. DSS and Probation identify eligible youth in accordance with criteria from Family Court Act (FCT) and Criminal Procedure Law (CPL) for Persons In Need of Supervision (PINS), Raise the Age (RTA), Raise the Lower Age (RTL), and persons alleged to be a Juvenile Delinquent (JD).

2. Completed *BC Preventive Services Screening / Referral* and *C-SPOA Universal Consent for Release of Information* forms sent by agency point person to C-SPOA Coordinator via email: ChildSPOA@BroomeCountyNY.gov.

Clinic – Item #3

3. CLINIC

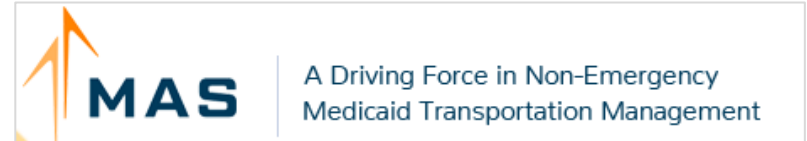
- A. Acknowledges receipt of *Consent* and *Referral Form* to C-SPOA within three (3) business days.
- B. Reviews Referral Form
- C. Contacts youth/family to schedule day/time of priority appointment.
 - i. NOTE: Clinic must document at least three attempts by two different means (*phone/voicemail/text/letter*) within 30 days of receipt of Referral Form.
- D. Notifies C-SPOA of scheduled day/time of priority appointment.

#3A - 3B – 3C – 3D

- A. Clinic point person:
 - 1. Receives *BC Preventive Services Screening Referral* form emailed by C-SPOA
 - 2. Within three (3) days of receipt of referral email, acknowledges receipt of documentation to C-SPOA via reply to the same email that contained the referral within three (3) days of receipt of referral.
- B. Clinic reviews *BC Preventive Services Screening Referral* form provided by C-SPOA – makes assignment to staff.
- C. Clinic contacts Youth/Caregiver directly to schedule and provide time/date/provider name of scheduled appointment for youth:
 - 1. Assessment/Intake with Youth may be scheduled within as few as five (5) business days following acknowledgment of receipt of referral, or
 - 2. After five (5) business days, as requested and at the convenience of the Youth/Caregiver
 - 3. Clinics are expected to document at least three (3) attempts to contact Youth/Caregiver by two (2) different means and report inability to successfully make contact back to C-SPOA Coordinator.
 - a. The idea here is that voicemail/mail may change, DSS & Probation are likely to have current information.
- D. Clinic advises C-SPOA Coordinator via email of: Date/Time/Name of Provider for scheduled appointment as soon as practicable, but not more than 2 business following confirmation of scheduled appointment.
 - a. C-SPOA advises Referral Source to help support Youth/Caregiver via Transportation and/or appointment reminders.

C-SPOA – Item #4

4. **C-SPOA** notifies referral source (DSS/Probation—per information on referral) of scheduled appointment day/time. Transportation assistance *may* be available.



#4

1. C-SPOA advises Referral Source to help support Youth/Caregiver via Transportation and/or appointment reminders.
2. Transportation assistance *MAY* be available.
 1. The clinic appointment is eligible for Medicaid Transportation for the youth and caretaker. Family or referral agency to contact Medical Answering Services (MAS).
 2. If youth is involved with the *CHOWC YES-JJ* program, that program is eligible to assist with transportation.
 3. DSS Juvenile / Special Services may be able to transport. Contact DSS agency point person for details/availability.

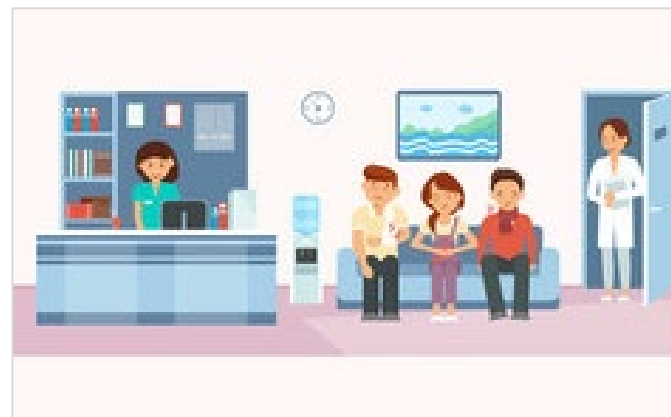


Youth/Family C-SPOA – Item #5

5. **YOUTH / FAMILY** attend priority-scheduled appointment – and any follow-up appointments with clinic.

#5

1. Youth and Caretaker attend scheduled clinic appointment.
2. Caretaker **MUST** be legally able to consent for treatment and sign necessary authorization and billing forms.
3. Follow-up/return to clinic appointments are scheduled between the caretaker and clinic.



C-SPOA – Item #6

6. C-SPOA Monitoring

- A. Initial Appointment(s):
 - i. Contacts Clinic regarding attendance to initial scheduled appointment, completion of intake process and disposition of care.
 - ii. Notifies Referral Source (*DSS/Probation – per information on referral*) of status of intake and disposition of care.
- B. Ongoing Monitoring – *data collection only*
 - i. Clinic-designated C-SPOA representative(s) provides update on case status (*admission/discharge/continued treatment engagement*) following C-SPOA Committee designated intervals [*see GUIDANCE document*].

#6

A. Initial Appointment

1. C-SPOA Coordinator confirms attendance to 1st appointment with clinic, completion of intake process, and disposition of care
 - a. This may include day/date/time of any subsequently scheduled appointment(s) as appropriate.
2. C-SPOA notifies Referral Source of attendance to 1st appointment

B. Ongoing Monitoring by C-SPOA

1. Periodic updates regarding status (*e.g., intake/admitted/discharged/unable to contact, etc.*) are recorded via **C-SPOA Priority Justice-Involved update meeting** - held once monthly directly following C-SPOA Committee.

Notes & Contact Information

Notes

1. This document is current as of the *Edition: [Date]* published on Page 1. It is a dynamic document that can – and will – be modified as needed.
 - The most current edition can be obtained from the Broome County Mental Health Department.

Contact Information

1. For questions about Eligibility as a Justice-Involved Youth, contact either:

Broome County DSS – Specialized Services
Broome County Department of Social Services
36-42 Main Street
Binghamton, NY 13905
P: (607) 778-3080

Broome County Probation – Family Services

Broome County Probation Department
George Harvey Justice Building
45 Hawley Street, Floors 1-3
PO Box 1766
Binghamton, NY 13902
P: (607) 778-2121

2. For questions about the 5-Day Priority Access process, contact:

Broome County Child SPOA
Broome County Mental Health Department
501 Reynolds Road
Johnson City, NY 13790
Phone: (607) 778-1102
Fax: (607) 778-6189
Email: ChildSPOA@BroomeCountyNY.gov
Website: www.gbroomecounty.com/mh/SPOA