

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:

Care  
Management

C-SPOA

DSS

OMH Article 31  
Outpatient Clinic

Probation

Youth  
Family

### Workflow - Process

**1a.** DSS identifies eligible Youth; completes C-SPOA *Universal Consent for Release of Information* and *BC Preventive Services Screening Referral Form*; submits documents to C-SPOA.

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

**1b.** Probation identifies eligible Youth; completes C-SPOA *Universal Consent for Release of Information* and *BC Preventive Services Screening Referral Form*; submits documents to C-SPOA.

**2.** C-SPOA receives *Universal Consent for Release of Information* and *BC Preventive Services Screening Referral Form*, reviews for completeness; amend as needed. [See GUIDANCE document]

**2a. OPTIONAL:** C-SPOA Application can be submitted to access other specialized services.  
A-SPOA for Justice-Involved Youth who will be turning 18 within the next several months.

**3.** C-SPOA contacts and submits documentation to clinic-identified by youth/family via method identified by receiving clinic.

**4.** Clinic receives and reviews *BC Preventive Services Screening Referral Form*.

**5.** Clinic communicates day/time of priority appointment to C-SPOA within three (3) business days of receipt.

**6.** C-SPOA notifies BOTH the referral source (DSS/Probation – per information on referral) and youth/caretaker of scheduled priority appointment. Transportation assistance *may* be available..

**7.** Youth/Family attend priority-scheduled appointment – and any follow-up appointments with clinic.

**8.** C-SPOA to communication with Clinic regarding attendance/completion of intake process and disposition of care.

**9.** C-SPOA advises referral source (DSS/Probation – per information on referral) of status of intake and disposition of care.

**10.** Clinic communicates with referral source regarding attendance/disposition as permitted via signed C-SPOA *Universal Consent for Authorization for Release of Information*.

**11.** C-SPOA maintains communication with clinic regarding attendance/enrollment status – *data collection only*.

----- End -----

Edition: 05/2022

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 identifies eligible Youth; completes C-SPOA Universal Consent for Release of Information and BC Preventive Services Screening Referral Form; submits documents to C-SPOA.**

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

**1b. Probation identifies eligible Youth; completes C-SPOA Universal Consent for Release of Information and BC Preventive Services Screening Referral Form; submits 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) 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@BroomeCounty.us](mailto:ChildSPOA@BroomeCounty.us).

The image displays a collage of three forms used in the process:

- Broome County Preventive Services Screening / Referral Form:** This form includes sections for:
  - PERSONAL INFORMATION:** Name, DOB, gender, race, ethnicity, and contact information.
  - SECTION 1 - FAMILY & PRIMARY CAREGIVER INFORMATION:** Details about the patient's family and primary caregiver.
  - SECTION 2 - REFERRAL SOURCE:** Information about the source of the referral.
  - SECTION 3 - SUBSTANCE USE HISTORY:** A table for recording substance use history.
  - SECTION 4 - PRESENTING SITUATION:** A table for recording the presenting situation.
- IF FOR RELEASE OF INFORMATION:** A form for the patient's consent to release information, including checkboxes for:
  - Medical Records
  - Insurance Information
  - Lab Test Results
  - Immunization Records
  - Prescription Records
  - Other Health Information
- CONSENT FOR RELEASE OF INFORMATION:** A form for the patient's consent to release information, including checkboxes for:
  - Medical Records
  - Insurance Information
  - Lab Test Results
  - Immunization Records
  - Prescription Records
  - Other Health Information
- BC Preventive Services Screening / Referral Form:** A form for the patient's consent to receive preventive services, including checkboxes for:
  - Immunization
  - Screening
  - Other Health Services

# C-SPOA – Items #2 & #2a & #3

**2. C-SPOA receives *Universal Consent for Release of Information* and *BC Preventive Services Screening Referral Form*, reviews for completeness; amend as needed. [See *GUIDANCE* document]**

**2a. OPTIONAL:** C-SPOA Application can be submitted to access other specialized services.  
A-SPOA for Justice-Involved Youth who will be turning, 18 within the next several months.

**3. C-SPOA contacts and submits documentation to clinic-identified by youth/family via method identified by receiving clinic.**

## #2, #2a & #3

1. C-SPOA Coordinator will review *BC Preventive Services Screening Referral Form* and *Universal Consent for Release of Information* forms for completeness.


2. C-SPOA to contact clinic indicated as preferred by youth/family for priority appointment.

# Clinic – Items #4 & #5

- 4. Clinic receives and reviews *BC Preventive Services Screening Referral Form*.
- 5. Clinic communicates day/time of priority appointment to C-SPOA within three (3) business days of receipt.

## #4 & #5

1. Clinic point person receives and reviews *BC Preventive Services Screening Referral* form provided by C-SPOA.
2. Clinic point person to schedule and provide time/date/provider name of scheduled appointment for youth within 3 business days of C-SPOA contacting the clinic.
  1. As identified by DSS and Probation, this population of youth can have difficulty with engagement.
  2. Perhaps differently from the usual front door process of the clinic, this initial appointment for this DCS-Designated Priority Population is to include the caretaker and the youth.
3. Appointment is to be scheduled within five (5) business days from the day/date clinic notifies C-SPOA of the appointment.
  - *Ex.: C-SPOA contacts clinic on Monday morning. Clinic to advise C-SPOA no later than end of business on Wednesday of day/date/time/provider name. Appointment is scheduled within five business days of Wednesday.*


 Broome County Mental Health Department  
 Broome County Probation Department  
 Broome County Department of Social Services

**DCS-Designated Population for Priority Access to Broome County OMH Article 31**  
**Outpatient Clinics for Justice-Involved Youth**

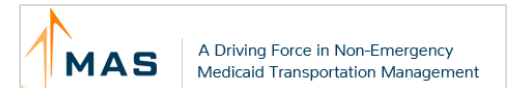
Clinic Name			
PRIMARY SITE / LOCATION			
Address	Phone	Fax	
Primary Contact Name	Primary Contact Email		
Secondary Contact Name	Secondary Contact Email		
SECONDARY / SATELLITE LOCATION			
Address	Phone	Fax	
Primary Contact Name	Primary Contact Email		
Secondary Contact Name	Secondary Contact Email		
NOTES: Enter below any details or instructions that would be helpful for coordination with C-SPOA for scheduling.			
Notes			

## C-SPOA – Item #6

6. C-SPOA notifies BOTH the referral source (DSS/Probation – per information on referral) and youth/caretaker of scheduled priority appointment. Transportation assistance *may* be available..

### #6

1. C-SPOA Coordinator to advise BOTH THE Clinic point person to schedule and provide time/date/provider name of scheduled appointment for youth within 3 business days of C-SPOA contacting the clinic.
  1. As identified by DSS and Probation, this population of youth can have difficulty with engagement.
  2. Perhaps differently from the usual front door process of the clinic, this initial appointment for this DCS-Designated Priority Population is to include the caretaker and the youth.
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 agency is eligible to assist with transportation.
  3. DSS Juvenile / Special Services may be able to transport. Contact DSS agency point person for details/availability.

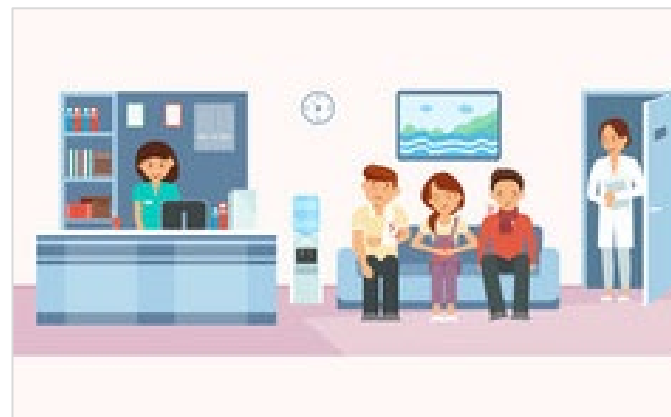


## Youth/Family C-SPOA – Item #7

7. **Youth/Family** attend priority-scheduled appointment – and any follow-up appointments with clinic.

### #7

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 – Items #8 & #9

8. C-SPOA to communication with Clinic regarding attendance/completion of intake process and disposition of care.

9. C-SPOA advises referral source (DSS/Probation – per information on referral) of status of intake and disposition of care.

### #8 & #9

1. C-SPOA Coordinator confirms attendance to 1<sup>st</sup> appointment with clinic and day/date/time of any subsequently scheduled appointment(s).
2. C-SPOA to communicate attendance of 1<sup>st</sup> appointment to referral source.
  - C-SPOA can provide day/date/time of any subsequently scheduled appointment(s) as appropriate.



# Clinic – Item #10

**10. Clinic communicates with referral source regarding attendance/disposition as permitted via signed C-SPOA Universal Consent for Authorization for Release of Information.**

## #10

- Pursuant to the successfully executed *Universal Consent for Release of Information*, clinic communicates with referral source regarding attendance and disposition of case.

- E.g., “in assessment process”, “admitted”, “referred for other services”, or “not attending, case at risk of closure”.

Broome County Child Single Point of Access (C-SPOA) – UNIVERSAL CONSENT FOR RELEASE OF INFORMATION Individual's name:	FOR RELEASE OF INFORMATION Individual's name:	FOR RELEASE OF INFORMATION Individual's name:	CONSENT FOR RELEASE OF INFORMATION Individual's name:
<p>This authorization must be completed by the referred individual or their legal guardian/personal representative.</p> <p>The referred individual or their legal guardian/personal representative hereby grants the release of their personal information to the person(s) named below for the purposes stated in this document.</p> <p><b>AUTHORITY:</b> Communication with, and exchange of Personal Identifying Information (PII) and Protected Health Information (PHI), between Broome County Single Point of Access (SPOA) Team members of Broome County Health Department staff. Other Parties are named for purposes of this C-SPOA Committee Add-On Approval when authorized by Broome County Health Department staff.</p> <p><b>DEFINITIONS:</b> INFORMATION IN THIS USE OF AUTHORITY AND IN DIVISION (SPOA) IS NOT TO BE:                     <ul style="list-style-type: none"> <li>Medical or nursing services received</li> <li>Behavioral health assessment</li> <li>Personal financial information</li> <li>Personal contact information</li> <li>Documentation of hospital care</li> <li>Documentation of the patient's chart</li> <li>Documentation of a patient's history</li> <li>Documentation of a patient's medical history</li> </ul> </p>	<p>I agree to exchange information:</p> <p> <input type="checkbox"/> Personal Health Information (PHI)                      <input type="checkbox"/> Health Information (HI)                      <input type="checkbox"/> Other Information (OI)                      <input type="checkbox"/> All of the above                 </p>	<p><b>Production Restricted Consent</b></p> <p>I have given, through a computer device, a mobile phone, computer tablet, or other electronic device, access to my personal information to the person(s) named below for the purposes stated in this document.</p> <p>I have given, through a computer device, a mobile phone, computer tablet, or other electronic device, access to my personal information to the person(s) named below for the purposes stated in this document.</p>	<p><b>Consent Purpose</b></p> <p>I am giving this consent for the following purposes:</p> <p> <input type="checkbox"/> To facilitate my care                      <input type="checkbox"/> To facilitate the care of others                      <input type="checkbox"/> For research                      <input type="checkbox"/> For public health                      <input type="checkbox"/> For other purposes                 </p>
<p><b>DEFINITIONS:</b> INFORMATION IN THIS USE OF AUTHORITY AND IN DIVISION (SPOA) IS NOT TO BE:                     <ul style="list-style-type: none"> <li>Medical or nursing services received</li> <li>Behavioral health assessment</li> <li>Personal financial information</li> <li>Personal contact information</li> <li>Documentation of hospital care</li> <li>Documentation of the patient's chart</li> <li>Documentation of a patient's history</li> <li>Documentation of a patient's medical history</li> </ul> </p> <p><b>DEFINITIONS:</b> INFORMATION IN THIS USE OF AUTHORITY AND IN DIVISION (SPOA) IS NOT TO BE:                     <ul style="list-style-type: none"> <li>Medical or nursing services received</li> <li>Behavioral health assessment</li> <li>Personal financial information</li> <li>Personal contact information</li> <li>Documentation of hospital care</li> <li>Documentation of the patient's chart</li> <li>Documentation of a patient's history</li> <li>Documentation of a patient's medical history</li> </ul> </p>	<p> <input type="checkbox"/> Employment Information                      <input type="checkbox"/> Legal Records                      <input type="checkbox"/> Social Supports                      <input type="checkbox"/> Client Resources Data                      <input type="checkbox"/> Lab Tests                 </p>	<p>I agree to get and give up: For the purposes of the C-SPOA approval:</p> <p> <input type="checkbox"/> My personal information, including contact information (SPOA Member's name and address) (SPOA Member's name and address) (SPOA Member's name and address)                      <input type="checkbox"/> My personal information, including contact information (SPOA Member's name and address) (SPOA Member's name and address) (SPOA Member's name and address)                 </p>	<p>I agree to get and give up: For the purposes of the C-SPOA approval:</p> <p> <input type="checkbox"/> My personal information, including contact information (SPOA Member's name and address) (SPOA Member's name and address) (SPOA Member's name and address)                      <input type="checkbox"/> My personal information, including contact information (SPOA Member's name and address) (SPOA Member's name and address) (SPOA Member's name and address)                 </p>
<p><b>DEFINITIONS:</b> INFORMATION IN THIS USE OF AUTHORITY AND IN DIVISION (SPOA) IS NOT TO BE:                     <ul style="list-style-type: none"> <li>Medical or nursing services received</li> <li>Behavioral health assessment</li> <li>Personal financial information</li> <li>Personal contact information</li> <li>Documentation of hospital care</li> <li>Documentation of the patient's chart</li> <li>Documentation of a patient's history</li> <li>Documentation of a patient's medical history</li> </ul> </p>	<p><b>DEFINITIONS:</b> INFORMATION IN THIS USE OF AUTHORITY AND IN DIVISION (SPOA) IS NOT TO BE:                     <ul style="list-style-type: none"> <li>Medical or nursing services received</li> <li>Behavioral health assessment</li> <li>Personal financial information</li> <li>Personal contact information</li> <li>Documentation of hospital care</li> <li>Documentation of the patient's chart</li> <li>Documentation of a patient's history</li> <li>Documentation of a patient's medical history</li> </ul> </p>	<p><b>DEFINITIONS:</b> INFORMATION IN THIS USE OF AUTHORITY AND IN DIVISION (SPOA) IS NOT TO BE:                     <ul style="list-style-type: none"> <li>Medical or nursing services received</li> <li>Behavioral health assessment</li> <li>Personal financial information</li> <li>Personal contact information</li> <li>Documentation of hospital care</li> <li>Documentation of the patient's chart</li> <li>Documentation of a patient's history</li> <li>Documentation of a patient's medical history</li> </ul> </p>	<p><b>DEFINITIONS:</b> INFORMATION IN THIS USE OF AUTHORITY AND IN DIVISION (SPOA) IS NOT TO BE:                     <ul style="list-style-type: none"> <li>Medical or nursing services received</li> <li>Behavioral health assessment</li> <li>Personal financial information</li> <li>Personal contact information</li> <li>Documentation of hospital care</li> <li>Documentation of the patient's chart</li> <li>Documentation of a patient's history</li> <li>Documentation of a patient's medical history</li> </ul> </p>
<p><b>DEFINITIONS:</b> INFORMATION IN THIS USE OF AUTHORITY AND IN DIVISION (SPOA) IS NOT TO BE:                     <ul style="list-style-type: none"> <li>Medical or nursing services received</li> <li>Behavioral health assessment</li> <li>Personal financial information</li> <li>Personal contact information</li> <li>Documentation of hospital care</li> <li>Documentation of the patient's chart</li> <li>Documentation of a patient's history</li> <li>Documentation of a patient's medical history</li> </ul> </p>	<p><b>DEFINITIONS:</b> INFORMATION IN THIS USE OF AUTHORITY AND IN DIVISION (SPOA) IS NOT TO BE:                     <ul style="list-style-type: none"> <li>Medical or nursing services received</li> <li>Behavioral health assessment</li> <li>Personal financial information</li> <li>Personal contact information</li> <li>Documentation of hospital care</li> <li>Documentation of the patient's chart</li> <li>Documentation of a patient's history</li> <li>Documentation of a patient's medical history</li> </ul> </p>	<p><b>DEFINITIONS:</b> INFORMATION IN THIS USE OF AUTHORITY AND IN DIVISION (SPOA) IS NOT TO BE:                     <ul style="list-style-type: none"> <li>Medical or nursing services received</li> <li>Behavioral health assessment</li> <li>Personal financial information</li> <li>Personal contact information</li> <li>Documentation of hospital care</li> <li>Documentation of the patient's chart</li> <li>Documentation of a patient's history</li> <li>Documentation of a patient's medical history</li> </ul> </p>	<p><b>DEFINITIONS:</b> INFORMATION IN THIS USE OF AUTHORITY AND IN DIVISION (SPOA) IS NOT TO BE:                     <ul style="list-style-type: none"> <li>Medical or nursing services received</li> <li>Behavioral health assessment</li> <li>Personal financial information</li> <li>Personal contact information</li> <li>Documentation of hospital care</li> <li>Documentation of the patient's chart</li> <li>Documentation of a patient's history</li> <li>Documentation of a patient's medical history</li> </ul> </p>

# C-SPOA – Item #11

11. C-SPOA maintains communication with clinic regarding attendance/enrollment status – data collection only.

## #11

1. Pursuant to a successfully executed *Universal Consent for Release of Information*, C-SPOA communicates with clinic at scheduled intervals (1<sup>st</sup> appt, Admission, 90-day, 180-day, and discharge) to monitor attendance/engagement, disposition of care, and length of stay.
  1. *Because this is the FIRST COUNTY IN NYS to implement this type of priority access for Justice Involved Youth, NYS OMH is very interested in data, especially the success (or lack thereof) for timeliness of appointments and responsivity and engagement.*

DCS - Designated OMH Article 31 Outpatient Clinic Priority 5-Day Population

TRACKING & SYSTEM MONITORING for *Justice-Involved Youth*

YOUTH			REFERRAL SOURCE				OMH CLINIC			OTHER					
LAST Name Youth	FIRST Name Youth	DOB Youth	Referral Date Rec'd by C-SPOA	LAST Name Referral Source	FIRST Name Referral Source	Referral Source DSS/Probation/Other	Referral Sent to OMH Clinic	Initial Appt Date/Time of Appt at OMH Clinic	Disposition of 1st Appt. Attended-Rescheduled No Show	Admission Date at OMH Clinic	90-Day Follow-Up	180-Day Follow-up	Discharge Date from OMH Clinic	Length of Stay at OMH Clinic	NOTES Other Services

# 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@BroomeCounty.us](mailto:ChildSPOA@BroomeCounty.us)  
Website: [www.gobroomecounty.com/mh/SPOA](http://www.gobroomecounty.com/mh/SPOA)