



ONEIDA COUNTY DEPARTMENT OF MENTAL HEALTH



ANTHONY J. PICENTE, JR.
County Executive

ASHLEE L. THOMPSON
*Commissioner
Director of Community Services*

INSTRUCTIONS FOR CHILDREN'S SINGLE POINT OF ACCESS (C-SPOA)

Thank you for considering an application to the Oneida County Children's Single Point of Access (C-SPOA)! When a child in our community is in need of assistance, we are always grateful to aid in facilitating connections to the care and support that both they and their family need.

The C-SPOA is operated by Oneida County Government's Department of Mental Health to provide families with easy, streamlined access to the mental health service system - regardless of their financial resources or insurance status. While C-SPOA does not provide any direct services (such as therapy, medication management, etc.), it can assist a family to access the complete continuum of mental health services for a child. If you are in doubt as to whether the child about whom you are concerned should be referred to the C-SPOA, please call our Department to discuss C-SPOA eligibility or other community resources that may be available. The attached form requests information that will enable us to ascertain how best to begin serving this family. The C-SPOA Coordinator's number is (315) 798-3697 (direct) or (315) 768-3660 (main line).

TIPS FOR COMPLETING A REFERRAL

- ❖ **Please complete this form regardless of the child's insurance – even if the child is uninsured. C-SPOA services are available for all children in New York State, regardless of their insurance or immigration status'.**
- ❖ **Part 1: please fill out to the best of your ability.**
- ❖ **Part 2: please do not complete Part 2 unless instructed by the C-SPOA Coordinator.**
 - **If you have documentation of the child's diagnosis, please provide it, but our preference is to not delay the application while attempting to gather the documentation.**
- ❖ **Consent/Releases of Information:**
 - **It is the preference of the C-SPOA to obtain all signed releases of information/consents at the time the referral is submitted. Doing so speeds up the referral process which may link the child to services quicker.**
 - **The *Consent for Release of Information* is REQUIRED for us to access the information we need to process this application. Therefore, we cannot process this application without appropriate and complete consent signatures on this form. Please make sure to initial where instructed.**
 - **The *Children's Single Point of Access (C-SPOA) Patient Information Retrieval Consent* is OPTIONAL. This information will help us to coordinate services for the child, so it is helpful if the patient or guardian signs it, but it is not required.**

When you have completed the application and releases of information, please submit it via encrypted email to dpiccione@ocgov.net, by fax to 315-768-3670, or by mail to Oneida County Department of Mental Health, Children and Youth SPOA Program at the below address.