CRITERIA FOR REFERRAL

The following criteria must be met for consideration by the Children's SPOA.

Niagara County resident

AND

Ages 5 and up to 20 years

AND

Have a diagnosis of Severe Emotional Disturbance (SED)

AND

- Experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional limitations must be *moderate* in *at least (2)* of the following areas OR *severe* in *at least (1)* of the following areas:
- Self-care
- Family life
- Social relationships
- Self-direction/selfcontrol

• Learning ability

Participation is voluntary, and services are provided at no cost to families. Due to demand, some services may have a waiting list.



Applications:

To refer a child/youth to the Children's Single Point of Access (SPOA), a service provider, individual or family member should complete a referral packet. To obtain a referral packet or to receive more information, contact:

Children's SPOA Coordinator

c/o Niagara County Department

of Mental Health & Substance Abuse Services

5467 Upper Mountain Road, Suite 200

Lockport, NY 14094-1895

Phone: (716) 438-3071

OR Fax: (716) 439-7418

Visit the Department website at:

http://www.niagaracounty.com/ Departments/Mental-Health-Services/ Child-Single-Point-of-Access

Funding for SPOA is provided by New York State Office of Mental Health and Niagara County Department of Mental Health & Substance Abuse Services.

If you have questions on eligibility, call the Children's SPOA Practitioner at (716) 438-3071

Children's SPOA

Single Point of Access for Children and Youth

DEPARTMENT OF

MENTAL HEALTH &

SUBSTANCE ABUSE

SERVICES

Phone: (716) 439-7410



For families and service providers who are seeking help for a child with an emotional disability who is at risk.



Frequently Asked Questions

What is the Children's Single Point of Access (CSPOA)? CSPOA was created to identify Niagara County's youth who are most at risk and develop strategies to maintain them in the community. The Children's SPOA will assess the strengths and needs of a child referred and create a plan to link the child to the most appropriate services.

What is the Children's SPOA Committee? The CSPOA Committee has representatives from mental health clinics, care management, housing, crisis services, respite and support services. The committee meets regularly to review referrals and develop plans for children referred. Referring family members and service providers are encouraged to attend the Children's SPOA Committee meetings to participate in the planning process.

Who can be referred to the Children's

SPOA? Generally, children and youth with serious emotional disabilities are referred to the Children's SPOA. If a child does not have a serious emotional disability but is at risk and in need of help, the SPOA Committee will make recommendations to the family for appropriate services. Parents, school personnel, and service providers can refer a child.

Children's SPOA Services

Here is a brief list of the services that can be accessed through the Children's SPOA.

- Care Management Services
- Mobile Integration Team (MIT)
- Child and Family Treatment Support Services (CFTSS)
- Home and Community Based Waiver Services (HCBS Waiver)
- Catholic Charities MST program
- Respite Services
- Family Support
- Community Crisis Intervention (CCI)
- Legacy/ Non-Medicaid Care Management Services
- Children's Mental Health Housing (Residential Treatment Facilities and Community Residences)

Referral Process

- The service provider or family completes the referral packet, in full, and sends it to the Children's SPOA Practitioner.
- The Children's SPOA Committee reviews the referral and with the family's input, determines eligibility.
- If eligible (evidence of a serious emotional disability), the Children's SPOA Committee develops and recommends a service plan. If not eligible, the Committee facilitates appropriate referrals/ recommendations for the child.
- Children on the waiting list, as well as those linked to services, are reviewed by the Committee regularly with input from the family and service providers to continually assess the appropriate level of service.