# **BROOME COUNTY SINGLE POINT OF ACCESS (SPOA)**

COMMITTEE PURPOSE, PARTICIPATION, AND CONFIDENTIALITY AGREEMENT

# Purpose:

The purpose of the **Single Point of Access (SPOA) Committee** (hereafter referred to as the '*Committee*') is to review cases of Broome County residents who have a documented history of Serious Mental Illness (SMI) or a Serious Emotional Disturbance (SED), and have submitted an application for services accessible through SPOA. The Committee provides input and feedback about eligibility for services and supplements with suggestions of alternate services.

# Membership:

The Committee is comprised of standing Members and Ad Hoc Attendees. Committee Members primarily consist of treatment and support agencies that provide services to SPOA eligible individuals. These services may include but are not limited to: Housing/Residential Services, Social Services, Family Support, Care Coordination, Local Hospitals, Mental Health Treatment Providers, Substance Use Disorder Treatment Providers, and other Community-based providers, as appropriate.

### Participation:

Participation is defined as arriving on time, providing input on cases, and sharing updates on previously distributed referrals, as applicable. Committee Members or their designees are expected to attend at least eighty percent (80%) of scheduled meetings.

### **Confidentiality Agreement:**

As a participant of the Committee, on behalf of myself and the organization I represent, I agree to the following:

- All information, whether verbal, written or electronic, obtained, learned, or developed in connection with the case being presented (including collaterally connected individuals) served by the participants of this Committee, shall be held confidential by me. All meetings conducted and all materials reviewed shall be held confidential.
- I will not make public any Personally Identifying Information (PII) obtained during any meeting, or in the course of any other participation that I may have as a participant of the Committee. I will not disclose any case specific information obtained during any Committee meeting.
- All information concerning matters before the Committee shall be held in strict confidence and shall be utilized for no purpose other than that of the Committee.
- By signing below, I agree on behalf of myself and the organization I represent, that the provisions of this Confidentiality Agreement shall remain in full force and effect during and subsequent to my participation in the Committee.

Select one:	🗆 Adult SPOA	🗌 Children & Youth SPOA
Select one:	□ Member or Designee	□ Ad Hoc Attendee
Printed Name		Agency & Program Represented
Signature		Email Address
Date		Phone Number