

Department of Homeless Services (DHS) Health Services Office (HSO)

SPOA Referral Guide

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Quick Links

[Apply Here](#) SPOA Referrals Portal

[Step-by-Step Video Training](#) Provided by DOHMH to navigate the SPOA Online Portal

[SPOA Infographic: Treatment and Care Coordination Services](#)

[PSYCKES](#) (Psychiatric Services and Clinical Knowledge Enhancement System). Eligible providers can use this platform to review case history to support clinical care coordination, applications for health services such as for ACT, and supportive housing applications.

[Shelter Observational Mental Health Assessment](#) This form can be completed by shelter staff to support SPOA (ACT, IMT, or Care Coordination) applications, or other applications for mental health services.

Contact Information

For questions related to a SPOA referral, email NYC DOHMH at SPOA@health.nyc.gov or call 347-396-7258

For health-related client inquiries, please contact DHS HSO at DHS-MedicalOffice@dhs.nyc.gov

Level of Service Definitions - What is SPACT?

Mobile Behavioral Health Treatment and Care Coordination Services

The Single Point of Access (SPOA) program helps providers connect people with serious mental illness to mental health services that can accommodate them. Through these services, people with serious mental illness can connect to treatment, communicate with providers and get help finding benefits.

ACT – Assertive Community Treatment (ACT) is appropriate for individuals with Serious Mental Illness (SMI) that seriously impairs their functioning in the community and with a documented history of lack of engagement traditional outpatient services. (Excluding Dementia, Traumatic Brain Injury (TBI), and Persons with Developmental Disabilities (DD). Priority is given to people with schizophrenia, other psychotic disorders, bipolar disorder, and/or major or chronic depression. Priority is given to individuals with continuous high service needs that are not being met in more traditional settings. Individuals with primary diagnosis of personality disorders or substance use are not appropriate for ACT. For more information, see [2025 NYS OMH ACT Guidelines](#).

SPACT – Shelter-Partnered Assertive Community Treatment (SPACT) is appropriate for individuals who meet ACT criteria according to OMH/DOHMH guidelines and reside in an NYC shelter

FACT – Forensic Assertive Community Treatment (FACT) is appropriate for individuals with Serious Mental Illness (SMI) that seriously impairs their functioning in the community and with a documented history of lack of engagement traditional outpatient services. (Excluding Dementia, Traumatic Brain Injury (TBI), and Persons with Developmental Disabilities (DD). Priority is given to people with schizophrenia, other psychotic disorders, bipolar disorder, and/or major or chronic depression. Priority is given to individuals with continuous high service needs that are not being met in more traditional settings. Presence of current or recent criminal justice involvement within the last 12 months, including parole, probation, multiple arrests and/or incarceration. Criminal justice involvement is related to the presence of serious mental illness (SMI) or episodes of non-compliance with treatment

IMT - Intensive Mobile Treatment (IMT) teams offer flexible treatment and support services for individuals who have had recent and frequent contact with the behavioral health, criminal justice, and homeless systems. The individual does not need to meet the criteria for Severe Mental Illness (SMI) and Dementia, TBI and DD are NOT Automatic exclusions. The program's mobility and flexibility, and its focus on cross systems coordination and patient engagement aim to provide a unique service that can best meet the needs of individuals with lack of engagement in traditional outpatient services. IMT teams stay connected to individuals regardless of their location in shelter, on the street, in housing, hospital or jail.

Care Coordination - For people with Serious Mental Illness (SMI) (excluding Dementia, Traumatic Brain Injury (TBI), and Persons with Developmental Disabilities (DD) who are ineligible for Medicaid who have not successfully engaged in community based services.

Staff Checklist: How to Prepare a Referral

Key Steps – Preparing a Client SPOA Referral

[See Full Application Questions](#)

- ☐ **Assess Client’s Need for Intensive Mental Health Services**
 - ✓ Serious Mental Illness, High Safety Risks and Lack of Clinical Services
- ☐ **Gather Client Information (Example Sources— CARES, PSYCKES, assigned clinicians)**
 - ✓ Recent MH History – Diagnosis and Emergencies (Inpatient/ER/EMS)
 - ✓ Medical and Substance Use History
 - ✓ Legal Issues
 - ✓ Describe - Incidents, Risks, Behaviors, Treatment History
 - ✓ Justification of Need
- ☐ **Obtain Required Documents**
 - ✓ Psychosocial
 - ✓ Psychiatric Evaluation or DHS Observational Evaluation
- ☐ **Apply Online via SPOA Portal**

For questions regarding an application, email SPOA@health.nyc.gov

Frequently Asked Questions

Does the client need to sign a HIPAA?

No

Client Transfers

Prior to transfer, shelter staff must facilitate hand-off with client’s current treatment providers and new shelter regarding client’s SPOA Referral Progress, Assigned Services or MH-related concerns

Best Practices with Shelter Treatment Teams

Communicate and build relationships with shelter-based clinicians and assist with facilitating client contact

Additional questions?

Contact DHS HSO at DHS-MedicalOffice@dhs.nyc.gov

For internal support, please reach out to your site Director of Social Services

Next Steps after Submission

☐ Document Referral Progress on CARES

- ✓ **Add Note** - Referral Timeline, Follow-up Tasks, Results
- ✓ **Add Note** - Assignment Details, Type and Team Contact Information

✓ Submit CARES Referral

1. **Referral/Request Type** =
Mental Health Ongoing on-site
2. **Reason for Referral** =
SPOA
3. **Comments** =
Treatment Team Info

Referral/Request Type

*Referral/Request Type
Mental Health Ongoing on-site

Phone Number

Referral Source
Shelter

Reason for Referral

Referral Details
SPOA – (ACT, AOT, IMT, FACT)

Comments > Treatment Team Info

Ongoing

- ☐ Assist Coordination of Initial and Follow-up Care between Treatment Team and Client

Shelter-Partnered ACT (SPACT) Eligibility Questionnaire

SPACT is an intensive mobile treatment service most appropriate for shelter clients with severe mental illness (SMI), inability to receive outpatient services and high utilization history of emergency services. In order to prioritize resources to the appropriate clients, certain criteria must be met.

Q1: Does the client have a primary serious mental illness (SMI) diagnosis?

Yes No

Primary diagnosis cannot be Substance Use Disorder, Unspecified MH/Psychotic Disorder, etc. Priority is given to those with schizophrenia, schizoaffective disorder, bipolar disorder, recurrent major depressive disorder, etc.

Q2: Does the client meet at least one of the mental health utilization requirements within the last 12 months?

Two or more admissions to inpatient psychiatry in a hospital setting

At least one long-term hospitalization of 60+ days

Four or more psychiatric utilizations (Mental Health ER visits, Mobile Crisis Unit, EMS)

Yes No

Q3: Is the client unable or unwilling to participate in traditional outpatient community mental health services?

Yes No

Eligibility Result:

If you answered 'Yes' to ALL questions, client may be eligible for SPACT

⇒ Please ensure the psychosocial and psychiatric evaluations detail the client's SMI diagnosis, hospitalization history and lack of outpatient services accurately

If you answered 'No' to ANY question, client is likely not eligible for SPACT

⇒ Please refer client to outpatient mental health services

⇒ For clients with SMI, a SPOA application can still be completed for IMT or Care Coordination (non-treatment care coordination services)

SPOA Application Questions

This is a read-only copy for educational purposes. [Apply Online](#) via the SPOA Portal

***Required

Referrer Information	
Referring Agency Type*** <input type="radio"/> All shelter/safe haven staff MUST select "DHS" as agency type	
Is the referring agency a Mental Health provider?*** <i>(Select Yes if you are a Mental Health Provider)</i> <input type="radio"/> Yes <input type="radio"/> No	

Referring Agency***	
Referring Worker First Name***	
Referring Worker Last Name***	
Relationship to person	
Referring Worker Phone #***	
Referring Worker Phone Extension	
Referring Worker Email***	
Referring Worker Fax	
Address***	
Secondary Referrer First Name	
Secondary Referrer Last Name	
Secondary Referrer Phone #	
Secondary Referrer Email	

Universal Referral Form

Level of Service Requested ***

- Shelter ACT (SPACT)
- Intensive Mobile Treatment (IMT)
- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- Non-Medicaid Care Coordination
- Health Home Care Coordination
- Lateral Transfer Request
- Level of Service Change Request (Step-Up/Step-Down)

Managed Care Organization (MCO)

- _____

Does the client have care coordination? Do not include shelter case management.***

- Yes
- No
- Unknown

Demographics

First Name ***

Last Name ***

AKA Name

Date of Birth ***

SSN

Gender ***

Phone Number

Email

Street Address

Zip

Borough

Highest Education Level***

Marital Status***

Race***

Ethnicity ***

Medicaid ID***

- Known # _____
- Unknown
- Non-Medicaid

Additional Contacts for Client	
Secondary Contact	
Relationship to person	
Phone #	
Email	
Language	
Primary Language ***	
English Proficiency ***	
AOT	
AOT Status ***	<input type="radio"/> Application in progress <input type="radio"/> Application submitted <input type="radio"/> Active investigation <input type="radio"/> Didn't meet criteria <input type="radio"/> Current order <input type="radio"/> Order expired <input type="radio"/> Voluntary <input type="radio"/> Pending/Adjourned <input type="radio"/> Unknown
AOT Borough	
Known past history of AOT ***	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Medicaid ID***	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Criminal Justice	
Criminal Justice Involvement ***	<ul style="list-style-type: none"> <input type="radio"/> No past history of criminal justice involvement <input type="radio"/> Pending matter in Criminal Court <input type="radio"/> Past county jail <input type="radio"/> Currently monitored by Supervised Release Program <input type="radio"/> Pending matter in Family Court <input type="radio"/> Criminal Justice Involvement more than 12 months <input type="radio"/> Current probation <input type="radio"/> Past adult criminal conviction(s) <input type="radio"/> Current Order of Protection <input type="radio"/> Currently on parole <input type="radio"/> Criminal Justice Involvement within past 12 months <input type="radio"/> Other <input type="radio"/> Current detention - jail <input type="radio"/> Past juvenile delinquent finding(s) <input type="radio"/> Unknown <input type="radio"/> Current detention - prison <input type="radio"/> Past probation <input type="radio"/> Currently involved in a Diversion Program <input type="radio"/> Past parole
Has person been arrested in the last 12 months?	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Top Charge (if known)	
Client Information Notes (Criminal Justice)	
Employment and Benefits	
Current employment status ***	
Current Income Sources ***	<ul style="list-style-type: none"> <input type="radio"/> Earned income (i.e. employment income) <input type="radio"/> Retirement Income from Social Security <input type="radio"/> Unemployment Insurance <input type="radio"/> Pension or retirement income from a former job <input type="radio"/> Supplemental Security Income (SSI) <input type="radio"/> Child support <input type="radio"/> Social Security Disability Income (SSDI) <input type="radio"/> Alimony and other spousal support <input type="radio"/> VA Benefits <input type="radio"/> Trust <input type="radio"/> Private disability insurance <input type="radio"/> Unknown <input type="radio"/> Workers Compensation <input type="radio"/> None of the above <input type="radio"/> Temporary Assistance for Needy Families (TANF) <input type="radio"/> Other source

Housing	
Current living situation or discharged address ***	<ul style="list-style-type: none"> <input type="radio"/> Adult Home/Nursing Home <input type="radio"/> Private Residence <input type="radio"/> Homeless (Shelter) – Required: Search & Select Shelter Name <input type="radio"/> Homeless (Street) <input type="radio"/> Supported/Supportive Housing <input type="radio"/> Unknown <input type="radio"/> Other
Where did person live prior to current housing situation?	
Current Location ***	<ul style="list-style-type: none"> <input type="radio"/> Acute care hospital <input type="radio"/> State Psychiatric center <input type="radio"/> Forensic state psychiatric center <input type="radio"/> Jail; Prison <input type="radio"/> Community <input type="radio"/> Outside of NYC <input type="radio"/> Missing <input type="radio"/> Other <input type="radio"/> Unknown

Mental Health Diagnosis	
DSM 4/5 Diagnosis ***	<ul style="list-style-type: none"> <input type="radio"/> Search Value – Add Diagnosis from Psychiatric Evaluation or Documentation History
Physical Health Diagnosis	
Physical Health Diagnosis ***	<ul style="list-style-type: none"> <input type="radio"/> Asthma <input type="radio"/> High blood pressure <input type="radio"/> COPD (Chronic Obstructive Pulmonary Disease) <input type="radio"/> Obesity <input type="radio"/> Metabolic Syndrome <input type="radio"/> Liver Disease/Cirrhosis <input type="radio"/> Coronary heart disease <input type="radio"/> Diabetes <input type="radio"/> High cholesterol <input type="radio"/> Unknown <input type="radio"/> Other
Medication Adherence/Treatment	
Applicant adherence to medication regimen	<ul style="list-style-type: none"> <input type="radio"/> Takes medication as prescribed <input type="radio"/> Takes medication as prescribed most of the time <input type="radio"/> Sometimes takes medication as prescribed <input type="radio"/> Rarely takes medications as prescribed <input type="radio"/> Never takes medication as prescribed <input type="radio"/> Refuses medication <input type="radio"/> Medication not prescribed <input type="radio"/> Unknown or Other

Co-Occurring Disabilities	
Does the applicant have a co-occurring disability?	<input type="radio"/> None <input type="radio"/> Wheelchair required <input type="radio"/> Bedridden <input type="radio"/> Cognitive disorder <input type="radio"/> Hearing impairment <input type="radio"/> Amputee <input type="radio"/> Mental retardation/Developmental disorder <input type="radio"/> Speech impairment <input type="radio"/> Incontinence <input type="radio"/> Blindness <input type="radio"/> Visual impairment <input type="radio"/> Other <input type="radio"/> Impaired ability to walk <input type="radio"/> Deaf
Does the applicant have a medical condition that requires special services (i.e. special medical equipment, medical supplies, etc.)?	<input type="radio"/> Yes <input type="radio"/> No

Psychiatric Hospitalizations	
Has applicant had any psychiatric hospitalizations in the last 2 years? ***	<input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> If known, how many? ____ <input type="radio"/> Dates: _____ <input type="radio"/> Locations: _____ <input type="radio"/> No <input type="radio"/> Unknown
Has applicant had any ER visits for psychiatric conditions in the last 2 years? ***	<input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> If known, how many? ____ <input type="radio"/> Dates: _____ <input type="radio"/> Locations: _____ <input type="radio"/> No <input type="radio"/> Unknown
Has applicant had any mobile crisis visits in the last 2 years? ***	<input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> If known, how many? ____ <input type="radio"/> Dates: _____ <input type="radio"/> Locations: _____ <input type="radio"/> No <input type="radio"/> Unknown

Mental Health Programs	
Has applicant attended any mental health programs (i.e. mental health clinics, ACT, Care Coordination, PROS, OPD, etc.) in the last 2 years? ***	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Has applicant attended any substance use programs (i.e. substance use treatment program and/or day treatment) in the last 2 years? ***	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Arrests and Incarcerations	
Has applicant had any arrests in the last 2 years? ***	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Any incarcerations in the last 2 years? ***	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Risk Assessment	
<p>Please identify which risk behaviors the applicant has engaged in: ***</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> Been suspected of sexual abuse of a child/adult <input type="radio"/> Unknown <input type="radio"/> Physically abused and/or assaulted a child/adult <input type="radio"/> Expressed suicide threat <input type="radio"/> Engaged in arson <input type="radio"/> Attempted suicide <input type="radio"/> Was a victim of physical or sexual abuse <input type="radio"/> Physically harmed self <input type="radio"/> Wanders or runs away <input type="radio"/> Taken property w/o permission <input type="radio"/> Transient/moves frequently <input type="radio"/> Damaged or destroyed property <input type="radio"/> High recidivism of incarceration <input type="radio"/> Homelessness <input type="radio"/> No engagement after multiple referrals <input type="radio"/> Created a public disturbance <input type="radio"/> Attempted or committed homicide <input type="radio"/> Verbally assaulted another person <input type="radio"/> Other <input type="radio"/> Threatened assault or physical violence
<p>Please explain any of the above selected.***</p>	
Substance Use	
<p>Reported Substance Use ***</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes _____ <input type="radio"/> No <input type="radio"/> Unknown
<p>Has the applicant used tobacco within the past 6 months? ***</p>	<ul style="list-style-type: none"> <input type="radio"/> No, quit within the last 6 months <input type="radio"/> No, quit more than 6 months ago <input type="radio"/> No, never <input type="radio"/> Unknown <input type="radio"/> Yes
***Provide a brief statement regarding applicant's current functioning level (including mental status, relationship with family, community supports, health, etc.) and justification for level of service requested ***	

Required Documentation: Psychosocial and Psychiatric Evaluation	
1) <input type="checkbox"/> Psychosocial Evaluation ***	-> Can be downloaded from CARES Completed within 1 year
2) <input type="checkbox"/> Psychiatric Evaluation *** <p style="text-align: center;"><u>OR</u></p> <input type="checkbox"/> <u>DHS Observational Evaluation</u> ***	-> Must be signed by an MD, NP and include SMI diagnosis Completed within 1 year -> Can be submitted in place of the psychiatric evaluation Must be signed by an LCSW, LMHC, Psy.D., PNP, or MD and include SMI diagnosis Completed within 1 year If your shelter does not have a licensed clinician— Email completed observational evaluations to DHS-MedicalOffice@dhs.nyc.gov for assistance

Please check the documents that you are attaching (on the next page):

- ==> **The referral will be marked incomplete if the supporting documents are missing**
- ==> You will be prompted to log into the referral record via email notification
- ==> If you have questions related to your referral, please contact the SPOA reviewer for further discussion

Please upload the most recent version of supporting documents (PDF Documents only) via the "Attached Documents" tab on the following page. Referral applications with no attachments will be returned marking as "Incomplete"

If you have questions related to your referral, please contact the SPOA reviewer for further discussion