



**IMPORTANT**

Read **ALL** information below before submitting referral.

General Information			
<ul style="list-style-type: none"> <li><b>Anoka County Behavioral Health Intake Unit – Behavioral Health Intake</b></li> </ul>			
<ul style="list-style-type: none"> <li><b>Contact Information:</b></li> </ul>	Website: <a href="https://www.anokacountymn.gov/2518/Childrens-Mental-Health">https://www.anokacountymn.gov/2518/Childrens-Mental-Health</a> <a href="https://www.anokacountymn.gov/2430/Adults">https://www.anokacountymn.gov/2430/Adults</a> Phone: 763-324-1420 Fax: 763-324-3640 Email: <a href="mailto:RS-HS-AMHIntake@anokacountymn.gov">RS-HS-AMHIntake@anokacountymn.gov</a>		
<ul style="list-style-type: none"> <li><b>Intake Team:</b></li> </ul>	BH Intake Screener: Nichole Hislop 763-324-1420 Intake Assessment Social Workers: Angie Wendt 763-324-1683 Diana Hoffman 763-324-1624 Nick Pranke 763-324-2235 Intake Supervisor: Christa Overson 763-324-1273   <a href="mailto:Christa.Overson@anokacountymn.gov">Christa.Overson@anokacountymn.gov</a>		
<p><b>***Anoka County Mental Health services (Intake Early Intervention Services &amp; Targeted Case Management) are voluntary services.***</b></p> <ul style="list-style-type: none"> <li>Mental health intake assessment services are completed by an intake assessment social worker and are designed to provide short-term (up to 90 days) services. The assessment social worker will assess the mental health service or resource needs, give referrals to community mental health providers, and determine eligibility for ongoing mental health targeted case management. If deemed eligible by diagnostic assessment and DHS SED verification form completed within 180 days, then a mental health case manager may be assigned for longer-term services. Children do not need to meet eligibility requirements to get help on a short-term basis.</li> <li>Mental health targeted case management services (CMH-TCM) are designed to provide a similar service on a longer-term basis. Children must meet specific program eligibility requirements by the proofs listed above. Children and families must be available to meet with the case manager face-to-face each month for care coordination. Assistance is provided to maintain the child’s mental health while living in their own community, in the family home managed by the family with assistance from the case manager, to reduce any need for out-of-home placement.</li> </ul>			
Intake Services			
Voluntary CMH Intake Screener	<ul style="list-style-type: none"> <li>Parents/Legal Guardians/Children 16 and older must voluntarily agree to receive CMH services.</li> <li>Screens/triages each case to determine need, assigns to Intake Assessment Social Workers, assists with community based mental health resources. And provides consultation to parents/schools/community partners.</li> </ul>		
Intake Assessment Social Workers	<ul style="list-style-type: none"> <li>Works with child and family to assess mental health service needs, assists with community based mental health resources and referrals, determines eligibility for CMH TCM/assigns case manager if child and family are eligible, and community outreach.</li> </ul>		
24 Hour MH Crisis and Stabilization services (contracted)	<ul style="list-style-type: none"> <li>Canvas Health has been contracted by Anoka County to offer 24 Hour/Day, 365 Day/Year crisis services for Anoka County residents.</li> </ul>		
Referral Process			
<ol style="list-style-type: none"> <li><b>Obtain client consent:</b> Prior to referring anyone for County mental health services it should be discussed about the potential referral with each child’s parent / legal guardian if they are under the age of 18. If the parent/s or legal guardians are not in agreement a referral should not be made.</li> <li><b>For Schools only:</b> Obtain a <b>Release of Information:</b> school staff must have the parent/s-legal guardians sign a release of information allowing communication between the school and Anoka County Behavioral Health. This release of information must accompany any referral for services.</li> <li><b>Referral Form:</b> complete this referral form and <b>fax</b> it (along with the signed release of information and any supporting documentation) to: <b>Behavioral Health Intake fax #: 763-324-3640.</b></li> </ol> <p><b>NOTE:</b> School-based therapists - please send in DA and Verification Form completed within the last 180 days, if available.</p>			
Child Protection Alert			
<p>Do <b>NOT</b> use this form to report any mandated child protection related reporting as this will not meet your statutory reporting mandates. Please contact the Anoka County Child Protection Intake Unit and follow your agency’s procedures to fulfill your reporting requirements. Do <b>NOT</b> use this form to refer children with developmental disabilities/related conditions/community alternatives. Please contact each unit directly to inquire.</p>			
Questions or just need to consult?			
Please contact the Anoka County Behavioral Health Intake team at: 763-324-1420			

Once you have read through the requirements above, click [HERE](#) to complete the referral paperwork