



Anoka County

HUMAN SERVICES DIVISION

Community Social Services and Behavioral Health

Adult Rehabilitative Mental Health Services

Local Certification Process and Application

Revised December 2022

**Community Social Services and Behavioral Health
Fifth Floor Government Center
2100 3rd Avenue
Anoka, MN 55303**

**Adult Rehabilitative Mental Health Services (ARMHS)
Anoka County Local Certification Application**

Provider Entity Legal Name: _____

Provider Entity Main Corporate Address: _____
Street Address

City, State, Zip

Type of Organization (check one):

Governmental Unit For Profit Non-Profit Partnership

Proprietorship Federal Tax ID: _____

Names, Titles, Addresses of organization Officers:

Name Street Address

Title City, State, Zip

Name Street Address

Title City, State, Zip

Name Street Address

Title City, State, Zip

Provider Entity Anoka County Services Address:

Contact Person Name & Title: _____
(For certification purposes)

Contact Person Address: _____
Street Address

City, State, Zip

Contact Person Phone Number: _____

Contact Person Fax Number: _____

Contact Person E-Mail Address: _____

Purpose of Local Certification:

Legislative language related to Adult Rehabilitation Mental Health Services states: “If an entity seeks to provide services outside its host county, it must obtain additional certification from each county in which it will provide services. The additional certification must be based on the adequacy of the entity's knowledge of that county's local health and human service system, and the ability of the entity to coordinate its services with the other services available in that county.”

In line with the above stated purpose, as a provider entity seeking Anoka County Local Certification our agency

_____, agrees to the following:
(Name of Provider Agency)

- 1) Our agency assures that agency staff who provide direct service and who supervise direct service staff will, within six weeks of starting work with our agency, receive training about Anoka County's health and human services system. The guide to Adult Mental Health Local Resources found on the Anoka County Adult Mental Health website, and the Anoka County Community Resource Guide published by ACCAP, available online at www.accap.org, will be included in this training. These and other resources identified by our agency will be available for staff reference and updated as needed.
- 2) Our agency assures it will work with Anoka County as needed to assure overall coordination of the service system.
- 3) Our agency assures it will screen clients for potential eligibility for county services and request clients sign a release for coordination with county services.
- 4) With regard to service coordination for specific clients:
 - a. Our agency assures that agency staff who provide direct service and who supervise direct service staff will, within six weeks of starting work with our agency, receive training about how to coordinate services with family, persons identified by a client as significant in their life and other providers of service.
 - b. Further, as permitted by each client through completion of a release of information, our agency assures it will provide evidence of its efforts to coordinate the development of treatment plans with family members, others identified as significant in the life of a client and other service providers, including a client's case manager, by documenting these efforts and involvement of these parties in treatment plan development.
 - c. Finally, as permitted by each client through completion of a release of information, our agency assures it will provide evidence of its efforts to respond in a timely manner to and notify of significant events and/or changes with a client to family, others significant in the life of a client and other service providers, by documenting these efforts in client progress notes.
- 5) The rehabilitation services provider entity will have representation at the meetings of the local mental health advisory council as necessary.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Agency: _____

Anoka County Adult Mental Health Resources

Anoka County Substance Use Disorder Funding Application https://www.anokacountymn.gov/1991/Chemical-Health-Assessment-Rule-25-Appli	763-324-1270
Anoka County Adult Protection https://www.anokacountymn.gov/615/Adult-Protection-Vulnerable-Adults	763-324-1296
Minnesota Adult Abuse Reporting Center (MAARC) https://mn.gov/dhs/people-we-serve/adults/services/adult-protection/	1-844-880-1574
Anoka County Economic Assistance https://www.anokacountymn.gov/193/Economic-Assistance	763-422-7200
Anoka County Public Health https://www.anokacountymn.gov/522/Public-Health-and-Environmental-Services	763-324-4200
Anoka County Adult Mental Health Intake https://www.anokacountymn.gov/2517/Adult-Mental-Health	763-324-1420
Anoka County Pre-Petition Screening https://www.anokacountymn.gov/2514/Learn-More-About-Civil-Commitment	763-324-1420
Anoka County Mental Health Advisory Council https://www.anokacountymn.gov/2481/Get-Involved	763-324-1610
Anoka County Crisis Services https://www.anokacountymn.gov/2439/Get-Help-in-a-Crisis	763-755-3801