

**ANOKA COUNTY  
CHILDREN'S MENTAL HEALTH CRISIS ASSISTANCE PLAN**

<b>Child's Name:</b>	<b>DOB:</b>
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**The following actions should be taken if removal from the home or placement is indicated:**

1. If the child is threatening to harm themselves or others the parent(s) or other care providers should contact 911 or go to the hospital emergency room recommend by insurance.
2. Law enforcement will assess the situation and determine if removal/placement is appropriate. By calling, law enforcement or Anoka County after hours may contact Emergency Social Services (ESS) to assess the situation.
3. If law enforcement or ESS do not place the child, the parent(s) or care provider may transport the child, or request law enforcement transportation, to a hospital setting where the child can be evaluated for inpatient psychiatric care.
4. If the hospital determines that the child is not appropriate for immediate admission, the parent or care provider may contact the child's psychiatrist/physician (if applicable) to determine if the child can be admitted to a hospital setting on a non-emergency basis.

<b>RESOURCES</b>	
Law Enforcement, First Response, Ambulance, Fire	911
Riverwind Crisis Assistance	(763) 755-3801
Anoka County After Hours	(763) 427-1212
Hospitals:	
Closest Emergency Room: Abbott Hospital	(612) 863-8633
With Mental Health Unit: Abbott Hospital	(612) 863-8633
Other Hospitals:	
Psychiatrist / Physician:	
Therapist:	
CMH Case Manager:	Worker Name Here

List People (friends, relatives, etc.) who agreed could be called for support in a crisis or to help calm the situation.

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

The following signature indicates agreement with the development and content of the IFCSP:

Child:	Date:
Parent:	Date:
Parent:	Date:
County Case Mgr:	Date:
MH Professional:	Date:
Other (specify):	Date:
Other (specify):	Date:

Parents have the right to have this plan formally reviewed every 90 days, if requested, and minimally every 180 days.