Dakota County

Community Services Committee of the Whole

Agenda

Tuesday, September 16, 2025	**1:00 PM**	**Conference Room 3A, Administration Center, Hastings**

If you wish to speak to an agenda item or an item not on the agenda, please notify the Clerk to the Board via email at CountyAdmin@co.dakota.mn.us

1.   Call to Order and Roll Call

Note: Any action taken by this Committee of the Whole constitutes a recommendation to the County Board.

2.   Audience

Anyone in the audience wishing to address the Committee on an item not on the Agenda or an item on the Consent Agenda may send comments to CountyAdmin@co.dakota.mn.us and instructions will be given to participate during the meeting. Verbal comments are limited to five minutes.

3.   Approval of Agenda (Additions/Corrections/Deletions)

3.1   Approval of Agenda (Additions/Corrections/Deletions)

4.   Consent Agenda

4.1   Approval of Minutes of Meeting Held on July 22, 2025

5.   Regular Agenda

5.1   *Social Services-Adult Services -* Update On Mental Health Crisis Services Continuum Expansion

5.2   *Public Health -* Update On Vaccine Preventable Disease And Vaccinations

6.   Community Services Director's Report

7.   Future Agenda Items

8.   Adjournment

8.1   Adjournment

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Community Services Committee of the Whole

Request for Board Action

Approval of Agenda (Additions/Corrections/Deletions)

Item Number: DC-4757   **Agenda #:** 4.1   **Meeting Date:** 9/16/2025

Approval of Minutes of Meeting Held on July 22, 2025

Dakota County
Community Services Committee of the Whole
Minutes

Tuesday, July 22, 2025	**1:00 PM**	**Conference Room 3A, Administration Center, Hastings**

1. Call to Order and Roll Call

Present: Commissioner Slavik, Commissioner Atkins, Chairperson Halverson, Commissioner Droste, Commissioner Workman, Commissioner Holberg and Commissioner Hamann-Roland

Also in attendance were Heidi Welsch, County Manager; Lucie O'Neill, Assistant County Attorney; Marti Fischbach, Community Services Division Director; and Colleen Collette, Administrative Coordinator.

The meeting was called to order at 1:06 p.m. by the Chair, Commissioner Laurie Halverson.

The audio of this meeting is available upon request.

2. Audience

Chair, Commissioner Laurie Halverson, asked if there was anyone in the audience who wished to address the Community Services Committee on an item not on the agenda or an item on the consent agenda. No one came forward and no comments were submitted to CountyAdmin@co.dakota.mn.us.

3. Approval of Agenda (Additions/Corrections/Deletions)

3.1 Approval of Agenda (Additions/Corrections/Deletions)

Motion: Mary Hamann-Roland   Second: Mike Slavik

On a motion by Commissioner Hamann-Roland, seconded by Commissioner Slavik, the agenda was unanimously approved. The motion carried unanimously.

Ayes: 7

4. Consent Agenda

Motion: Mike Slavik   Second: Joe Atkins

On a motion by Commissioner Slavik, seconded by Commissioner Atkins, the consent agenda was unanimously approved as follows:

4.1 Approval of Minutes of Meeting Held on June 10, 2025

5. Regular Agenda

5.1 Update On Sunsetting Of Adult Probation Fees And Approval Of Plan To Minnesota Department Of Corrections

Motion: Joe Atkins   Second: Mike Slavik

Jim Scovil, Community Corrections Deputy Director, presented on this item and stood for questions.

WHEREAS, the state legislature increased funding for Community Corrections and, through the 2023 Public Safety Bill, ended the ability of counties to assess probation supervision fees starting August 1, 2029; and

WHEREAS, each county is required to send the State of Minnesota Department of Corrections its plan by August 1, 2025, for eliminating probation fees; and

WHEREAS, by Resolution No. 23-369 (August 29, 2023), the Dakota County Board of Commissioners approved acceptance of increased funding from the 2023 Public Safety Bill and amended the Community Corrections Budget; and

WHEREAS, Dakota County Community Corrections plans to continue to assess fees until the statute no longer allows it.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Corrections Director to submit the plan letter to the Minnesota Department of Corrections.

This item was approved and recommended for action by the Board of Commissioners on 7/29/2025.

Ayes: 7

5.2 Update On Minnesota African American Family Preservation And Child Welfare Disproportionality Act

From Social Services - Children and Family Services, Nikki Conway, Director, and Lawrence Dickens, Deputy Director, presented on this item and stood for questions. This item was on the agenda for informational purposes; no staff direction was given.

Information only; no action requested.

5.3 Authorization To Execute Contract For Community Resource Center Coordinating Agency Services

Motion: Mary Hamann-Roland   Second: Liz Workman

Jenny Douville, Pathways to Prosperity and Well-being Manager, presented on this item and stood for questions.

WHEREAS, county staff and community partners have been exploring the potential to develop Community Resource Centers (CRC), previously referred to as One-Stop Shops, in Dakota County for several years; and

WHEREAS, these centers would offer a comprehensive array of services and supports to meet people's needs in community settings, with the goal of promoting family well-being and preventing involvement in child protection and other deep-end services; and

WHEREAS, the services and supports would be provided by a constellation of community organizations, hosted by community partners, with structural support from a Coordinating Agency; and

WHEREAS, the Sauer Family Foundation offered a grant application that was intended to support the county and community partners in implementing CRCs in Dakota County; and

WHEREAS, by Resolution No. 24-212 (April 23, 2024), the Dakota County Board of Commissioners authorized submission of an application for a Sauer Family Foundation Grant in the amount up to $525,000 for the period of July 1, 2024 through June 30, 2026, and execution of the grant agreement; and

WHEREAS, Dakota County was awarded $370,000 and an extension through June 30, 2027, from the Sauer Family Foundation; and

WHEREAS, the County plans to pair these monies with existing Community Service monies to fund the CRC Coordinating Agency services, including dollars to fund community navigation and to support a community advisory council; and

WHEREAS, this contract will not exceed $582,620 over a two-year period; and

WHEREAS, a Request for Proposal (RFP) was issued for CRC Coordinating Agency services on May 1, 2025, and two responses were received; and

WHEREAS, after a panel review and discussion, a joint proposal from Residents of Color Collective (ROCC) and The Improve Group Cooperative was selected to provide this service; and

WHEREAS, Dakota County will contract with The Improve Group Cooperative, as the Agency Coordinator, and subcontract with ROCC to provide the Program Coordinator Services; and

WHEREAS, staff recommends authorization to execute a contract with The Improve Group Cooperative (who will subcontract with ROCC) to provide CRC Coordinating Agency services in the amount up to $582,620 for the period of execution date through June 30, 2027.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute a contract with The Improve Group Cooperative in an amount not to exceed $582,620 for the period of execution date through June 30, 2027, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contract, consistent with the amount budgeted, to alter the contract amount and the contract term up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amount due.

This item was approved and recommended for action by the Board of Commissioners on 7/29/2025.

Ayes: 7

5.4   Home And Community Based Services Update

From Social Services, Emily Schug, Director; Katherine Kreager-Pieper, Deputy Director; and Mary Woodard, Deputy Director, presented on this item and stood for questions. This item was on the agenda for informational purposes; no staff direction was given.

Information only; no action requested.

5.5   Supplemental Nutrition Assistance Program Error Rate

Tiffinie Miller-Sammons, Employment and Economic Assistance Deputy Director, presented on this item and stood for questions. This item was on the agenda for informational purposes; no staff direction was given.

Information only; no action requested.

6.   Community Services Director's Report

Division Director Marti Fischbach noted the following items in the written report that was provided: Legislative Recap; Medical Assistance and MnCHOICES backlog, which will be provided monthly; Gopher Resource Incident Recap; and the Crisis and Recovery Center Update.

7.   Future Agenda Items

Chair, Commissioner Laurie Halverson, asked the Committee if anyone had a topic they would like to hear more about at an upcoming Community Services Committee of the Whole

meeting. No topics were brought forth.

8.   Adjournment

8.1   Adjournment

Motion: Mary Hamann-Roland   Second: Mike Slavik

On a motion by Commissioner Mary Hamann-Roland, seconded by Commissioner Mike Slavik, the meeting was adjourned at 3:10 p.m.

Ayes: 7

Respectfully submitted,

_____
Colleen Collette, Administrative Coordinator
Community Services Division

Community Services Committee of the Whole

Request for Board Action

DEPARTMENT: Social Services
FILE TYPE: Regular Information

TITLE
Update On Mental Health Crisis Services Continuum Expansion

PURPOSE/ACTION REQUESTED
Update on mental health crisis services continuum expansion.

SUMMARY
Communities across Minnesota face unprecedented mental health needs. An integrated, high-quality mental health crisis response system supports wellness, promotes safety for all people, and reduces reliance on emergency departments and law enforcement. Dakota County has responded to community need by expanding the County's continuum using the national best practice framework for transforming crisis care systems with the goal of helping people experiencing a mental health crisis in Dakota County to foster resilience, support long-term recovery, and strengthen communities.

By Resolution. No. 21-461 (September 21, 2021), the Dakota County Board of Commissioners authorized adding 1.0 full-time equivalent (FTE) supervisor and 9.0 FTE social workers to the Social Services budget to expand Dakota County's existing 24/7 mobile crisis response unit (CRU). With additional staff capacity, CRU is available to answer a high volume of calls, including transfers from Dakota 911, and provide on-site response and assessment quickly, frequently, and effectively. Increased staff capacity also enables co-location of CRU staff at police departments to facilitate timely mobile response and community connection. Initial phone and mobile response are critical in providing access to the right service at the right time during a time of crisis, at the first call for help.

The continuum approach ensures follow-up and stabilization after a crisis. Crisis follow-up may include referral to community resources and intensive crisis stabilization service for education, skill-building, and connection to longer-term services. By Resolution No. 21-618 (December 14, 2021), the Dakota County Board of Commissioners approved using American Rescue Plan (ARP) Coronavirus Fiscal Recovery Funds to add 5.0 new FTE to expand the embedded social worker crisis follow-up model to all cities in Dakota County who responded to a Letter of Interest process. By Resolution No. 24-472 (September 24, 2024), the Dakota County Board of Commissioners authorized entering into Joint Powers Agreements with cities for the Embedded Social Worker model through December 31, 2026.

Dakota County's crisis continuum is staffed by a total of 37.0 FTE, with 15.0 FTE added in 2021. These FTE are spread across crisis continuum services including 24/7 phone and mobile response, crisis follow-up and crisis stabilization. FTE are currently funded by a mix of funding sources including state grants, levy, ARP, and health plan billing.

By Resolution No. 22-095 (March 8, 2022), the Dakota County Board of Commissioners authorized construction of the Crisis and Recovery Center, a collaboration between Dakota County and a community-based mental health services provider, Guild. The Crisis and Recovery Center offers a welcoming place for mental health support, assessment, and short-term residential treatment. The Crisis and Recovery Center opened in February 2025. The Crisis and Recovery Center project was recognized with a National Association of Counties (NACo) award in August 2025.

Staff will provide an update on crisis continuum activities, summarize data, review trends, and discuss challenges and opportunities.

OUTCOMES
2024 Data Indicators
Someone to Talk To/Phone Response:
- 18,779 incoming calls to CRU.
- 14,238 intakes/service requests (intakes can include multiple calls), 82 percent increase in intakes from 2021.
- 1,400 transfers of certain mental health calls from Dakota 911 to the CRU, 83 percent of 911 call transfers resolved without law enforcement involvement ensuring the right service at the right time.

Mobile Response:
- 1,712 in-person site visits from the CRU
- 65 percent of assessments occur in people's homes, compared to 33.9 percent statewide.
- 71 percent of clients referred for crisis assessment were seen within two hours.
- Co-location of CRU social workers in public safety agencies to build relationships and achieve timely mobile response time.

Embedded Social Worker, Crisis Outreach, Follow-up, and Stabilization:
- 10 of 10 participating public safety agencies with embedded social workers
- 2,256 outreaches that led to engagement and/or service coordination, 581 face-to-face outreaches or assessments.
- 357 cases opened for intensive crisis stabilization services.
- Client-led approach: Adults, children, and families have access to services to learn about symptoms, build skills, connect to long-term support, and build a long-term recovery plan.
- City and County working in partnership to improve public service response in support of shared goals for healthy, safe communities for all.

Crisis and Recovery Center:
- Construction completed and ribbon cutting on February 3, 2025.
- Guild residential treatment services operating at full capacity at the Crisis and Recovery Center building as of February 10, 2025, with 75 people served since move to new building
- County-operated "Place to Go" now welcoming those seeking services and support.

Data and Evaluation:
- Dakota County Crisis Continuum Evaluation completed by Wilder (Attachments: Evaluation Report, Findings from Key Informant Interviews, Indicators and Data Collection Recommendations).
- Partnership with County's Information and Technology (IT) team to implement new electronic health record by January 1, 2026.

RECOMMENDATION
Information only; no action requested.

EXPLANATION OF FISCAL/FTE IMPACTS
None.

☐ None   ☒ Current budget   ☐ Other
☐ Amendment Requested   ☐ New FTE(s) requested

RESOLUTION
Information only; no action requested.

PREVIOUS BOARD ACTION
21-461; 9/21/21
21-618; 12/14/21
22-095; 3/08/22
24-472; 9/24/24

ATTACHMENTS
Attachment: Evaluation Report
Attachment: Key Interview Findings
Attachment: Indicators and Data Collection Recommendations

BOARD GOALS
☐ Thriving People   ☐ A Healthy Environment with Quality Natural Resources
☐ A Successful Place for Business and Jobs   ☒ Excellence in Public Service

CONTACTS
Department Head: Emily Schug
Author: Emily Schug

Dakota County Crisis Services Continuum

Evaluation Report

Authors: Melissa Serafin, Kristin Dillon, and Jennifer McCleary

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Contents

Executive summary

Dakota County's crisis services continuum consists of partnerships between social services and law enforcement to provide immediate mobile and walk-in crisis care, follow-up support, and stabilization services. This summary presents key takeaways and data points from an evaluation project conducted by Wilder Research and Dakota County.

Dakota County's crisis services continuum:

- Provides tailored support and resources to every client

- Efficiently and effectively triages clients according to their needs

- Utilizes a client-led approach

- Leverages a county-based system that contributes to data-sharing, cross-team relationships and collaboration, and a high level of familiarity of existing services

- Facilitates strong partnerships between social services, law enforcement, other county departments, and external agencies and organizations

Additionally, existing research demonstrates that the types of services provided by Dakota County's continuum can yield positive benefits across a wide range of outcomes, including increasing diversions from emergency departments and the criminal legal system, reducing costs associated with diversions, improved outcomes regarding mental health and social needs outcomes, improved connections to services, improved law enforcement agency functioning, and improved client experiences and relationships between law enforcement and community members.

In 2024:

1,400 calls to 911 were routed to Dakota County's Crisis Response Unit (CRU) from dispatch
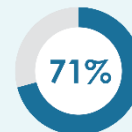
83%

83% of CRU calls transferred from 911 were **resolved without law enforcement involvement**

CRU received **18,779 direct calls**

357 individuals received crisis stabilization services

71%

71% of clients referred for crisis assessment were **seen within two hours**

Project background

In 2024, Dakota County partnered with Wilder Research (Wilder) to assess the evaluation and data systems and processes for Dakota County's crisis services continuum. This project included:

- This evaluation report, which summarizes key findings from existing research regarding co-responder programs and crisis services, key themes from existing reports and documentation from Dakota County (e.g., evaluation reports, quarterly grant reports, workflow processes, clinical forms), and themes from a series of key informant interviews (described below). This report also incorporates several themes and quotes from a 2014 evaluation report published by Dakota County (referred to as the CRU Analysis Report). These findings are included to demonstrate ways in which the continuum has grown over the past 11 years, as well as factors that are still relevant today.

- Key informant interviews (N=16) with non-law enforcement County staff and providers (e.g., social workers, 911 dispatch staff, data privacy specialists; N=7), law enforcement partners (e.g., law enforcement officers, police chiefs; N=8), and a mental health advocacy organization (N=1). Note that the mental health advocacy organization representative often spoke to crisis services more generally rather than Dakota County's continuum specifically, given their more limited familiarity with Dakota County's specific services. These results are fully summarized in a separate report. However, this report also includes selected findings.

- Indicators and data collection processes and recommendations: Outlines key indicators, including cost/benefit indicators, and data collection processes and recommendations for future evaluation purposes.

- Visual overview document to promote Dakota County's crisis continuum services.

Dakota County's crisis services continuum

Minnesota counties are legally required to provide certain social services, including emergency crisis services that are available 24 hours a day, 7 days a week, and 365 days of the year (§245.4661, §245.465, §245.466, §245.469). To help fulfill this requirement, Dakota County's crisis services continuum provides several types of services, including:

- Crisis Response Unit (CRU): Provides immediate care any time of day and any day of the year via phone and mobile response. The CRU number also serves as the crisis call center and the after-hours number for all County social services. Some staff are co-located in police departments.

- Embedded Social Worker program: Licensed clinical social workers, embedded in police departments. Dakota County social services staff partner with police officers and other systems to follow up with individuals identified within the county and/or during police encounters who have mental health and or social welfare concerns. This support may involve 4 to 6 weeks of voluntary, short-term therapeutic and stabilization support, referrals to services and resources, and collaboration with a specialized police partner.

- Crisis stabilization: Licensed clinical social workers who work with individuals referred to the CRU by schools, hospitals/clinics, family members, or themselves (i.e., self-referral). Social workers provide 4 to 6 weeks of voluntary, short-term therapeutic and stabilization support, as well as referrals to other services and/or resources.

- Dakota County Crisis and Recovery Center: Guild provides Residential Crisis Stabilization for up to 10 days, as well as intensive residential treatment services for up to 90 days on site for adults who qualify. Dakota County provides walk in mental health crisis assessments, crisis intervention, and connection to outpatient services.

Dakota County reflections: Origins of the Crisis Response Unit

The CRU Analysis Report describes the origins of CRU (Troxell, 2014):

"Dakota County's Crisis Response Unit (CRU) was established approximately two decades ago. Out-of-home placements by law enforcement were rising, increasing County costs for placements where case workers were not consulted. The County was later required by state law to have its own mental health crisis response. The focus on building community-based crisis delivery capacity was driven by the shortage of hospital beds to serve the State's mental health needs. The creation of the CRU provided a comprehensive center to address a myriad of crisis needs across departments and programs, whether clients, caseworkers, or law enforcement personnel were seeking advice or help" (p. 3).

Accomplishments

Since 2014, Dakota County has implemented a wide range of strategies, expanded and developed new services and activities, and accomplished many successes. Some accomplishments are documented in existing sources, and these are cited accordingly in the following list. In other instances, Dakota County staff shared these directly with Wilder. Accomplishments include:

- Increased CRU capacity to provide a mobile response and offer CRU coverage to all jurisdictions within Dakota County. Additionally, Dakota County adopted a "firehouse model," co-locating providers in police departments throughout Dakota County, facilitating greater geographic reach and quicker response times (Schug & Rud-

Collett, 2025). The Substance Abuse and Mental Health Services Administration (SAMHSA; 2025) notes that this model aims to "align behavioral health crisis services payment with that of existing public safety services… Help seekers define their own emergencies and can expect to receive prompt and thorough response regardless of insurance or diagnosis… Funding crisis care as an essential public health service using a firehouse model may be an effective strategy in order to ensure that crisis care is widely available to anyone, anytime, and anywhere in a manner that is consistent with public safety services" (p. 75).

- More than doubled staffing capacity since 2014. In 2014, there were 12 FTE positions and 1 FTE supervisor position across the continuum.

- Launched an embedded social worker pilot, eventually expanding to a full program with embedded social worker capacity in a majority of police departments across the county.

- Expanded efforts to address mental health concerns within the criminal legal system, including joining the Stepping Up Initiative, creating new positions (jail-based Mental Health Coordinator), identifying and addressing barriers to timely chemical health assessments for inmates, creating a chemical health unity in the jail, and implementing an app to help individuals share information about invisible and visible conditions and disabilities with law enforcement.

- Won the 2023 "Innovative Program" award from the Association of Minnesota Counties (Association of Minnesota Counties, 2023).

- Won the 2024 "Innovative Program" award from the National Association of Counties (Dakota County, 2024).

- Developed and opened the Crisis and Recovery Center ("Place to Go"). Dakota County Commissioner Joe Atkins shared, "It really does take folks at the very darkest moments in their lives, when they need to be closest to their families, and it keeps them close to home. It gives them the sort of service that they need in order to turn the corner and move in a positive direction" (Hendricks, 2023). West St. Paul City Council Member Lisa Eng-Sarne noted it felt like the most significant groundbreaking in her time on Council.

- Recognized by the Minnesota Department of Human Services in their Crisis Response Final Report (2023): "Geographic disparities in capacity are large, and some communities have added a great deal of capacity with additional infusions of local funding and leveraged resources effectively by collaboration among the key players – Dakota County is an exemplary case... Dakota County leaders are working in close partnership with public service systems including police, EMS, fire, and 911 as well as with mental health providers; healthcare systems; community partners; justice

system partners; and people with diverse lived experiences. This approach focuses on bringing everyone together to tackle the issue - because mental health and addiction impact everyone" (p. 4 and 21).

Existing research regarding co-responder programs and crisis services

Dakota County's crisis services continuum is grounded in the goals of services integration and preventative, upstream, and responsive solutions to behavioral health and social services concerns. This approach aligns with the Human Services Value Curve, a framework describing how integrated and generative service systems lead to innovation and increased effectiveness and efficiency (Leadership for a Networked World, 2011). Dakota County's integration of social services and law enforcement facilitate earlier intervention, person-centered and responsive care, quicker access to beneficial services, and the prevention of future crises.

Existing research focused specifically on co-responder programs and other crisis intervention services also indicate that these systems can yield a wide range of positive outcomes. These include:

- **Increased diversions from emergency departments and decreased hospitalizations.** Co-responder programs provide services that are more appropriate to clients' needs and help avoid higher levels of care that are more intensive, restrictive, and expensive, such as emergency department visits and hospitalizations (Colorado Health Institute, 2020; Dee et al., 2024; Donnelly et al., 2025; International Association of Chiefs of Police and the University of Cincinnati Center for Police Research and Policy, 2020; OMNI Institute, 2022a; Yang & Lu, 2024).

- **Increased diversions from the criminal legal system, decreased arrests, and improved de-escalation.** By providing real-time support to clients, co-responder programs are able to intervene in situations in which clients are committing or may commit criminal offenses that would qualify for arrest or otherwise lead to involvement in criminal legal systems (Colorado Health Institute, 2020; Dee et al., 2024; International Association of Chiefs of Police and the University of Cincinnati Center for Police Research and Policy, 2020; OMNI Institute, 2022a; OMNI Institute, 2022b; Shapiro et al., 2014). Clients are provided with services and supports to help meet needs that may contribute to offenses. Additionally, co-responder programs can facilitate de-escalation and the resolution of encounters on-scene.

- **Reduced costs associated with diversions.** Intensive health care services and criminal legal systems involvement are expensive. By avoiding these outcomes, co-responder programs reduce costs and help government agencies save money (Donnelly et al., 2025; El-Mallakh, et al., 2014).

- **Improved mental health and social needs outcomes and service connections.** A key component of co-responder programs is connecting clients to services and supports that help meet mental health and other needs (e.g., housing), and existing research has found that these programs are effective at providing referrals facilitating these connections (International Association of Chiefs of Police and the University of Cincinnati Center for Police Research and Policy, 2020; OMNI Institute, 2022b). By connecting clients to services that best meet their needs, co-responder programs can also yield improved outcomes over time, including reduced mental health-related calls for service (Dee et al., 2024; Puntis et al., 2018).

- **Improved functioning of law enforcement agencies.** Research has also demonstrated that co-responder programs divert burden from law enforcement agencies, increasing efficiency and allowing law enforcement to focus on core responsibilities related to community safety (International Association of Chiefs of Police and the University of Cincinnati Center for Police Research and Policy, 2020; Krider & Huerter, 2020; OMNI Institute, 2022a; Puntis et al., 2018; Shapiro et al., 2014). These programs can also increase self-reported capacity to respond to behavioral health concerns and crises among law enforcement (Puntis et al., 2018).

- **Improved experiences for clients and relationships between law enforcement and community members.** Additionally, clients perceive a positive difference in their experiences compared to a typical law enforcement response. They report a greater sense of trust, safety, and connection, and they feel less threatened, less stigmatized, and safer (Abella et al., 2022; Puntis et al., 2018; Strauss et al., 2025). Co-responder programs can also improve interactions and relationships between law enforcement and community members (Colorado Health Institute, 2020).

Providing the right service at the right time

Dakota County's crisis services continuum aims to provide "the right services at the right time" to most effectively meet the needs of clients, prevent the escalation of client concerns, and maximize the efficiency of resource utilization. In the key informant interviews, respondents spoke about the continuum's ability to serve clients efficiently and effectively. Specific themes included:

- **Connections to specific services and resources tailored to each client.** These include immediate service provision (e.g., crisis assessments) and referrals to services clients could receive in the future. They described how this model increases access to

care and reduces client burden, and how the high level of familiarity of existing services and resources among social services staff further ensures clients are connected efficiently and effectively.

> *[Right service at the right time is] huge. It's everything as far as this program is concerned… People that can come out immediately and get them help.*
>
> *People in need don't feel like they have no options. That there's something [available] anytime somebody is in crisis… Anybody that wants help can get help, and anyone that needs help, even if they don't know, they can get help.*
>
> *We've had people who were in crisis at the moment, and we were able to get [name], in office, to come out with us and talk to them and streamline pathways. We [law enforcement] don't know who to contact and what they do but social services was able to get things rolling. [We had] one individual calling three, four days a week, in crisis, unemployed, unhoused, needed medications, needed medical treatment for underlying conditions. [Name] was able to coordinate a bunch of communication between Regions Hospital, our fire department, social services… Instantaneous result that reduces the call volume.*

- **Effective triage and streamlined pathways through the crisis services continuum.** Respondents reported that people and calls are generally routed to services most appropriate to their needs, how the continuum reduces law enforcement involvement, and helps avoid adverse outcomes, such as hospitalizations and arrests. Similarly, respondents also described how the continuum provides the opportunity to receive immediate support other than standard police, fire, or emergency medical services.

> *Before this continuum came about, it was law, fire, EMS. That's what your choices were… Now we have that direct link with them where there's somebody there all the time, so that when we transfer, it's going to be answered, and they're going to get someone that's going to help them and guide them through the situation.*
>
> *Of all the calls that we transferred to crisis… 10% actually come back to us that we've transferred over or that need additional services through law enforcement or whatever the case may be… That in itself is extremely successful.*

- **Client-led services and allowing clients to ask for help when they want it.** Respondents described how effectively serving clients often requires taking time to build trust and rapport and may require multiple engagement attempts. They emphasized the value of how the crisis services continuum model allows clients to follow up with providers at a time they choose.

> *It means what they want and not what you think they want or what they need in that moment… What they need is to go to a hospital to get some medications, to minimize delusions, to become productive. What they want is somebody who will give them an ear… You can't force it by saying, "You're crazy, let's go to the hospital now."… You run the risk of having them avoid you, isolate, hide things, lie to you. But when you're like, "Oh man, that's got to be stressful. How do you manage all that stress? Who's supportive when you're feeling it like this?"*

When people call us, it's one of the worst days of their lives. They don't want to sit down and have a conversation. Having officers dedicated to this program, time outside of patrol, it's Tuesday at 3:30 and [the client has] decided they're ready. There are now people that can come out immediately and get them that help.

Being able to help people when they're ready for it… Having people they can reach out to on their own, offering voluntarily. Not having pressure, not feeling bad for not reaching out.

Dakota County reflections: Right service at the right time

The CRU Analysis report (Troxell, 2014) also described how CRU's staff reported that the system's success is due to providing the appropriate level of services, prioritizing and balancing client safety and the lowest form of restriction, and meeting client needs in a timely way.

"Mental health is often just one component of a situation. Multiple interviewees noted that multiple issues can be identified and addressed on a single call, with mental health just being one of them... Calls can morph after staff start talking to the caller more and [find] out more about the situation. While the majority follow a logical path (e.g. problem: mental health, program: adult mental health), there are many cases where the program selected shows more was happening than originally thought" (p. 4).

Supervisors also described how the continuum ensures client needs are met as effectively as possible.

"The client defines their crisis and CRU responds appropriately. This helps to reduce hospitalization and jail and finds better solutions for child placement instead of an immediate shelter placement" (p. 6).

Administrative data also speak to providing "the right service at the right time" and the significant scope of services provided, particularly the increase in volume over the past decade. In 2024, CRU received nearly 19,000 direct calls and 1,400 calls routed from 911 (Figure 1). Of the 911 calls routed to CRU, most were resolved without law enforcement intervention (83%). Additionally, Dakota County conducted 1,712 crisis assessments.

Figure 1. Calls and crisis assessment, 2024

	2024
Direct calls to CRU	18,779
911 calls routed to CRU	1,400
911 calls resolved without law enforcement involvement	83%
Crisis assessments	1,712

Source: Data are compiled based on Dakota County's quarterly progress reports submitted to the Minnesota Department of Human Services (Schug & Rud-Collett, 2024a; Schug & Rud-Collett, 2024b; Schug & Rud-Collett, 2024c; Schug & Rud-Collett, 2025).

Among the 357 new stabilization cases (i.e., unique individuals), most were adults (61%; Figure 2).

Figure 2. Stabilization cases, 2024

	N (%)
New cases	357
Adult cases	217 (61%)
Child cases	140 (39%)

Source: Dakota County (2025).

Most clients served experienced a single episode (79%), indicating that their needs were met and did not require additional intervention at a later time (Figure 3).

Figure 3. Episodes per client, 2024

	% (N=1,535)
1	79%
2	15%
3	4%
4	1%
5	<1%
More than 5	<1%

Source: Minnesota Department of Human Services (2025).

Note: MHIS defines "episode" as beginning with a crisis assessment and ending with the conclusion of services (i.e., an "episode" is active as long as the client continues receiving services related to their current mental health needs as determined during the crisis assessment). Episodes are only counted if they involve a crisis assessment regardless of other interactions with other services (e.g., if someone calls CRU but does not receive a crisis assessment, this would not be considered an episode). These data pertain to clients with episodes that occurred in 2024, but "episodes per client" include episodes that occurred in previous years.

When a client calls CRU, staff complete an intake to understand the reasons why they are calling CRU. Most commonly, clients are calling regarding adult mental health concerns (68%), followed by children's mental health (13%; Figure 4). The percentage of calls pertaining to adult mental health has increased since 2014 (48%) and the percentages pertaining to child welfare and adult services have declined (15% to 6% and 14% to 9%, respectively). The number of intakes more than doubled between 2014 and 2024 (from 8,079 to 16,687).

Figure 4. CRU intake reasons

	2014 (N=8,079)	2024 (N=16,687)
Adult mental health	48%	68%
Children's mental health	10%	13%
Adult services (general)	14%	9%
Child welfare (general)	15%	6%
Child protective services	6%	3%
Chemical dependency (general)	3%	1%
Developmental disabilities (general)	1%	1%
Adult protective services	2%	0%
Child care (general)	1%	0%
Community Alternatives for Disabled Individuals (adults)	0%	0%
Adult foster care licensing	0%	0%
Brain injury waiver (adults)	0%	0%
Parent support outreach	0%	0%
Adoption/guardianship	0%	0%
Community Alternatives for Disabled Individuals (children)	0%	0%
Community alternative care (adults)	0%	0%
Alternative care waiver	0%	0%
Brain injury waiver (children)	0%	0%
Child care licensing	0%	0%
Minor parents	0%	0%

Source: Data compiled by Dakota County.

Clients are most often age 30-39 (19%) and 20-29 (17%; Figure 5). About half of clients are female (52%) and half are male (48%), and nearly all clients live in Dakota County (97%).

Figure 5. Demographics of clients, 2024

	Dakota County (N=1,192)
Age	
12 and under	5%
Age 13-19	16%
Age 20-29	17%
Age 30-39	19%
Age 40-49	16%
Age 50-64	15%
Age 65 and older	13%
Gender[a]	
Female	52%
Male	48%
County of residence	
Dakota	97%
Unknown	1%
Ramsey	1%
Hennepin	1%
Washington	<1%
Crow Wing	<1%
Scott	<1%
Dodge	<1%
Winona	<1%
Waseca	<1%
Non-Minnesota resident	<1%
Lac Qui Parle	<1%
Jackson	<1%
Goodhue	<1%
Carver	<1%
Brown	<1%
Anoka	<1%

Source: Minnesota Department of Human Services (2025).

Note: Data are reported by episode. Accordingly, individuals may be represented more than once. Additionally, race/ethnicity data are unavailable in MHIS.

[a] Other gender identities and unknown values are unavailable in MHIS.

Most clients who are referred to crisis services are assessed within two hours (71%; Figure 6), though this percentage is lower compared to the statewide average (82%).

Figure 6. Referrals to assessment time, 2024

	Dakota County (N=1,420)	Statewide
Less than 2 hours[a]	71%	82%
Greater than 2 to 4 hours[a]	3%	8%
Greater than 4 hours to 6 hours	1%	1%
Greater than 6 hours to 8 hours	<1%	1%
Greater than 8 hours to 16 hours	<1%	1%
Greater than 16 hours to 24 hours	1%	1%
More than 24 hours	23%	7%

Source: Minnesota Department of Human Services (2025).

Note: Data are reported by episode. Accordingly, individuals may be represented more than once.

[a] These categories are set by the Minnesota Department of Human Services. The authors recognize that these categories are not inclusive of a two-hour referral to assessment time.

The primary reason for intervention in Dakota County was dysregulated behavior (28%), followed by psychotic or delusional behavior (20%) and suicidal ideation (18%; Figure 7). The percentages for dysregulated behavior and psychotic or delusional behavior are higher in Dakota County compared to Minnesota overall (28% vs. 12% and 20% vs. 10%, respectively), while the percentages for suicidal ideation, depression, and anxiety/panic are lower (18% vs. 28%, 7% vs. 14%, and 5% vs. 17%, respectively).

Figure 7. Primary reason for intervention, 2024

	Dakota County (N=1,535)	Statewide (N=21,154)
Dysregulated behavior	28%	12%
Psychotic or delusional behavior	20%	10%
Suicidal ideation	18%	28%
Other	14%	9%
Depression	7%	14%
Anxiety/panic	5%	17%
Suicide attempt	4%	3%
Mania	3%	2%
Non-suicidal self-injurious behavior	1%	3%
Trauma	1%	2%

Source: Minnesota Department of Human Services (2025).

Note: Data are reported by episode. Accordingly, individuals may be represented more than once. Only one reason can be reported. Accordingly, these data likely underrepresent the reasons for intervention.

Most clients are assessed in their home (65%), and this is much more common than the statewide average (34%; Figure 8). Additionally, the percentages of clients who are assessed in a crisis team office or an emergency department are much lower in Dakota County compared to Minnesota overall (2% vs. 22% and <1% vs. 19%, respectively). This indicates more clients in Dakota County are receiving crisis assessment services in a setting that is likely more convenient and comfortable for them (i.e., their own home vs. a county office building or hospital).

Figure 8. Location of face-to-face assessment, 2024

	Dakota County (N=1,420)	Statewide (N=18,561)
Client's residence	65%	34%
Crisis team office	2%	22%
Emergency department	<1%	19%
Homeless shelter	1%	1%
Jail	4%	4%
Other behavioral health provider	<1%	2%
Other location of initial face-to-face assessment	6%	8%
Private residence (not client's)	5%	2%
Public location	14%	3%
School	4%	5%

Source: Minnesota Department of Human Services (2025).

Note: Data are reported by episode. Accordingly, individuals may be represented more than once.

At the end of the episode, clients most often remain in their current residence (59%), indicating Dakota County was able to meet their needs without more intensive services (Figure 9). About a quarter of episodes end in an emergency department (26%), higher than the statewide average (13%).

Figure 9. Disposition at end of episode, 2024

	Dakota County (N=1,535)	Statewide (N=21,154)
Community setting		
Remained in current residence (self or family)	59%	53%
Remained in current residence (foster care)	2%	3%
Temporary residence with relatives/friends	2%	1%
Remained in school	1%	1%
Emergency foster care	<1%	0%
Treatment setting		
Emergency department	26%	13%
Inpatient psychiatric unit	3%	8%
Residential crisis stabilization	<1%	8%
Chemical health residential treatment	<1%	1%
Residential treatment/IRTS/Rule 5	<1%	1%
Other		
Homeless shelter	1%	1%
Domestic abuse shelter	<1%	<1%
Children's shelter placement	0%	1%
Jail	2%	4%
Other	4%	6%

Source: Minnesota Department of Human Services (2025).

Note: Data are reported by episode. Accordingly, individuals may be represented more than once.

About a third of clients receive referrals to psychotherapy services (34%) and 20% of clients are referred to targeted case management (20%; Figure 10). Compared to the statewide average, more clients in Dakota County are referred to targeted case management (20% vs. 8%) and housing services (10% vs. 3%). Fewer clients are referred to crisis residential treatment (2% vs. 18%), inpatient psychiatric hospital services (11% vs. 17%), and medication management (16% vs. 23%).

Figure 10. Referrals to services, 2024

	Dakota County (N=1,535)	Statewide (N=21,154)
Psychotherapy	34%	36%
Targeted Case Management (TCM)	20%	8%
Medication management	16%	23%
Other (e.g., employment services)	14%	10%
Inpatient psychiatric hospital services	11%	17%
Housing services	10%	3%
Chemical health services	8%	7%
Rapid Access Psychiatry (RAP)	7%	7%
Children's Therapeutic Services and Supports (CTSS)	5%	4%
Adult Rehabilitative Mental Health Services (ARMHS)	5%	4%
Homeless services	5%	2%
Partial hospitalization	4%	2%
Crisis residential treatment	2%	18%
Adult day treatment	1%	1%
Residential treatment/IRTS/Rule 5	<1%	2%
Assertive Community Treatment (ACT)	0%	<1%
Youth Assertive Community Treatment (ACT)	0%	<1%

Source: Minnesota Department of Human Services (2025).

Note: Individuals may be referred to more than one service.

Referrals to crisis stabilization services were most often from the individual themselves or their family members (41%), followed by police (28%; Figure 11).

Figure 11. Crisis stabilization referral sources, 2024

	#	% (N=357)
Self, family member, or neighbor	145	41%
Police	101	28%
Social Services	55	15%
Hospitals	41	11%
Schools	15	4%

Source: Dakota County (2025).

Additional successes reported by Dakota County in 2024 include:

- As of the fourth quarter of 2024, the wait time for crisis stabilization services after referral was less than one week (Schug & Rud-Collett, 2025).

- In 2023, the Dakota County 911 dispatch team began routing non-criminal, mental health-related calls to CRU. Between 2023 and 2024, there was an increase of 41% in the number of 911 calls routed to CRU, and 83% were resolved without law enforcement (Schug & Rud-Collett, 2025), indicating strong implementation of call routing processes and that a significant proportion of 911 calls could be adequately and/or better served by a non-law enforcement response. As Dakota County notes, "This shift demonstrates that many behavioral health emergencies, which were previously routed through 911, can now be effectively managed by CRU. This not only alleviates the strain on the 911 system but also reduces unnecessary police or ambulance involvement, while ensuring that individuals in need receive specialized mental health support" (p. 2; Schug & Rud-Collett, 2025).

- Dakota County also allows clients to select the provider that will best meet their needs for some services, including specific agencies for targeted case management and specific teams for Assertive Community Treatment (Schug & Rud-Collett, 2025).

- Dakota County is currently implementing a new electronic health records (EHR) system (Arize) that will further facilitate data collection to improve understanding of service delivery and needs. For example, the system will allow providers to log more than one "reason" for each call and more specific locations of site visits to better understand the types of concerns clients have and how needs vary by geography. The new system will also be paperless and allow mobile accessibility, further increasing provider mobility and reducing administrative burden.

Benefits of a county-based system

Dakota County utilizes a county-based approach to their crisis services system, in which social service providers are county employees (vs. contracted providers hired by law enforcement agencies). Key informant interview respondents spoke to the benefits of a county-based model, including how the model positively impacts providers' familiarity with county services and systems, working relationships and collaboration, and providers' ability to access data and information across county teams and departments.

> *I also really appreciate that we are all tied in with the county systems. Just in talking with some people in other counties, who maybe work for a nonprofit that contracts with the county… You're isolated from a lot of information and resources when you're not a part of the county system. And I realize that can't work everywhere, but just being tied into what's going on at the county is so important, to know what other services the person has, what's going on, how can*

> *I collaborate with those people? How can I get this person connected if they aren't connected? I think that's really powerful.*
>
> *The services that Dakota County can provide are far greater than what the police department can provide or [a] private entity. There are services that I didn't even know were an option. I've been here [many] years and had no idea that we had the ability to provide that resource to people. I truly don't even understand all that they can do, but it's much greater than what we can do on our own.*
>
> *We will definitely connect with whoever that person's working with. So if that person has a child protection worker, if they have an adult protection worker, if they have an adult mental health or children's mental health case manager… Not only are we connecting and communicating with each other regularly, we're also connecting and communicating with other workers within the county or county-contracted system.*
>
> *We work closely with adult and child protection. We frequently go out on child protection calls now… That's a huge strength of our system. We partner so well with other departments to get people what they need.*
>
> *Contracted-out units can't be as productive. They don't have access to county files, SSIS, that sort of thing. That makes us much more productive and better at our jobs. You build relationships with other social workers in the county.*

New electronic health records (EHR) system

As previously mentioned, Dakota County is also currently implementing a new EHR system (Arize) that will further facilitate data collection and information sharing within the county and between the county and state. Specifically, this includes:

- Facilitating the MHIS data reporting and analysis process. Previously, Dakota County staff would track some data in SSIS and some data in client records. With the new system, staff will be able to track all data directly into Arize and then upload data into MHIS in batches. Arize will also introduce a new capability of allowing Dakota County staff to generate reports and analyze these data.

- Sharing data between teams. Collecting and storing data in one centralized system will streamline data sharing across providers and teams and will allow system users to more easily view comprehensive information about clients.

- Collecting data in new fields. As part of the development of the new system, Dakota County will integrate new data collection fields to better understand client characteristics, demographics, needs, and outcomes.

Dakota County reflections: Benefits of a county-based system

As part of the CRU Analysis Report (Troxell, 2014), Dakota County asked all internal staff participants about the county-based model. All respondents spoke positively about the model, with no respondent identifying advantages of a contract-based model: *"Based on previous work experience, current contracted interactions, or opinions – that a contracted service would lead to a lower response level and less continuity of care. Staff believed having County employees provide the service was best to help them do their jobs better and for the clients"* (p. 6).

Supervisors also described benefits pertaining to the county-based model: *"CRU is well-versed in the resources offered within the County system of care. This allows everyone involved to provide the most integrated service and the best level of care and response. When much of the system is contracted case management, it also helps to have a tie back to the County, which continues to have an important system oversight, safety net and protection role"* (p. 5).

Additionally, the 2014 CRU Analysis Report involved a county comparison of crisis services, and the author described challenges in systems that contract with external agencies to provide crisis services (versus a county-based system). Specific challenges included:

■ Limitations in the types of services the contracted agency can cover

■ Establishing strong communication pathways between the county and the contracted agency

■ Different data systems limit providers' ability to access information in different systems

■ Different expectations and priorities regarding the services provided and how (e.g., contracted agencies may be less willing to provide in-person services if law enforcement is involved or clients are uncooperative, contracted agencies may be less willing to engage in services that may not be billable)

■ Law enforcement hesitancy to engage with crisis services due to the complexity of navigating the service system

Troxell (2014) concludes, "Those who contract out have a harder time establishing communication between the provider and the County as well as across the whole system. There is a lack of a coordinated response" (p. 7).

Building and maintaining strong partnerships

Dakota County's continuum relies on strong partnerships between several entities, including social services, law enforcement, other county departments, and external agencies and organizations (e.g., health systems, schools, non-county service providers). Key informant interviews spoke to strong relationships and communication between partners. Specific themes included:

■ Strong partnerships, collaboration, and trust between social services and law enforcement.

> *I've talked to [staff] before about how happy we are with the way this is going and how well we work… There's a really nice, mutual respect amongst the two careers that has really helped... build that relationship to be as strong as what it is.*

- How co-location contributes to streamlined communication, builds familiarity and relationships, and facilitates real-time support.

    We've always had pretty good communication… Being embedded here just took it to the next level. You get to know them, see how they work.

- Effective and efficient communication and information sharing processes between social services and law enforcement, including specific communication pathways and how processes effectively balance confidentiality limitations.

    As far as the streamlining of the communication, whether from crisis to cops or admin to cops, that's about as streamlined as it can get.

    There's a very intentional effort… to honor data privacy and also find creative solutions to share information in ways that is allowable under the law…Both sides of police departments and social services have been very thoughtful about that.

- Strong partnerships with other county teams and departments.

    We work closely with adult and child protection. We frequently go out on child protection calls now… That's a huge strength of our system. We partner so well with other departments to get people what they need.

- Strong partnerships with providers external to Dakota County, such as hospitals, group homes, and the court system.

    I'll call the nurse at [clinic] who can take info from me, pass it on to the doctors. We're not an island here. You can't work successfully with someone if you're not working with the whole team.

Dakota County partners with a wide range of entities to provide referrals, coordinate care, and share information. Within Dakota County, the crisis services continuum team partners with every county department that serves people, including, but not limited to:

- Adult Protection Services
- Assertive Community Treatment
- Chemical Health
- Children and Families
- Child Protection Services
- Client Relations
- County Attorney's Office
- Disability Services

- Emergency Shelter Housing
- Employment and Economic Assistance
- Financial Empowerment
- MNChoice Assessment
- Pre-petition Screening
- Targeted Case Management
- Veterans Services

Law enforcement partners include:

- Apple Valley Police Department
- Burnsville Police Department
- Dakota County Sheriff's Office
- Eagan Police Department
- Farmington Police Department
- Hastings Police Department
- Inver Grove Heights Police Department
- Lakeville Police Department
- Mendota Heights Police Department
- Rosemount Police Department
- South St. Paul Police Department
- West St. Paul Police Department

Other partners external to Dakota County include, but are not limited to:

- Abbott Northwestern Hospital
- Associated Clinic of Psychology
- Berean Church
- Cedar Valley Therapy
- Children's Hospital
- Fairview Hospital System
- Fraser
- Guild
- HCMC Hospital
- Lewis House/360 Communities
- Life Development Resources
- Maureen's House
- Mental Health Resources
- Minnesota Mental Health Clinics
- Nystrom and Associates
- Regina Behavioral Health
- Regions Hospital
- United Hospital
- All school districts within Dakota County

Specific partnership successes from 2024 include (Schug & Rud-Collett, 2025):

- Participating in the Dakota County Mental Health and Substance Use Disorder Roundtable
- Providing input to Dakota County's Service, Safety, and Justice Committee, which aims to reduce criminal and legal system involvement and improving system-level responses to mental health and substance use concerns
- Attending Mental Health Local Advisory Council meetings to learn from people with lived experiences and apply insights to services
- Participating in East Metro Crisis Alliance activities
- Collaboration with the MNChoices Assessment team has increased the efficiency of referrals, assessments, and access to care

Dakota County reflections: Partnerships

The CRU Analysis report (2014) also describes partnership successes reported by internal staff and external partners.

"Internal staff generally sees positive working relationships with outside partners. CRU staff expressed that they are used effectively by County staff and external partners. Law enforcement is one of the main partners because they are on their own in the community facing situations in which they might only be partially trained and out of their element...

External partners were also very positive overall about the work CRU does. One of the consistent themes was the willingness to be collaborative and find solutions, whether it is on a single case or from a system perspective, from leadership down to the CRU staff. Collaboration tends to be highest with partners that are used the most, law enforcement the most notable. CRU is willing to share their knowledge about dealing with situations, which is appreciated and valued by those who are on the receiving end. The ability to be mobile and team with partners or act singly after-hours was raised by more than one partner. It should be noted that Dakota County's CRU may not be the right fit or have the capacity to respond to all crisis needs. Some systems (e.g. schools) might have specific needs that would be more effectively addressed with other service delivery models…

To have the level of crisis response Dakota County has is not simply bringing staff together to answer calls. Part of the success is the network of relationships that has been built up over twenty years. Some counties have good relationships with providers and law enforcement, but in other counties that is nearly nonexistent. Those relationships are important to Dakota County and a critical part of the model that would not be advocated to change" (p. 6 and 28).

Supervisors also reported partnership successes and ways in which the continuum model benefits partnerships:

- *"Staff relationships – Knowing that both sides are County employees helps establish a team mentality. CRU staff will occasionally cover in other areas and vice versa. Training can overlap and CRU knows when to call supervisors.*

- *External relationships – Because CRU has good, established relationships with hospitals and law enforcement, County departments are able to leverage those relationships to help meet their needs and make processes flow better.*

- *Accessibility – One consistent benefit mentioned was the accessibility of CRU staff and data. Whether it was calling for advice, teaming a site visit, or using the same information system, the accessibility to people and shared data (SSIS, medical information, screening reports) is important. Data access allows CRU workers to have greater context with the situations they encounter at any time of day and relieves some data practices and privacy issues. Access to internal resources is advantageous in time-sensitive situations and allows both sides to make better decisions"* (p. 5).

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Appendix

Statutory requirements

Service	24/7	After-Hours Only	Statutory Requirements or Allowances and Descriptions
Mental health crisis phone response	x		§245.469 requires county boards to provide or contract for enough emergency services within the county to meet the needs of adults, children, and families in the county who are experiencing an emotional crisis or mental illness, and that all service providers of emergency services to adults with mental illness provide immediate direct access to a mental health professional during regular business hours. For evenings, weekends, and holidays, the service may be by direct toll-free telephone access.
Mobile crisis response	x		§256B.0624 defines scope, definitions, eligibility, and provider standards for medical assistance coverage of the delivery of crisis response services. It includes services on site by a mobile crisis intervention team outside of an inpatient hospital setting. These mental health mobile crisis intervention services must be available 24 hours a day, seven days a week.
Children's mobile crisis response	x		§256B.0944 defines scope, definitions, eligibility, and provider standards for medical assistance coverage of the delivery of child crisis response services. It includes services on site by a mobile crisis intervention team outside of an inpatient hospital setting. These mental health mobile crisis assessment and intervention services must be available 24 hours a day, seven days a week.
Common point of entry for adult protection		x	§626.557 Subd. 9 describes the role of the Common Entry Point (CEP) as available 24 hours per day to take calls from reporters of suspected adult maltreatment. The CEP in Minnesota is the Minnesota Adult Abuse Reporting Center.
Common point of entry for child protection		x	Child protection specifies multiple options for reporting suspected maltreatment: local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff. The law requires mandated reporters to make a report immediately, defined as within 24 hours.
Mental Health Transport Holds	x		§253B.051 provides that a person may be taken into custody by a peace officer and transported to a licensed physician or treatment facility if there is reason to believe that the person has a mental illness, chemical dependency, or a developmental disability and poses a risk of injuring self or others if not immediately detained.
Emergency child placement	x		§260C.175 provides that a child may be taken into custody by a peace officer when a child has run away; when a child is found in surroundings or conditions which endanger the child's health or welfare or which such peace officer reasonably believes will endanger the child's health or welfare; when a child has violated terms of probation, parole, or other supervision; when directed by a court order, or when a child is in need or protection. The child may go to the child's home, to the home of a relative, or to another safe place, which may include a shelter care facility.

Service	24/7	After-Hours Only	Statutory Requirements or Allowances and Descriptions
Corrections coverage	x		Local law enforcement contacts the Crisis Response Unit to determine whether circumstances meet criteria to have the youth transported to the Juvenile Services Center for intake. They will also link law enforcement to a probation supervisor if Apprehend & Detain orders come in for an adult probation offender.
Jail mental health assessments	x		CRU staff completes mental health assessments at the County jail, including court-ordered assessments.
Emergency assistance		x	The Crisis Response Unit provides problem-solving and, if needed and meeting criteria, shelter placement based on requests from homeless people outside of business hours. Other emergency assistance requests are handled as quickly as possible.
De-escalation of emerging crises	x		Tasks typically include: support people contacting the Crisis Response Unit in need of safety planning for mental health needs, mediate parent/child conflicts telephonically or in person to avoid or limit law enforcement involvement, provide after-hours information and coverage for current social services clients.
Crisis service coordination	x		The Crisis Response Unit manages access to adult mental health crisis beds and emergency psychiatry appointments. They coordinate services needs with detoxification units, hospitals, and other facilities once services are accessed to ensure needed information in obtained.
After-hours coverage for all Social Services program units		x	
Support to law enforcement and system partners on response to crisis situations	x		Support is provided to County staff, law enforcement, and adult and child foster care providers.
Other: Support for system partners around emergency preparedness activities; mental health system education; suicide prevention, and general outreach and training.	X		

Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

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Dakota County is governed by an elected board of commissioners who serve four-year terms. In Minnesota, counties are responsible for property tax assessment, tax administration, elections, record keeping, transportation, planning and zoning, solid waste management, environment, parks and water management, law enforcement, courts and health and community services. Dakota County Community Services division provides Crisis Response Services to the community and has developed a robust continuum of care that aligns with the Substance Abuse and Mental Health Services Administration recommended best practices.

Dakota
C O U N T Y

Social Services

Dakota County Crisis Services Continuum

Findings from Key Informant Interviews

Authors: Melissa Serafin, Kristin Dillon, and Jennifer McCleary

Wilder Research

Information. Insight. Impact.

Contents

Project background

In 2024, Dakota County partnered with Wilder Research (Wilder) to assess the evaluation and data systems and processes for Dakota County's crisis services continuum. This project included conducting 16 key informant interviews. Participants included non-law enforcement county staff and providers (e.g., social workers, 911 dispatch staff, data privacy specialists; N=7), law enforcement partners (e.g., law enforcement officers, police chiefs; N=8), and a mental health advocacy organization (N=1). Note that the mental health advocacy organization representative often spoke to crisis services more generally rather than to Dakota County's continuum specifically, given their more limited familiarity with Dakota County's specific services.

This report summarizes themes from the key informant interviews, organized by topic (e.g., partnerships, connections to services). Themes are reported if they were mentioned by at least two interview respondents, given the relatively low number of respondents. Themes mentioned by at least five respondents include "(5+)" in their heading title, and themes mentioned by at least ten respondents include "(10+)" in their title. Additionally, themes are ordered within their topic areas according to the number of respondents who mentioned them, with the themes mentioned by the most respondents first. Note that some respondents may have agreed or disagreed with a theme, but if they did not mention the theme, their perspectives are not reflected in the findings.

Key findings and recommendations

This section presents the key findings and recommendations from the key informant interviews and supporting themes for each.

Partnerships between social services and law enforcement are strong, trusting, and collaborative.

Recommendation:
Maintain strong partnerships between social services and law enforcement.

✓ Respondents spoke to the strength of the partnerships between social services and law enforcement, including commitment to collaboration, trusting relationships, and how the model facilitates the sharing of information and expertise specific to each sector.

✓ They also described communication successes, such as identifying specific strategies and pathways for sharing information (including sensitive and health-related information while maintaining confidentiality and data privacy) and high levels of responsivity.

✓ Within this theme, respondents also reported how co-location facilitates familiarity, rapport, and real-time support and communication.

✓ Staffing stability, long-term relationships, and a strong fit between team members also contribute to positive and effective partnerships.

Communication challenges exist.

Recommendation:
Ensure clear processes for call routing, follow up, and communication across shifts and regulatory authorities.

✓ While respondents spoke very positively about the partnerships between social services and law enforcement, they also identified specific challenges or suggestions regarding communication.

✓ These challenges included call routing and determining when specific teams should take responsibility for a call or should follow up after a call, the differing authority structures law enforcement and social services operate under, maintaining confidentiality and data privacy, and sharing information across different shifts.

Clients significantly benefit from county-assisted connections to services and supports.

Recommendation:
Continue connecting clients with county-based and external services.

✓ Respondents emphasized the extent to which clients benefit from assistance connecting with services and supports, including those related to mental health, substance use, and housing.

✓ They described how the county-based model employed by Dakota County is particularly useful in connecting clients with services, because county providers are more familiar with available county services, teams, and data systems.

✓ They also mentioned strong partnerships with external organizations and agencies and how they facilitate the process of connecting clients with services. Several specifically identified how the crisis services continuum has improved relationships with group housing sites and how the needs of group housing clients are met.

Challenges within broader service systems persist.

Recommendation:

Identify ways to improve communication pathways with external providers and continue to prioritize strong partnerships to minimize barriers to access.

- ✓ Some respondents identified challenges with communicating with external organizations and agencies, including hospitals, the court system, and case managers based in organizations outside of Dakota County.
- ✓ Inadequate existing services were also a theme, such as the lack of affordable housing and long wait lists for services (e.g., waivered services, hospitalizations).
- ✓ Additionally, some respondents identified challenging policies that negatively impact access (e.g., strict eligibility criteria).

Effectively engaging clients takes time and patience.

Recommendation:

Continue prioritizing patience and persistence when engaging clients.

- ✓ Respondents shared that engaging clients effectively often requires multiple interactions and that building trust and rapport takes time.
- ✓ They emphasized the importance of allowing clients to ask for assistance when they are ready to receive it.

Families have unique needs.

Recommendation:

Provide training regarding engaging families as a whole.

- ✓ Respondents described how serving families differs from serving individuals, as it requires a systemic approach.
- ✓ They suggested intentional efforts to hear from families directly about their experiences and needs, and providing training on engaging families as a whole.

Services are effective, and Dakota County would benefit from increasing capacity and expanding services.

Recommendation:

Expand after-hours and geographic coverage and consider creating new positions to best meet community needs.

- ✓ Respondents identified limited service availability after standard business hours, how some positions are part-time (vs. full-time), and how some positions shared between jurisdictions are barriers to adequately serving all clients in a timely manner. Some specifically mentioned recruitment and staffing challenges.
- ✓ Respondents also recommended creating new positions within the services continuum, including providers who offer medication and medical services, and placing a social services provider within the dispatch team to assist with triaging calls.

Community awareness and internal promotion efforts are critical.

Recommendation: Continue efforts to raise community awareness and promote services within Dakota County and police departments.

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- ✓ Respondents reported the importance of raising awareness of and promoting services.
- ✓ Promotional efforts were suggested within Dakota County and police departments, including county leadership, to ensure a strong understanding of the benefits of the crisis services continuum and promote collaboration.
- ✓ Respondents also suggested implementing efforts to promote services within the broader community, to ensure community members are aware of existing services. Some mentioned existing efforts, such as attending community events.

Measure impacts, including through qualitative client stories, and disseminate positive outcomes.

Recommendation: Prioritize key quantitative indicators and collect qualitative stories of client experiences.

- ✓ Respondents described how difficult it is to measure the impact of the crisis services continuum, as client needs, services, and success vary widely.
- ✓ However, respondents also suggested specific indicators that best describe the impact of services, including qualitative client stories.

About Dakota County's crisis services continuum

Dakota County's crisis services continuum contains several components, including:

- Crisis Response Unit (CRU): Provides immediate care 24/7/365 via phone and mobile response. Some staff are co-located in police departments. Additionally, the CRU number serves as the crisis call center and the after-hours entry point for all county social services.

- Embedded social worker program: Licensed clinical social workers provide follow up to individuals who have recently interacted with emergency services and have been identified as benefitting from additional support based on those law enforcement interactions. Support often involves connecting clients with county-based and external services and resources, and it is often a team effort conducted with a specialized police partner.

- Crisis stabilization: Licensed clinical social workers provide longer term therapeutic and stabilization services to individuals referred to crisis services by schools, hospitals/clinics, family members, law enforcement, and other sources.

- Dakota County Crisis and Recovery Center: An extension of the Crisis Response Unit which provides walk-in mental health assessment, crisis, and short-term outpatient and residential treatment and stabilization services. One of Dakota County's partners, Guild, also provides residential treatment on site.

Successes of Dakota County's crisis services continuum

Throughout the interviews, respondents emphasized the significant impact of the crisis services continuum generally, including the fulfillment providers, officers, and staff experience in their roles and strong commitment to providing high-quality and effective services.

> *It's working. It is undeniable to me. I don't know how to relay it in words, but I would defend this program with every fiber of my being. I say it all the time, but we have the best crisis continuum in the country.*

> *It's been really exciting to be part of this group and part of the continuum, because it just feels like we're doing such cool work… Meeting people where they're at, figuring out what they need, and [how] we can provide it. It's fulfilling work to be able to help move people beyond whatever their hard day is.*

> *Social workers and police officers, working together to come up with a long-term solution rather than a temporary solution to a long-term problem.*

> *The people doing the work do an incredible job. My greatest gift is getting to work with the people I do.*

> *Constant support from my supervisor [name] has been wonderful for years… [Name]'s leadership has been really appreciated and helpful.*

Success stories

Respondents also shared specific stories demonstrating the success and impact of their work.

> *[We worked with] a trans person… struggling with their hometown and decided that with all the money they had, they were just going to take the bus and come here to Minneapolis without a plan… I was able to connect with the Dakota County shelter, the hotel shelter program, and there was an opening… We were able to get them a bike, because [their employment] was actually within biking distance. We were able to get them connected with health insurance… This was just a great way of getting them established into their own space, where they now feel safe.*

> *We ended up assisting a different department with a missing person, female and child, gone for a few days… She was talking about driving off a bridge with the child inside, took [the child] out of her car seat to kill both of them. Responded as a team with crisis social workers. Got there, got her in custody, separated her from the child. Took her to the local hospital. The social worker called ahead for an intake [and] got [her] admitted to the hospital. A few days later, came to the lobby, stable, had medications. She was super thankful she didn't get hurt and her child didn't get hurt. Everyone worked together to make sure they were both safe.*

> *One day there was a crisis at [a client's] home, he was suicidal, said to have weapons, pretty unbalanced and suicidal. Our officers, myself included, responded to the house, tried to be there and hold the perimeter. Our mental health provider heard it over the radio and responded to the scene. It's fairly uncommon to have a provider respond to a scene, especially weapons-related. But she got there, made phone contact with him inside and talked to him. We were able to get him to come out, and instead of talking to an officer right at the scene, he was able to talk with the mental health provider at the scene who had the best relationship with him. We de-escalated at the scene.*

> *We got a call last spring, about a woman. who had a stroke, visual and hearing impairments, and couldn't get around much. She was depressed and had trouble meeting her own needs… We got out there, connected her with community living supports intake, got her on a waiver, got services involved. She was able to remain in her home, got mental health care. It was pretty slick. Just a couple visits, helped her fill out her Medical Assistance application.*

There had been a 911 hangup, and dispatch kept calling back, not getting an answer, had [city] PD go over there. A gentleman was in the entryway of his house. Admitted he had called, thinking about killing himself with a knife to his stomach… He was overwhelmed, married, had a child, significant debt, and wasn't functioning at all. He had friends over there, his wife was there. He didn't want to take an ambulance to the hospital because of the cost, but his friends took him. Within an hour of [us] getting there, he was on his way to the hospital.

This gentleman was suicidal, the gamut of everything that could go wrong was. Being evicted, living in his mom's house, but mom had died recently. Didn't care if he lived or died. We went to check on him, and he wasn't answering the door… [Name] worked weekly with him, met him at his house. Got his furniture moved out of his rental, got him a hotel shelter… He said because someone cared, it helped him realize he can get through it.

An older gentleman… His brother had [died by suicide], five, six years prior, on his birthday. It was leading up to the anniversary, and he was drinking a lot, dysregulated. He's living at home with his wife… He wouldn't eat anything. He had a slew of medication that he was supposed to be taking that he wasn't taking consistently… He would get in the car and drive out of the county. His wife is going crazy, putting GPS trackers on him… They're supposed to be enjoying their grandkids and stuff, and grandkids can't come over because their children are afraid of what grandpa's doing… I realized that this man wanted a connection with his wife despite all of his things. He wants her approval… I go upstairs, I sit down and we're talking… His wife is sitting in the chair. She's frail-looking, crunched over, clutching onto herself and rocking and talking about the stuff he's doing and her fears. And the whole time he's just in his self and doing his own thing. And I just asked him, "Hey, when's the last time you looked at your wife?" … He takes a glance and he was like, "I know what she looks like." I said, "That was not a look. That was a glance. When is the last time you mindfully looked at your wife? Can you do that for me for a second?" And then he turns and looks at her and you could see his whole face like, "Who the hell are you?" And you could see at that point he realized how much his stuff was affecting his wife and how much she's physically changed. And he was like, "You weren't that small." He was really seeing her for the first time after living with her… The next morning he picks up the phone while she was sleeping and called me and said, in this little grumpy voice, "What do I have to do to get detox? … I want to make her proud."

Interview findings

Partnerships between social services and law enforcement

Strong relationships and communication (10+)

All respondents representing law enforcement and social services spoke positively regarding the partnerships between the two sectors. They identified a strong commitment to collaboration, trusting relationships, information and expertise sharing between partners, effective strategies and avenues for communication (e.g., quarterly meetings, ensuring easy but secure access to information about clients), high levels of responsivity, and clear differentiations between and understanding of roles. Some mentioned how staffing stability and long-term relationships facilitate collaboration.

> *It feels like one big team.*

> *I've talked to [staff] before about how happy we are with the way this is going and how well we work… There's a really nice, mutual respect amongst the two careers that has really helped... build that relationship to be as strong as what it is.*

> *As far as the streamlining of the communication, whether from crisis to cops or admin to cops, that's about as streamlined as it can get.*

Benefits of co-location (5+)

Several respondents specifically mentioned the unique benefits of co-locating social services staff within law enforcement agencies. They described how the physical presence and familiarity streamlines communication, helps build relationships, and allows real-time, in-person support.

> *We've always had pretty good communication… Being embedded here just took it to the next level. You get to know them, see how they work.*

> *Our active embedded worker is available to go to briefings for patrol, even if she doesn't have anything to add. They get familiar with her.*

> *When they work out of our office, they have a connection with the officers and get the officers to feel more willing and able, like "Let's call [staff person], she's in the office." … Having them based out of our offices is huge. That's what will create that trust, that connection.*

> *[Communication] is very good… Being co-located has a lot to do with it.*

> *[Embedded social workers] are part of everything we do. If we have a community celebration, they'll be there. Retirement party, Christmas party, they're there. They're down the hall. It's important to us and to them.*

Specific communication pathways (<5)

Some respondents mentioned the creation of specific communication pathways that have supported information sharing and collaboration.

> *[Crisis alerts are] a document that goes to CRU, and it's entered into our system, so that if, let's say a person has a mental health crisis, and police respond, and they call CRU looking for support, they can get information from CRU, from that crisis alert, right away.*

> *[We have] legal agreements with police departments in particular, just to make sure that they set up good foundations for those relationships that don't get anyone in trouble down the road, so that everyone's very clear about what their roles are, responsibilities, data privacy, data sharing, criminal justice information, those sorts of things.*

> *If a crisis worker goes to meet with a family… their notes, their information is forwarded to whoever the embedded worker is of that city. And if that person is also working with a stabilization worker, they're cc'd on that email. So there's a lot of communication.*

Information sharing while maintaining confidentiality (<5)

Respondents also mentioned how the model facilitates information sharing between partners while still maintaining confidentiality and meeting HIPAA requirements, with some respondents speaking to how teams have found creative ways to share critical health and criminal or legal information without breeching privacy laws or policies.

> *We can share things without crossing boundaries that are going to provide the person the help they need without going against privacy or data issues… You can do that in a variety of ways, redacting reports… You can be creative without doing anything unethical.*

> *There's a very intentional effort… to honor data privacy and also find creative solutions to share information in ways that is allowable under the law…Both sides of police departments and social services have been very thoughtful about that.*

> *We've tried to be really creative with those workarounds. We have a specific release of information form for police.*

Communication challenges

While respondents generally spoke positively about the partnerships between social services and law enforcement, respondents also spoke to challenges or suggestions regarding communication.

Call routing and follow-ups (5+)

Some respondents mentioned challenges in ensuring mental health-related calls are routed to crisis, knowing when teams take responsibility for a call, and a lack of clarity regarding follow-up responsibility.

> *Probably the biggest thing I see now is the Travis Law. Supposed to be sending crisis calls to crisis units. That might work for a while, but then new [dispatch] staff come on, and then a lot of welfare check calls that have nothing to do with crime or concerns with violence are coming to the police departments again. So reminding dispatch that if this is strictly mental health related, it doesn't need to go to the police.*

> *Maybe they just haven't worked together as long or there's other personal issues or whatever it is, so the handoff is not as smooth. So I think that's an area of growth.*

> *There is some confusion about who should be doing follow up after the crisis is over and the timeframe… We need to establish procedures and policies on who's doing what… If we had a crisis today, and tomorrow we follow up, CRU person and I, we already know the person, we know the issues, and more importantly they're familiar with us. Not anyone new after the crisis. After making the connection, not in crisis anymore, then [we should] introduce our [embedded] stabilization person.*

> *Sometimes there is a disconnect when CRU is going out individually, when you're talking about follow up with the police department. Most of the follow up officers and social workers that are doing the embedded stabilization piece take police reports and follow up. If the call goes directly through CRU, there's a chance that can get lost in the follow up component.*

> *[Supervisors] have really been trying to clarify roles between staff, because we do have a lot of staff, and it is sometimes tricky to know what's the handoff point.*

Authority (<5)

Respondents identified challenges pertaining to how law enforcement and social services operate under different regulatory authority, including how positions are housed within different supervisory entities.

> *We're operating in two different systems. I'm based in the police department, but they're not my employer. I'm under their authority... Having meetings before embedding to talk about expectations and process and roles is very important.*

> *Communication with supervisors at the county level. If the social worker is not performing, or not seeing eye-to-eye, how do you fix it or make it better?*

> *What I find most challenging is having to work with somebody on a day to day basis that is not your employee. Our social workers are county employees, I'm not their boss, I don't have any supervisory power.*

Maintaining confidentiality (<5)

While respondents described successes regarding information sharing while maintaining confidentiality and data privacy, they also reported related challenges.

> *We try to be really creative [with communication limitations], but it would make our job easier sometimes if we could just share a little more openly. But that's just part of the system-wide thing... We do want to respect confidentiality.*

> *HIPAA constraints which impact our ability to just fully partner and share information and work together.*

> *Sometimes the incident happens, the social worker follows up, but we don't really get updates. And we don't really have the right to know whether they're in therapy, on medications. And on our side we're just hoping that they're doing something.*

Shift rotations (<5)

Communication challenges included ensuring all staff are kept up-to-date regardless of the shifts they work and changing rotations.

> *When we have our workers here, it's always daytime. Always Monday through Friday. We have officers that work overnights, that's all they do, [who] have never met crisis workers face-to-face. If we had a night officer [in] during the day who bumped into one of our social services workers, "Who are you and how'd you get in the building?"*

> *I think we could work on communication with police and CRU... It's a little bit complicated, because police have to rotate. So we're coming up on all of their rotations, and we're going to have to figure it out.*

Hiring and team fit (5+)

Respondents emphasized the importance of intentional hiring of law enforcement and social services providers, including considering personality fit between team members and ensuring team members have an opportunity to provide feedback in hiring decisions.

> *One of the most important parts of the embedded role is finding a personality match with the officer… Some people like the overcrowded, friendly, everybody in your face thing. And some people like the, I can work in my silo and still have these relationships… It depends on the individuals.*

> *Spending time on the front end before placing social workers in a police department to figure out personalities and how they gel is important. I think that's why I function so well with [name] and [name]. We all have an understanding of what our role is and how we complement each other and work together. I think you take into consideration personalities when you're placing people… I think [Dakota County has] been mindful of that, absolutely.*

> *The most important relationship is with the embedded worker, as far as our work is concerned, and their police partner, because you're spending the whole time together. So if you have that good communication and you have that relationship and you can get information and you can talk back and forth. Because police can be guarded, and they are really protective of each other and their spaces. So they're not going to share information with you if they can't trust you.*

> *As time went on, we wanted to have a say in the process regarding who is coming into our building and who would be a good fit. Before it would be like, here's your social worker, she's starting Monday.*

Connections to services

Benefits of service connections (10+)

Respondents emphasized the significant impact of connecting clients with specific services, resources, and supports tailored to each client, including those related to housing, mental health, substance use, and information generally. Respondents spoke to immediate service provision (e.g., crisis assessments) and connections via service referrals, how this process eases client burden, and how this model streamlines connections due to the high level of familiarity with existing services and resources among social services staff.

> *Success happens every day… People are dispatching each other out to site visits, crisis assessments, passing on information. They assess for immediate safety needs, and that includes what ongoing services do they need. And we can do direct referrals within our system for case management… Looking at every avenue, like where is the opportunity to make this experience easier on clients?*

> *It's smooth. Even when I started, we had our county blue card that had everybody's phone number on it and if we thought somebody needed something, we just handed them that card and whatever they did with it after we left was what they did with it… Because of this program, we can do a much better job of connecting them.*

> *The way we have this program set up here, being that we have active responders and follow up officers, I have the time to actually be able to walk them through things – to sit down, make phone calls with them, to fill in paperwork with them. I think because of this program, we can do a much better job of connecting [clients to services].*

> *We've had people who were in crisis at the moment, and we were able to get [name], in office, to come out with us and talk to them and streamline pathways. We [law enforcement] don't know who to contact and what they do but social services was able to get things rolling. [We had] one individual calling three, four days a week, in crisis, unemployed, unhoused, needed medications, needed medical treatment for underlying conditions. [Name] was able to coordinate a bunch of communication between Regions Hospital, our fire department, social services… Instantaneous result that reduces the call volume.*

> *[We give a] specific set of resources for that person, phone numbers and information if they want to talk. And if they don't, I usually leave an envelope of all these things they need and say, "Hey, maybe you want to check this out. And by the way, here's my card. Call me if you want to access this stuff." We try to tailor it to each individual.*

County partnerships and benefits of county-based system (5+)

Dakota County utilizes a county-based approach to their crisis services system, in which social service providers are county employees (vs. contracted providers hired by law enforcement agencies). Respondents emphasized how this model ensures providers have greater familiarity with available county services, teams, and data systems, particularly given how many services are available and the complexity of the service system. This ultimately facilitates greater access to services for clients and relationships across agencies. Some respondents spoke generally to the positive relationships with other county departments.

> *The services that Dakota County can provide are far greater than what the police department can provide or [a] private entity. There are services that I didn't even know were an option. I've been here [many] years and had no idea that we had the ability to provide that resource to people. I truly don't even understand all that they can do, but it's much greater than what we can do on our own.*

> *We will definitely connect with whoever that person's working with. So if that person has a child protection worker, if they have an adult protection worker, if they have an adult mental health or children's mental health case manager… Not only are we connecting and communicating with each other regularly, we're also connecting and communicating with other workers within the county or county-contracted system.*

> *We work closely with adult and child protection. We frequently go out on child protection calls now… That's a huge strength of our system. We partner so well with other departments to get people what they need.*

> *Contracted-out units can't be as productive. They don't have access to county files, SSIS, that sort of thing. That makes us much more productive and better at our jobs. You build relationships with other social workers in the county.*

External services and partnerships

In addition to county partnerships and connections to county-based services, respondents also spoke about external partnerships and service connections.

Benefits of external partnerships and connecting clients with external providers (5+)

Respondents also specifically mentioned the benefits of connecting clients with external services (i.e., services provided through other agencies beyond Dakota County) and strong partnerships with external agencies. They often identified how the model particularly benefits partnerships with group housing sites.

> *With Regions, and not so much the other hospitals, but getting to know the other team members – hospitals, mental health clinics... I'll call the nurse at [clinic] who can take info from me, pass it on to the doctors. We're not an island here. You can't work successfully with someone if you're not working with the whole team.*

> *Another very valuable communication is a high level of people in group homes that consume a good amount of social services and law enforcement resources… I had an experience [with an individual] about a year ago, police were going out multiple times a week, a lot of disruption, and resource use. We called everyone together, and I was like, we need to figure out a way for positive reinforcement. They were bored, with no outside outlets. Let's get them connected with people on a positive basis rather than negative, punitive. So they set something up. If they met baseline expectations, they would go out to lunch with their case manager. They dramatically reduced calls… They just needed more human connection and non-crisis intervention.*

> *I think something that's working really well, when CRU has contact with a client that is open to a worker, either within the county or a contracted agency of the county, such as adult mental health case management, probation, things like that. We send a copy of the intake, we let the worker know, "hey we dealt with this issue today," and lots of times they would have had no idea that happened.*

> *A lot of what we deal with here, it's morphed into group home consultation… We've seen the biggest change with coordination. Making sure the care is meeting their needs, police response is meeting needs.*

Coordination challenges with external providers (<5)

Some respondents identified challenges with coordinating with external providers, including hospitals, the court system, and external case managers.

> *Hospitals are supposed to call us back when we send somebody on a hold to the hospital and let us know the outcome, if they're going to admit or release, and they don't… That type of communication could make the system flow better.*

> *I wish we could work more closely with hospitals. We have a great relationship with Regions, but sometimes they're sending people back three or four times. How can you not be admitting them?... [We need a] better understanding of why people aren't getting admitted.*

> *Locating some information can be difficult. In cases where someone might have a case manager that's not a county employee, that can be difficult to track down phone numbers or emails. Having that information more accessible would be a huge help.*

> *[We] get court orders from judges. Sometimes it can feel like we're reinventing the wheel. "Please talk with them about mental health concerns," but it's like, please tell me more. What were the concerns? … Judges aren't really easy to reach.*

Insufficient service system (5+)

Respondents described how inadequate service systems, supports, and resources negatively impact their ability to meet the needs of their clients, particularly the lack of affordable housing.

> *The increase in homelessness. In Ramsey County and Hennepin County, the shelters are shutting down, and they're not safe. Homeless people don't feel safe there, so they go into West Saint Paul.*

> *There's a substantial wait time for waivered services… And it takes a while to be screened for a waiver, getting approved, getting connected.*

> *A lot of folks we deal with don't have insurance. When we put them on hold, we have to use an ambulance, which at a minimum is a $3,000 bill they get. If they get transferred from hospital to hospital, it's upward of 10k. and the client gets the bill. On our end, it's hard to develop rapport after… taxing mental illness. If you go to jail, [you go to] detox for free. That doesn't seem right to me.*

> *Housing, treatment, food… that's why we come into contact with people outside of mental health. Lack of housing, treatment, and food.*

> *For night folks, if we need to take someone to a shelter or detox, we have nowhere to go… With the winter upon us, are there shelters? I don't want to find out it's full after driving a half an hour there.*

> *To serve children with high acuity, a lot of parents don't have options. They don't have a support network themselves, or there are wait lists for even hospitalizations… Sometimes it's not a matter of counseling somebody through. It's offering some type of resource that we just don't have.*

> *I wish Dakota County had a lot more housing and supportive housing resources, because I feel like the unhoused population is really stuck in a hard spot of asking the mental health system [to support these individuals].*

Challenging policies regarding services (5+)

Some respondents spoke specifically to challenging policies pertaining to services or the service system. They described how immediate responsivity required by law is not always the most effective strategy for serving clients, how statutes that prohibit transportation in law enforcement vehicles lead to long ambulance wait times when a client needs to be transported, and how there is strict eligibility criteria to receive services.

> *There's a subset of people that the crisis system isn't going to work for because we're set up to be responsive, and sometimes what's clinically appropriate is to set boundaries and not respond… We're bound by statute to be responsive… I think we have a long way to go as a big system.*

> *[Transportation has] become a much larger barrier because the legislature passed a law that says that someone in mental health crisis can't be transported in a squad, which is idiotic… We have to wait for an ambulance, which could be an hour or two.*

> *One thing that's really frustrating… [Some people] are technically Ramsey County or Hennepin County residents, but they're hanging out in West Saint Paul in Dakota County. And social services can't provide services to them because they're not a resident… [It would require a] legislative change.*

> *There has been the occasional time that we follow up on a suicidal call and then go there, talk about the program, get them excited about it and [then it turns out] they live in Ramsey County. And we can just walk away. Maybe here's the number for them.*

> *The criteria [for external services] don't help. Detox says he can't be too drunk, but the whole point is to help people who are intoxicated.[Client] gets feisty, angry, no one wants to deal with that… It's hard to get him in [to substance use treatment services] with a violent history.*

> *Families that have [too many] assets [that disqualify them], as far as financial assistance. That's the biggest hurdle… More services to fill that gap.*

Pathways through system

Pathways work well (5+)

Respondents generally spoke positively about how clients move through the crisis services continuum. They described how calls are generally routed to the specific service that meets their needs, how the system has reduced law enforcement involvement and prevents adverse outcomes (e.g., hospitalizations, arrests) in mental health and crisis-related situations, and how services have contributed to clients' stability.

Of all the calls that we transferred to crisis… 10% actually come back to us that we've transferred over or that need additional services through law enforcement or whatever the case may be… That in itself is extremely successful.

Dispatch does a very nice job of triaging calls that come in.

[The ability to] transfer calls now directly to crisis, [we're] avoiding the need to send law enforcement and [can] minimize the law enforcement impact for some of these mental health calls.

It's a lot more to manage, and you have to think really hard when making movements across the whole system and in partnership, but it really serves people better when we function as a continuum.

Whenever we can get someone connected in a way that prevents eviction or hospitalization or something restrictive happening to them, that's a success. When we get involved with people on the front end, we can often avoid psychiatric hospitalization if we can get them emergency psychiatry, therapy, or support connected to resources.

We've seen some really nice success with folks, where they've started with CRU and then been handed off and then they're able to be followed to where they get to stability.

We've seen some really nice outcomes of folks who maybe there was an initial police call, where they've touched all parts of the continuum. There's an initial police call and maybe CRU involved with the initial one and then it gets passed to the embedded social worker and they do some proactive follow-up with that person when they get home from the hospital, for example, and then they're able to assign them onto their crisis stabilization caseload and work with them for a period of time to get them back to stability. I think those would be what we view as our success stories in terms of people that have been able to use all of the continuum and it flows nicely.

Initial contact

Respondents also spoke to the entry points in which clients initially interact with the crisis services continuum.

Initial contact: Law enforcement or 911 (10+)

Some respondents reported that client contact starts when a client calls 911 or otherwise comes into contact with law enforcement. Note that there were more law enforcement representatives that participated in the interviews than social services, and thus they may have been more likely to identify this pathway (vs. initial contact through crisis services).

> *Our officers may go on a call where the person needs more resources or follow-up. It may be an emergency situation, or just someone down on their luck, having a bad day. The embedded social worker and support services liaison follow up on those cases.*

> *I would say the most common is coming from a police contact, whether that be 911 or the police or CRU coming through us.*

> *Most of who we deal with is response to a call they have with officers. Active response team or patrol. Sometimes we'll get referrals.*

> *For the most part, for our department, it's usually a call for service, not necessarily 911. Every police call for service gets [a] record of the interaction, whether 911 or crisis or the front lobby where someone just shows up and needs assistance. Residents will contact us through the PD for the most part.*

> *When those 911 calls come in, or at times non-emergency calls come in, for those folks that are in crisis, we'll make a quick determination based on their responses to our questions. If it can go to crisis, the crisis response team, and start in that continuum, or if there are safety issues, weapons involved, anything like that, then obviously we get law enforcement involved immediately, and we'll send them to it.*

Initial contact: Crisis services (5+)

Some respondents also spoke about clients who initially contact crisis services directly.

> *For the most part, they contact crisis usually through direct communication on the phone. Higher use individuals know that number, they already have that relationship, they call directly.*

> *For the most part, 90% of our relationship between individuals in need and continuum is calling crisis. The vast majority is done through calling crisis.*

> *A number of calls come in directly to the crisis line from individuals, family, friends. I would say if I would to guess, 70/30 – 70 of the calls I go out on are from law enforcement channels, and 30 from CRU call center.*

Initial contact: Other entry points (5+)

Respondents also identified other contact entry points, including during outreach activities and receiving referrals from other county services, hospitals, schools, families, or other sources.

> *The third way, not as well known, but I stress in my police department, if officers are out and about, see people over and over who seem like they're struggling, to let me know. We do homeless outreach too. Mental health, chemical, alcohol. It's all got its own silo, but also bunched together. Officers come to me directly, you may want to check on so and so. Probably the least well known aspect, the officers' observations directly to our unit.*

> *We're really also the county backup system, like the county response. And so let's say somebody went into Northern Service Center to talk about economic assistance and it was overwhelming or they were having some type of mental health response, CRU often gets called that way.*

> *Social services, schools, external professional providers, hospitals, self, or family. People can call CRU and just say, "We need some help here."*

Engaging clients

Engagement and trust challenges (10+)

Respondents spoke to the importance of deeply engaging clients, and how this process often takes patience and persistence to build trust and rapport. They mentioned how it often takes multiple attempts to engage clients before clients accept assistance, and how clients are often in high-stress situations when they first come into contact with crisis services and may not be open to discussing the challenges they're facing or receiving information about available resources and supports. They described the benefit of giving clients the option to follow up with crisis services at a time they choose. Some respondents also spoke to the lack of trust in government agencies or law enforcement among clients.

> *Sometimes you can [help] right away. Sometimes you have to build relationship with them to even get them to buy in.*

> *A lot of individuals, the first or second time we connect with them or the social workers connect, they won't accept it. That's really common.*

When people call us, it's one of the worst days of their lives. They don't want to sit down and have a conversation. Having officers dedicated to this program, time outside of patrol, it's Tuesday at 3:30 and [the client has] decided they're ready. There are now people that can come out immediately and get them that help.

The one unsuccessful story that will always happen, one group of people is, folks with schizophrenia and they have no insight into what their issue and stuff is. [They think] "It is not my mental health. It's the Chinese government that is sending shockwaves to my genitals, and this is why I'm dysregulated. It is not my mental health, I'm not crazy as you're calling me. George Floyd was in my apartment last night and told me this." And so we call that anosognosia, and that lack of insight makes it harder for the person to really see what's real because their brain is telling them and showing them all the things… How do we connect with them? Get them help?

A lot of times, it's, "Oh it's the police, I don't want to talk to you." The next day, they're not as hyped up, feel more comfortable, and there's someone they can get in touch with.

Being able to help people when they're ready for it… Having people they can reach out to on their own, offering voluntarily. Not having pressure, not feeling bad for not reaching out.

Some that just refuse to accept any services… We give them everything we have. Police, mental health response. If they don't want either, it's difficult to solve.

Working with families (<5)

Some respondents identified challenges specific to working with families. Specifically, they mentioned how one family member's mental health concerns need to be considered within the context of the whole family, and that caregivers need more support to respond to their children's concerns.

If it's a parent-child relationship, and the child is the one that is the identified client, meaning they're the ones acting up in school and doing all the things, fighting. The parent is struggling with their own mental health… It's a holistic, systemic thing.

Greater education on how to engage families. It's different when you walk in on an adult in crisis… Aggression, self-harm. Most partners don't know how to deal with it. It might be the first time. Greater empathy and compassion for these families, and understanding that mental health affects the whole family… Hearing from parents about their experiences to help them understand what's going on and what they're feeling.

Right service at the right time

The crisis services continuum aims to provide "the right services at the right time," and respondents were asked for their interpretation of that phrase. They described how it refers to effective triage, client-led support, and the ability to provide support immediately.

Effective triage (<5)

Respondents described effective and timely triage to appropriate services (including services not specific to mental health, such as housing).

> *Determine what type of service… Is it police? Is it fire? Is it EMS? Is it an emergency? … Is this a medical issue that needs to be handled right away, or is this something where they're in a crisis due to a mental health condition that they have that is better suited to crisis, or is this better suited for law enforcement or EMS or a hospital? … Before this continuum came about, it was law, fire, EMS. That's what your choices were… Now we have that direct link with them where there's somebody there all the time, so that when we transfer, it's going to be answered, and they're going to get someone that's going to help them and guide them through the situation.*

Client-led support (<5)

Respondents also described how services are client-led, including letting clients decide when to receive services and which services to receive.

> *A variety of services we can put into place right away. The client is able to control when and what they are.*

> *It means what they want and not what you think they want or what they need in that moment… What they need is to go to a hospital to get some medications, to minimize delusions, to become productive. What they want is somebody who will give them an ear… You can't force it by saying, "You're crazy, let's go to the hospital now."… You run the risk of having them avoid you, isolate, hide things, lie to you. But when you're like, "Oh man, that's got to be stressful. How do you manage all that stress? Who's supportive when you're feeling it like this?"*

> *Contacting people when they want to be contacted.*

> *It means not overwhelming somebody with too much information, but also not giving them nothing… When somebody is suicidal, they're not in a place to be talking about all of those factors… When they are out of that crisis, that's when you can focus on the bigger picture… It's really client-led.*

Immediate support (<5)

Respondents also specifically identified how clients are provided with immediate support, and that law enforcement can receive social services support at the time it's needed.

> *[Right service at the right time is] huge. It's everything as far as this program is concerned… People that can come out immediately and get them help.*

> *911 is the only number that always picks up. They know they're going to get a response.*

> *People in need don't feel like they have no options. That there's something [available] anytime somebody is in crisis… Anybody that wants help can get help, and anyone that needs help, even if they don't know, they can get help.*

> *Providing the service at the right time, it's when our officers want or need a response worker, [and they are] there to respond with them.*

Capacity

Increasing capacity and expanding services (10+)

Respondents spoke to the benefits of increasing capacity, and they described how limited hours and geographic coverage limit their ability to adequately serve all clients in a timely manner. Some respondents specifically discussed recruitment and staffing challenges, and two respondents discussed the importance of ensuring staff reflect the identities of the communities they serve, including racial, ethnic, cultural, and linguistic identities.

> *Our biggest challenge is the lack of personnel in Dakota County in social services. After a certain time, after midnight, there are only one or two people in CRU for the whole county.*

> *We only have a part-time individual here, and they share time with [city]. In reality, the vast majority of the time when we need someone, they're not here.*

> *Having someone 24/7, but we know that's not going to happen. I know funding is the number one obstacle… To have someone dedicated just to us would be great.*

> *We have a high population of people that speak Spanish. A big barrier for us is getting these calls, and people don't speak English… If we had someone who had a second language to speak with someone on their level… and reflect the community we serve.*

There are significant difficulties with social services getting staffing… Is there something that can be done differently from a social services standpoint to make this position more attractive? Something the police department needs to do? Dakota County? … [And] it takes months to a year to get [staff trained] and up and running.

One thing that would really help is more staffing at more times of the day… [We don't work] 24/7, but we respond 24/7. Liaison might be sick, on vacation. We don't have that constant coverage that you would dream about.

We have a shortage of police officer applicants. We took one of our officers off of patrol to serve as a liaison.

If there was another way we could get resources on scene… Often we call crisis or social services, and they agree this person needs to be talked to, but there's no one available to help.

Specific positions (<5)

They also suggested creating new positions, specifically providers who can provide medication and medical services (e.g., paramedics, nurses) and a social services provider that supports the dispatch team in triaging calls.

Some of the folks we deal with are deathly afraid of going to the hospital, not wanting to get sick, phobias. One of the things we've been talking about is it would be nice to have a nurse practitioner or doctor on-staff that is able to prescribe medication on-scene.

The reason we want a paramedic is when we do follow up, sometimes, quite often actually, people have three or four different doctors, and are on different meds, and some meds contradict [each other] and I don't know the meds or the dosages. So they could look at the meds, whether they're appropriate, not counteracting other meds. And the other piece, a lot of group home clients still call 911 for whatever needs, often they just need to talk to someone other than staff. So the paramedic could intercept that, have a conversation, and come up with care plans if we get dispatched there.

Paramedics would be huge, that would culminate everything. People struggling with chemical dependency, a person for a warm handoff that could speak to the gateway to recovery, detox.

Having crisis team members in the 911 call center to help triage things.

Someone from crisis in dispatch. I don't know if that's even something that would be workable, I don't know their setup or how that would work. But that would be interesting. You hear a call that's completely mental health. That doesn't need to go to police.

Promoting services

Community awareness and promotion (5+)

Respondents emphasized the importance of promoting crisis services among the general public to ensure community members are aware of available services. Some respondents mentioned efforts they have already implemented, such as attending community events and creating educational videos.

> *We created a video for our community, some short videos about what they [social workers] actually do. It sounds good for us to say we have social workers that work out of our building, but what does that look like? Are they in squad cars? We are trying to send the message, get the public informed that they are part of our department.*

> *Education probably is one of the biggest [recommendations]. Just getting it out there that it's available. We get a lot of people that are or feel like they're in crisis right now. So 911 is going to be their go-to… They're not going to take the time to look up to find out what crisis's number is.*

> *Educating the community as much as possible… Whenever there's a community event, we might be able to do a Dakota County crisis table out there, and educate more folks that aren't aware. So we do have all the swag and all the stuff that we give out, and we're always educating people.*

> *I don't think BIPOC [Black, Indigenous, and People of Color] communities know much about [crisis services]. Knowing the overrepresentation of black men, I think it's important there is specific outreach.*

> *We've had our embedded social workers be part of community engagement events, giving out materials, and building word of mouth.*

Internal awareness and promotion (5+)

Respondents described the importance of ensuring a high level of internal buy-in and familiarity with crisis services. They specifically emphasized building awareness of how Dakota County's model positively impacts law enforcement and their workload. They also suggested promoting the effectiveness of services among county leaders and raising awareness of the wide range of services and supports that social service providers can provide among law enforcement partners.

> *Until recently, administration and commissioners particularly didn't have a clue about what we did. Now crisis is a buzzword. We've won some awards and they're a little more familiar now. Somehow maintaining that, letting them know continually exactly what we provide. The longer the program is in place, the more familiar people will become with it and the more referrals we'll get.*

> *Internally, it's communicating how the process works with all of our patrol staff. And making them believers in efforts to spend more time [on building partnerships].*

> *We just need to keep doing it… At first, it was definitely like, [law enforcement would say], "What do you do, just give them a hug?" … Annual training maybe. To show the whole department what we do.*

Data and evaluation

Respondents were also asked for their input regarding the data or outcomes that best demonstrate the success of the continuum.

Impact is difficult to quantify (5+)

Several respondents spoke to the challenges with quantifying the impact of services, given the wide range of characteristics and needs of clients, the extent to which services are tailored to each individual, and how success looks different for each client.

> *We had one individual… It took him about three years to get him convinced to get help… Sometimes it takes a lot of time to build that relationship and trust. And that's why it's so hard to evaluate whether a program like this works or not.*

> *I don't know how you measure success or failure. Say you have a joint call, respond to a call, CRU and officers, dealing with someone who is suicidal. During that incident, or the next day, they [die by] suicide. Is that a failure? I don't think so… If we did nothing, that would be horrible, if we didn't provide any response. How would you measure what worked and what doesn't? … We're not dealing with things that can be measured.*

> *This program is so hard to put down on paper. A lot of what I present on is just that success looks different based on the situation. There will be the person that this program will help and who will no longer need contact with [emergency medical services]. Some people will still have contact with police. That can't be relied on as a measure of success.*

> *If we went to the same residence, same person, 100 times, and now we went there one more time with a collaborative response, and it made a difference – I don't know how you put a price on that.*

> *Successes are hard to define because they're so individualistic. For one person, success is calling the crisis line on their own instead of 911, and for the next person, success is getting sober, getting housing, maintaining a job for nine months, these big life changes.*

Specific indicators

Respondents also identified specific indicators they already use to demonstrate impact or that they suggest would demonstrate impact. Note that these include all suggested indicators, including those only suggested by one respondent. Suggested indicators included:

- Number of calls
- Calls by jurisdiction
- Response time
- Reasons for calls
- Number of people served
- City and demographics of clients
- Diagnoses of clients
- Number of contacts with clients and type of contact
- Whether the client accepted services
- Crisis services provided
- Call outcome (e.g., hospitalizations, arrests)
- Call and service patterns (e.g., crisis calls that lead to stabilization services, frequent calls that drop off after the individual is connected to services)
- Calls that are triaged appropriately (e.g., don't return to dispatch, don't need law enforcement or EMS support)

- Proportion of calls that required a social services response and/or law enforcement response
- Referrals provided
- Long-term outcomes regarding housing, substance use treatment, case management, and sustained engagement in services generally
- Hospitalizations and residential treatment
- Client satisfaction and perception of the helpfulness of services
- Stabilization outcomes
- Follow through on referrals
- Services clients receive from the county
- How staff are spending their time
- Reduced workload for law enforcement
- Staff tenure
- Costs saved due to avoiding system involvement

They also made general suggestions about the overall approach to evaluation, including tracking people across jurisdictions, thinking creatively and expansively about outcomes (e.g., a "negative" outcome doesn't necessarily mean services are ineffective), collecting stories and using other qualitative methods, and measuring the extent to which outcomes are further improved due to earlier intervention.

Advice for other communities

Respondents were asked for the advice they would give to other communities interested in creating a similar crisis services system. They suggested tailoring programs to individual communities, considering necessary changes to systems and processes, learning from other communities' experiences and lessons learned, utilizing a county-based system, and ensuring intentionality with hiring and team fit.

Tailor to community needs (5+)

Some respondents suggested ensuring the system and services are tailored to the specific community and its needs.

> *Every city and agency has different needs. In [city], our needs are more crisis response versus the embedded social workers.*

> *Tell your administration to give you the space to build your program to fit your community. A lot of different types of programs are out there, but they won't all work everywhere.*

> *Look for the gap and figure out how to fill the need for your city and your space. Because each city has a... I say a spirit. Each city has a spirit or has a soul. And so there are certain kinds of things that are happening in one city versus the other... depending on the city and the money and the things. So know your city, know your space, know what the needs are, and always look for the gaps.*

Requires overhaul of systems and processes (5+)

Some respondents described how these programs require new policies and processes, including entire overhauls of how systems operate. They also described the importance of ensuring buy-in from leadership and clear communication pathways across cross-sector teams.

> *Having a really solid legal foundation... Getting the agreements in place, thinking through issues and personnel topics.*

> *A class on information sharing. It's beyond gray. Is this okay? Will it turn into a crisis if we don't share this information? There have been times someone is reported missing recently. Can you see if they're checked into a hospital? Uh, you could call local hospitals and might have luck if they're at one of those. Which could be very helpful. We've never run into a weird legal thing, where new info I shouldn't have known led to someone being charged with a crime. Anything like that has to be shared, mandatory reporter-type of stuff.*

Educate the officers… Before I was here, they didn't realize all the things I could help with. Adult protection, child protection, resources across the board, county systems.

Make sure you're all in the same room… We talk cases all the time. Is this person ramping up for a crisis? Do I need to see them or you? Consult about clients together as a team… You can really do a lot of education and informal training.

What Dakota County did well was have support for this start at the top. Senior leadership, a group of senior leaders committed to maintaining and growing this program… A steering committee where it's all chiefs is really important. It keeps that connection and commitment to that program at that level, which runs down through the whole agency. And it also gives us, as chiefs, first-hand knowledge of what's going on so we can promote to city councils and city commissions to argue on behalf of continuing it.

It's a system overhaul. It's figuring out your case management. It's figuring out quick access. It isn't a casual thing to lift, and you really have to invest in your partners in this. And for us that means, police, EMS, hospitals, colleagues, social services, you really have to invest in building and repairing relationships typically and be open to training each other. I think we've learned a lot from the police and the police have learned a lot from us, and that's been helpful.

Learn from other communities (5+)

Similarly, some respondents suggested reaching out and learning from existing community efforts because of the many ways programs can be structured to meet the needs of their communities.

I went to other departments and asked, did a little research. How does the person in your department work? Who do they report to? Marked squad car? Uniform? Full-time or part-time collaboration?

Learn from other folks that have already done it. There's lots of different ways to work the program based on the needs of the community.

Reach out and find out, ask these agencies, "What's working for you? What's not working for you?"

Utilize a county-based system (<5)

While respondents mentioned the benefits of a county-based system in other question responses, they also specifically suggested that model when asked for their advice for other communities.

> *I also really appreciate that we are all tied in with the county systems. Just in talking with some people in other counties, who maybe work for a nonprofit that contracts with the county… You're isolated from a lot of information and resources when you're not a part of the county system. And I realize that can't work everywhere, but just being tied into what's going on at the county is so important, to know what other services the person has, what's going on, how can I collaborate with those people? How can I get this person connected if they aren't connected? I think that's really powerful.*

> *Don't do it yourself. Contract with the local county crisis team. All the HIPAA stuff, anyone can see [that information in a county-based system]. But also that lone social worker [in a contracted or city-based system] has no one to talk to about what happened. How could I have done this differently?*

Intentional hiring and team fit (<5)

In addition to the statements respondents made regarding the importance of considering hiring and team fit generally, they also specifically identified those considerations as part of the advice they would give to other communities.

> *Take time selecting officers and social workers for positions. Not only is there the dynamic of those two being together under the same roof, but also they need to build trust, they need to rely on each other. It's a partnership. You need to leverage strengths.*

> *Interview, don't assign people to the job. I think it would be hard to do this if you weren't passionate about it. I think it's like picking members of a band. Having that embedded worker do ride-alongs, get familiar with the police culture. Police jargon is super heavy. They need to want to be in that role. Have a group meet to see who is interested and who gets along.*

Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

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Dakota County is governed by an elected board of commissioners and administrative officers who serve four-year terms. In Minnesota, counties are responsible for property tax assessment, tax administration, elections, record keeping, transportation, planning and zoning, solid waste management, environment, parks and water management, law enforcement, courts and health and community services. Dakota County Health and Community Services division provides Crisis Response Services to the community and has developed a robust continuum of care that aligns with the Substance Abuse and Mental Health Services Administration recommended best practices.

Dakota
COUNTY

Social Services

Dakota County Crisis Services Continuum

Indicators and Data Collection
Processes and Recommendations

Authors: Melissa Serafin, Kristin Dillon, and Jennifer McCleary

Wilder Research

Information. Insight. Impact.

Contents

Project background

In 2024, Dakota County partnered with Wilder Research (Wilder) to assess the evaluation and data systems and processes for Dakota County's crisis services continuum. This project included an evaluation report, a review of existing documentation from Dakota County, a series of key informant interviews, a promotional overview document of Dakota County's crisis continuum services, and this evaluation plan. The evaluation plan includes descriptions of indicators, data collection processes, and data collection tools for evaluating Dakota County's crisis services continuum, based on Wilder's analysis of existing data points and processes, recommended future data points and processes, input from key informant interview respondents, and feedback from Dakota County. Figure 1 outlines specific evaluation research questions and their corresponding data source. Note that indicators and processes specific to assessing costs avoided are included in a separate section due to their complexity (i.e., not within the administrative data section).

Figure 1. Evaluation research questions by data source

	Administrative data	Client feedback data	Law enforcement feedback data	Qualitative client stories
What is the volume of Dakota County's service provision?	■			
How does volume change depending on the day and/or time?	■			
What needs do clients present with?	■	■		■
To what extent does the crisis services continuum more effectively serve clients compared to a law enforcement-only response?	■	■	■	
To what extent are services effectively meeting client needs?	■	■	■	■
To what extent do clients view services as helpful?		■		
To what extent are clients directed to appropriate services in a timely manner?	■	■	■	■
How can services be improved to better meet client needs?	■	■	■	■

Figure 1. Evaluation research questions by data source (continued)

	Administrative data	Client feedback data	Law enforcement feedback data	Qualitative client stories
To what extent are client needs met after their initial interaction with Dakota County?	■	■		
To what extent do clients experience adverse outcomes during their initial interaction (e.g., hospitalization, arrest)	■			
To what extent are adverse outcomes avoided because of the crisis services continuum?	■		■	
What is the financial impact of avoiding adverse outcomes?	■			
To what extent do clients experience positive or adverse outcomes in the long term (e.g., housing)?		■		
In what ways do partnerships between law enforcement and social services operate well?			■	
In what ways could the partnerships between law enforcement and social services be improved?			■	
To what extent does the crisis services continuum impact law enforcement workload?			■	
To what extent do law enforcement partners view the crisis services continuum as impactful?			■	

Administrative data

Administrative data indicators pertain to data that are collected by providers or staff in Dakota County's data systems. With Dakota County's new data system (Arize), Wilder understands there will be improved opportunities for capturing demographic data. Dakota County could consider comparing client demographics with county demographics overall to illustrate the extent to which clients are representative of the county.

Figure 2 provides an overview of recommended metrics that use administrative data.

Figure 2. Metrics using administrative data

Service	Indicator	Purpose	Data source	Notes
CRU	Direct calls to CRU	Measure volume	Arize	Arize will offer the opportunity to indicate anonymous calls.
CRU	Calls routed from 911 to CRU	Measure volume Measure the proportion of 911 calls that may benefit from a non-law enforcement response Illustrates the extent to which calls diverted from 911 change over time (i.e., whether more people directly call CRU over time)	Arize	Arize will allow users to indicate "dispatch" and "988" as the referral source.
CRU	Calls that required a joint social services response and law enforcement response	Better understand needs of clients to allocate resources, staffing, and training	911 call data and Arize	Arize will allow users to indicate whether social services requested law enforcement assistance and whether law enforcement requested social services assistance.

Figure 2. Metrics using administrative data (continued)

Service	Indicator	Purpose	Data source	Notes
CRU	Reasons for calls	Better understand needs of clients to allocate resources, staffing, and training	Arize	Options include: - Mental health - Parenting/family interaction - Housing - Alleged child maltreatment - Chemical abuse/dependency - Crime/delinquency/status offenses - Alleged vulnerable adult at risk/maltreatment - Other - Income - Interpersonal/personal adjustment - Domestic violence - Health/self-care - Custody dispute - Developmental disability - Transportation - Minor parent - Guardianship/conservatorship request - School/truancy/disturbance - Employment/training

Figure 2. Metrics using administrative data (continued)

Service	Indicator	Purpose	Data source	Notes
CRU	Time/day of calls	Better understand time and day trends to allocate resources and staffing	Arize	Arize will track start and end times to calculate length of call time and will offer the option to adjust the timestamp if needed.
CRU	Response time for crisis assessments	Measure the extent to which services are provided within mandated timeframe	Arize	Options include: - Less than 2 hours - Greater than 2 to 4 hours - Greater than 4-6 hours - Greater than 6-8 hours - Greater than 8-16 hours - Greater than 16-24 hours - More than 24 hours

Figure 2. Metrics using administrative data (continued)

Service	Indicator	Purpose	Data source	Notes
CRU	Outcome of call to CRU	Illustrate that some clients need to be engaged multiple times before accepting services Measure the extent to which people are directly connected to appropriate services	Arize	Options include: - Ineligible - Referred directly to 911 Emergency Services. No further action by crisis worker - Provide referral and/or contact information only. No significant discussion or crisis assessment involved. Call is not followed by a face to face visit. No further action required by crisis worker - Phone consultation and/or assessment. Not followed by an immediate face to face visit. Response may include referrals for additional services and supports, but the call involves some discussion and crisis assessment prior to making any referral(s). No further action required by crisis worker - Phone consultation and/or assessment that is followed by an immediate Face to Face visit - Phone consultation and/or assessment that is followed by a Face to Face visit scheduled within 24 hours - Requested resource not available, please specify: _____ - Other
CRU	Safety plans to home	Better understand client needs Measure effectiveness of services by tracking avoidance of adverse outcomes	Arize	

Figure 2. Metrics using administrative data (continued)

Service	Indicator	Purpose	Data source	Notes
CRU	Transport holds	Better understand client needs Measure effectiveness of services by tracking avoidance of adverse outcomes	Arize	
CRU	Met criteria for hospitalization	Better understand client needs Measure effectiveness of services by tracking avoidance of adverse outcomes	Arize	
CRU	Arrests	Measure effectiveness of services by tracking avoidance of adverse outcomes	Arize	
CRU	Met criteria for arrest	Measure effectiveness of services by tracking avoidance of adverse outcomes	Arize	
CRU	Referrals provided	Better understand needs of clients to identify gaps	Arize	Options include: - Crisis stabilization - Therapy - Psychiatry - Housing - Targeted Case Management (TCM) - Substance Use Disorder (SUD) treatment

Figure 2. Metrics using administrative data (continued)

Service	Indicator	Purpose	Data source	Notes
Embedded Social Worker program	Reasons for calls	Better understand needs of clients to allocate resources, staffing, and training	Arize	Options include: - Anxiety/panic disorder - Behavioral dysregulation - Mood disorders (depression/bipolar) - Psychosis - Suicidal ideation - Suicide attempt - Self injurious behavior - Other mental health concern - Substance use - Overdose (unintentional) - Welfare check - Parent/child conflict - Runaway/elopement - Group home incident - Adult protection/child protection - Housing issue - Other social services need - Domestic violence - Death follow up with family
Embedded Social Worker program	Referral source	Better understand needs of clients to allocate resources, staffing, and training	Arize	Options include: - Law enforcement - Self - Family - Other

Figure 2. Metrics using administrative data (continued)

Service	Indicator	Purpose	Data source	Notes
Embedded social worker program	Outcome of police referral to the embedded social worker program	Illustrate that some clients need to be engaged multiple times before accepting services Measure the extent to which people are directly connected to appropriate services Measure effectiveness of services	Arize	Options include: - Phone/text/email contact with client - Phone/text/email contact with family/collateral - Phone/text/email contact left message - Face to face visit-saw client-no crisis assessment - Face to face visit-saw client-crisis assessment - Face to face visit-saw family/collateral - Face to face visit-no answer at home - Ongoing case manager notified of incident - Ongoing system collaboration - Informational note only - Mailed outreach letter - Referred to crisis stabilization - Other activity

Figure 2. Metrics using administrative data (continued)

Service	Indicator	Purpose	Data source	Notes
Crisis stabilization	Outcome of crisis stabilization service	Illustrate that some clients need to be engaged multiple times before accepting services Measure the extent to which people are directly connected to appropriate services Measure effectiveness of services	Arize	Options include: - Additional services not available - Assessment completed, no further action - Assessment completed, open case management - Assessment completed, services being provided - Client deceased - Client discontinued/refused service, no authority to continue - Client entered hospital/nursing home - Client incarcerated - Client ineligible for requested services - Client moved - Client need for service not established - Client non-cooperation - Client reached age of majority/emancipation - Client transferred to another agency - Court order a factor - Services completed, no further service necessary - Services completed, referred elsewhere - Unable to locate client

Client feedback

There are several challenges that make it difficult to collect feedback from clients regarding their experiences with crisis services, including:

- Since clients are experiencing mental health-related crises or are otherwise experiencing concerns that require immediate and intensive support, requesting feedback at the end of the interaction is often inappropriate.

- Clients may also be hesitant to provide feedback at a later time, as it would require reflecting on an experience in which they were likely experiencing intense negative emotions, and people generally are less likely to respond to feedback requests the longer the person waits.

- Ensuring privacy, confidentiality, and comfort of clients while they provide feedback that may feel very personal or sensitive.

- Additionally, there are resource and staffing considerations that pertain to any evaluation, such as the amount of time required to conduct outreach, collect data, analyze data, and report findings.

To balance these challenges with collecting meaningful data, Wilder recommends:

- Collect feedback via an online survey, as mailed surveys and phone surveys are very resource-intensive. Moreover, respondents can be invited to participate in online surveys by email or text, which may increase participation among clients who may not have permanent addresses or are highly mobile. Depending on staff capacity, Dakota County could consider offering the option to allow respondents to complete the survey by phone.

- Program the survey directly into Arize, if possible. Ensure respondent privacy is maintained.

- Ensure survey links are unique to each individual to avoid bot and other "false" responses.

- Ensure surveys are unique to the type of service provided to allow for differentiation (i.e., crisis assessment and crisis stabilization support).

- Program user rights and permissions to ensure only staff working on this project are able to view responses.

- Text and email the survey invite to clients using consistent timing (e.g., four weeks after receiving services from CRU).

- Text and email two reminders about the survey, with approximately one week apart between all three invites.

- Provide incentives for clients who complete the survey. For on-going, brief surveys with many respondents, Wilder typically recommends a lottery-style approach, in which respondents are entered into a drawing for a high-value incentive (e.g., a $100 gift card) at regular intervals (e.g., all respondents from a period of six months are entered into one iteration of the lottery).

Client feedback survey tool

Dakota County is interested in **hearing from people who have used crisis services to better understand client experiences and ways services could be improved.** Dakota County will use this information to inform improvements to services, promote services, and advocate for funding and other types of support and resources.

This survey is **voluntary and confidential**. You do not have to answer any question you do not wish to answer, you can choose to end your participation at anytime, and your decision to participate or not to participate will not affect services you receive from Dakota County.

This survey will ask you about your experiences receiving services from Dakota County, and it may feel uncomfortable to recall and provide feedback on that experience. As a reminder, you do not have to participate or provide any information you do not wish to provide.

If you agree to participate, **your individual answers will not be seen by anyone except the Dakota County staff** who are working on this project. Only results for clients as a group will be reported, and no information at the individual level will be reported except de-identified quotes. No identifying information will be reported.

Please indicate whether you agree to participate or decline to participate in this survey.

- Yes [PROCEED TO SURVEY]

- No [PROCEED TO EXIT SCREEN]

1. Our records indicate that you received [a crisis assessment/stabilization support] from a Dakota County social worker. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
a. The services I received were helpful.				
b. I felt listened to and understood.				
c. I felt like I had a say in the services I received.				

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2. What was helpful about the services you received from Dakota County?

3. How could services be improved?

4. Is there anything else you would like to share about your experience?

Law enforcement feedback

Given the existing relationships and partnerships between social services and law enforcement, we anticipate that collecting input from law enforcement partners would face fewer challenges than collecting input from clients. Wilder suggests the following approach to collect input from law enforcement partners:

- Conduct an annual online survey.

- Invite law enforcement partners to participate by email.

- Program the survey directly into Arize, if possible. Ensure respondent privacy is maintained.

- Program user rights and permissions to ensure only staff working on this project are able to view responses.

- Email two reminders about the survey, with approximately one week apart between all three invites.

- Promote the survey at staff meetings, newsletters, and other communication channels.

- Consider providing a lottery-based incentive to encourage participation.

- Engage police chiefs, sheriffs, and county leadership to encourage potential respondents to complete the survey.

Law enforcement feedback survey tool

Dakota County is interested in **hearing from law enforcement partners to better understand the functionality of crisis services the partnerships between social services and law enforcement, and ways services could be improved**. Dakota County will use this information to inform improvements to services, promote services, and advocate for funding and other types of support and resources.

This survey is **voluntary and confidential**. You do not have to answer any question you do not wish to answer, you can choose to end your participation at anytime, and your decision to participate or not to participate will not affect your position, your agency, or any services you receive from Dakota County.

If you agree to participate, **your individual answers will not be seen by anyone except the Dakota County staff** who are working on this project. Your responses will not be linked to your identity in any way. Only results for law enforcement as a group will be reported, and no information at the individual level will be reported except de-identified quotes.

Please indicate whether you agree to participate or decline to participate in this survey.

- Yes [PROCEED TO SURVEY]

- No [PROCEED TO EXIT SCREEN]

1. First, which of the following best describes your role?
   a. Police chief or sheriff
   b. Community engagement officer
   c. Patrol officer
   d. Another role, please specify:

2. Is there currently a Dakota County social worker in your department?

   a. Yes
   b. No
   c. I don't know

3. In the last year, have you asked for assistance from Dakota County's Crisis Response Unit (CRU)?

   a. Yes
      i. [IF YES] What type of assistance have you requested? Check all that apply.
         1. Response to real-time calls or active situations.
         2. Follow up with clients after an interaction with law enforcement.
         3. Share information regarding specific clients or addresses.
         4. Information regarding available services or resources in our community.
         5. Another type of assistance, please specify:
      ii. [IF YES] What has gone well about working with CRU?
      iii. [IF YES] What could be improved about working with CRU?
   b. No
      i. [IF NO] Why have you not requested assistance from CRU? Check all that apply.
         1. I don't know how to ask CRU for assistance.
         2. I'm not sure what issues CRU is able to assist with.
         3. The wait time for CRU's response would have been too long.
         4. I have not needed CRU's assistance.
         5. Another reason, please specify:
   c. I don't remember

4. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
a. I have a good understanding of how the crisis services continuum operates and the services available.				
b. Roles and responsibilities between law enforcement and social services are clearly defined.				
c. The crisis services continuum effectively meets the needs of our community.				
d. The crisis services continuum positively impacts law enforcement efficiency.				

5. In your opinion, what are the benefits of the partnership between law enforcement and social services, if any?

6. In what ways could the partnership between law enforcement and social services be improved?

7. Is there anything else you would like to share?

Qualitative success stories

To illustrate the complex needs of crisis services clients and the many ways in which clients benefit from support, Dakota County collects and reports qualitative and anonymous stories directly from clients. These highlight the continuum's successes and areas for opportunity and demonstrate outcomes in an emotionally impactful way.

Assessing costs avoided

This section presents two approaches for measuring the program's impact on public costs:

- Approach 1: Assessing avoidance of negative outcomes. Relies on providers' estimates regarding whether a specific outcome (e.g., arrest, emergency department visit) was avoided because of Dakota County crisis services.

- Approach 2: Assessing changes pre- to post-implementation. Relies on existing administrative data (i.e., arrest counts and/or emergency department visit counts) to conduct a quasi-experimental pre-post analysis, comparing trends before and after program implementation. This approach is more complicated than approach 1 and would require econometrics or advanced statistics expertise.

Both approaches can generate credible, publication-quality evidence that is not only actionable for county decision-makers but also rigorous enough to share in white papers or peer-reviewed publications, helping to demonstrate Dakota County's leadership in innovative crisis response. The benefits and drawbacks for each approach are described below.

Approach 1: Assessing avoidance of negative outcomes

Benefits and drawbacks

The first approach relies on Dakota County providers estimating whether a "negative" outcome (e.g., arrest, emergency department visit) would have occurred in the absence of crisis services. Benefits of this approach include:

- Draws on the expertise and on-the-ground judgment of co-responders and officers, whose direct involvement in each incident gives them unique insight into whether an arrest, emergency department visit, or hospitalization would likely have occurred without the program.

- Requires no complex analysis. Simply add up the number of avoided negative outcomes as reported by providers.

- Data fields in Arize can be designed for the specific purpose of this evaluation.

The drawbacks of this approach include:

- Relies on providers' judgment in estimating what would have happened without the program. These estimates are inherently subjective, may not accurately reflect the "true" avoided outcome, and difficult to apply consistently across staff and over time.

- The subjectivity necessitates training and consistent criteria for how staff answer the questions about the likely outcomes in the absence of crisis services.

- Because the results of this approach could theoretically be manipulated by staff who may have an incentive to overstate or understate the program's impact, the results may be more heavily scrutinized by certain audiences.

Indicators and processes

Figure 3 provides an overview of recommended indicators for approach 1. To balance comprehensiveness with feasibility and sustainability, Wilder recommends:

- Focusing on metrics that pertain to arrests, jail time, emergency department visits, and hospitalizations, as these outcomes are often particularly costly and are relatively common. Additionally, avoiding these outcomes are common goals of crisis services programs.

- Calculating costs saved annually to produce meaningful estimates while balancing staff resources and to facilitate assessing trends over time.

- Limiting analysis to immediate outcomes following services provided by the Crisis Response Unit (CRU). While individuals may experience arrests, jail days, emergency department visits, and/or hospitalizations while receiving other services (e.g., crisis stabilization services), calculating savings associated with these outcomes in the long-term would be more difficult and time-intensive.

Figure 3. Indicators for approach 1

Category	Indicator	Data source	Notes
Arrests	Costs of arrests	Police departments	Obtain the average cost of arrest from each police department in Dakota county.
	Number of arrests avoided	Arize	CRU providers will determine whether an arrest would have occurred if CRU had not intervened based on their professional opinion.
			To maximize consistency and accuracy, Dakota County should provide a list of criteria that providers should consider when providing a determination regarding the likelihood of arrest and ensure providers are well-trained on these criteria.
	Savings from arrests avoided	Costs of arrests and the number of arrests avoided	Calculate based on average cost of arrest by jurisdiction and corresponding arrests avoided.
			Dakota County could consider calculating savings by police department jurisdiction and/or for the county as a whole.
Jail days	Cost per jail day	Police departments	Obtain the average cost of one jail day from each police department in Dakota County.
	Number of jail days avoided	Arize and police departments	Obtain (or assume) the average number of jail days experienced by people who are arrested (if possible, obtain the average number of days after committing the types of offenses CRU most commonly responds to).
			Calculate the number of jail days avoided based on the average number of jail days and the number of avoided arrests.
	Savings from jail days avoided	Costs of jail days and number of jail days avoided	Calculate based on the average cost of one jail day and the assumed number of jail days avoided. Dakota County could consider calculating savings by police department jurisdiction and/or for the county as a whole.

Figure 3. Indicators for approach 1 (continued)

Category	Indicator	Data source	Notes
Emergency department visits (i.e., transport holds)	Costs of emergency department visits	Local hospitals	Obtain the average cost of an emergency department visit for behavioral health concerns from each hospital CRU uses.
	Number of emergency department visits avoided	Arize	CRU providers will determine whether a transport hold would have occurred if CRU had not intervened based on their professional opinion. To maximize consistency and accuracy, Dakota County should provide a list of factors that providers should consider when providing a determination regarding the likelihood of a transport hold.
	Savings from emergency department visits avoided	Costs of emergency department visits and the number of emergency department visits avoided	Calculate based on average cost of emergency department visit for behavioral concerns and the number of emergency department visits avoided.
Hospitalizations	Costs of hospitalized days	Local hospitals	Obtain the average cost of one day spent hospitalized among individuals admitted for behavioral health concerns after a transport hold from each hospital Dakota County partners with.
	Number of hospitalized days avoided	Local hospitals	Obtain the average number of days spent hospitalized by people admitted for behavioral health concerns after a transport hold. Calculate the number of hospitalization days avoided based on the average number of days spent hospitalized and the number of avoided emergency department visits (i.e., transport holds).
	Savings from hospitalized days avoided	Costs of hospitalizations and number of hospitalizations avoided	Calculate based on the average cost of one day spent hospitalized and the number of hospitalized days avoided. Dakota County could consider calculating savings by police department jurisdiction and/or for the county as a whole.

Approach 2: Assessing changes pre- to post-implementation

Benefits and drawbacks

Another approach for measuring costs saved involves measuring the decline in negative outcomes after crisis services were implemented. The benefits of this approach include:

- Relies on existing data, avoiding subjectivity and the wait time required for collecting new primary data.

- Requires only basic information on when the program began in each police department, while also offering the option to incorporate richer program data (such as provider FTEs or call volumes) to sharpen the analysis and increase the likelihood of detecting impacts.

- Provides quasi-experimental evidence of program impacts that meets a high standard of statistical rigor, making results more persuasive to stakeholders who value scientific evidence.

- Takes advantage of staggered program launch dates across police departments, allowing multiple pre–post comparisons to be combined into a stronger estimate of impacts.

- Provides a strong foundation for generating rigorous, potentially publishable evidence of program impacts, including potential cost savings, that could support long-term sustainability of the program.

- Better suited to capturing outcomes across the crisis services continuum (i.e., not just CRU), as data are at the police department- or county-level.

The drawbacks of this approach include:

- Requires obtaining more data from partners (e.g., arrest counts, emergency department visit counts).

- Requires professional statistical expertise. For the benefit of stronger, more rigorous, and potentially publishable evidence, the analysis must be conducted by an independent analyst trained in econometrics or advanced statistics.

- Offers no guarantee of finding a statistically significant impact, because real-world effects may be subtle, the available data may limit detection, and the required datasets will likely be broader than the datasets required for approach 1 (e.g., arrests for a specific police department vs. arrests/avoided arrests involving CRU).

Indicators and processes

Figure 4 provides an overview of recommended indicators for approach 2. The process involves using regression analysis to compare trends in arrests and emergency department visits before and after crisis services were implemented, drawing on monthly data reported by each police department (and, if available, hospitals). This process involves the following steps:

- Focusing the analysis on changes in arrests and emergency department visits, because these are the outcomes most directly linked to crisis response services and also the ones for which consistent data sources are most likely to be available.

- Using monthly data by police department (for arrests) and, if feasible, by hospital (for emergency department visits), and breaking these outcomes down by category where possible (e.g., types of offenses or types of visits). This helps concentrate the analysis on the areas where the program's impact is most likely to be detectable.

- Applying regression analysis to compare trends before and after program implementation, taking advantage of the fact that different police departments implemented crisis services at different times. This "quasi-experimental" setup strengthens the ability to attribute observed changes to the program.

- Incorporating information on program implementation. At minimum, the date when each police department launched the program. Wilder would also suggest incorporating more detailed information as feasible, such as provider FTEs or call volumes by month, to sharpen the analysis and increase the likelihood of detecting statistically significant impacts.

- Accounting for the fact that arrests and emergency department visits are influenced by many other factors beyond the crisis services continuum. Where possible, the analysis would control for observable community characteristics (e.g., American Community Survey [ACS] measures of population or socioeconomic conditions) to improve confidence that the measured changes are tied to the program rather than other factors.

Figure 4. Indicators for approach 2

Category	Indicator	Data source	Notes
Arrests	Costs of arrests	Police departments	Obtain the average costs of arrest from each police department in Dakota County for each time period.
	Changes in arrest counts	Police departments	Using regression analysis (and controlling for other relevant factors), estimate the program's impact on the number of arrests.
	Changes in costs due to changes in arrest counts	Costs of arrests and changes in arrest counts	Calculate based on average cost of arrest and the estimated number of arrests avoided.
Emergency department visits (i.e., transport holds)	Costs of emergency department visits	Local hospitals	Obtain the costs of an emergency department visit from each hospital Dakota County partners with for each time period.
	Number of emergency department visits avoided	Local hospitals	Using regression analysis (and controlling for other relevant factors), estimate the program's impact on the number of emergency department visits.
	Changes in costs due to changes in emergency department visit counts	Costs of emergency department visits and changes in emergency department visit counts	Calculate based on average cost of emergency department visit for behavioral concerns and the estimated number of emergency department visits avoided.

Considerations and potential expansions

Both approaches recommend obtaining locally specific cost estimates to more accurately reflect conductions and resource use, yielding more applicable results for county decision-makers. However, if these are unavailable, Wilder would recommend using standardized estimates from peer-reviewed studies or government reports.

In the future, Dakota County could expand efforts to measure costs and benefits in several ways, including:

- Implementing both approaches to provide the strongest and most credible evidence base regarding the financial impacts of crisis services, with results that can be persuasive to funders and policymakers.

- Comparing costs avoided with operational costs. Operational costs would include costs pertaining to personnel, facilities (e.g., rent, utilities, property taxes), insurance, equipment and supplies, internet service fees, software and subscription costs, promotional materials and website hosting, and any other overhead costs.

- Including data from other services, such as crisis stabilization, in analyses for approach 1. For example, Dakota County could consider adding new fields in their discharge forms that asks providers to indicate whether they felt like the client would have been arrested, experienced jail time, visited the emergency department, or been hospitalized in the absence of services.

- Capturing other avoided outcomes (e.g., Child Protective Services involvement) and measuring savings of associated costs.

Wilder has extensive experience conducting comprehensive cost-benefit analyses, return-on-investment analyses, and advanced statistical and econometric analyses, including regression analysis that would be required for approach 2. We would be happy to partner with Dakota County again to expand Dakota County's understanding of the financial impact of crisis services.

Dakota County may also find it helpful to review other evaluations of co-responder or crisis response programs that provide useful models when considering outcome measurement strategies, including:

- International Association of Chiefs of Police (IACP) / University of Cincinnati (UC) review (2021): Synthesizes methods from multiple co-responder evaluations and highlights common outcome categories, such as arrests, jail days, and emergency medical utilization.

- Donnelly et al. (2025): Uses a co-responder-completed form to record whether the incident would be considered an "arrestable offense." While this approach illustrates one way to capture the counterfactual, we would recommend defining the counterfactual more precisely based on whether an arrest would have occurred without the co-responder present.

- Dee & Pyne (2022): Evaluates a community paramedic program that diverted approximately 8,800 calls in a single year from police to paramedics, reducing low-level crime, arrests, and emergency department (ED) visits. While the impacts were not monetized in the study, it would be straightforward to apply standard per-unit cost estimates for arrests, ED visits, etc., after the fact. The harder task (rigorously estimating the program's impact) is addressed well through their quasi-experimental design, making this a strong reference for Dakota County.

References

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Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

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Dakota County is governed by an elected board of commissioners who serve four-year terms. In Minnesota, counties are responsible for property tax assessment, tax administration, elections, record keeping, transportation, planning and zoning, solid waste management, environment, parks and water management, law enforcement, courts and health and community services. Dakota County Community Services division provides Crisis Response Services to the community and has developed a robust continuum of care that aligns with the Substance Abuse and Mental Health Services Administration recommended best practices.

Dakota
COUNTY

Social Services

Item Number: DC-4901	**Agenda #:** 5.2	**Meeting Date:** 9/16/2025

DEPARTMENT: Public Health
FILE TYPE: Regular Information

TITLE
Update On Vaccine Preventable Disease And Vaccinations

PURPOSE/ACTION REQUESTED
Update on vaccine preventable disease and vaccinations.

SUMMARY
Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

Preventing and controlling infectious diseases is one of the oldest and most fundamental public health responsibilities. In Minnesota, the Department of Health (MDH) Act (Chapter 144) and the Local Public Health Act (Chapter 145A) confer authority to carry out infectious disease activities to the state health department and to community health boards, respectively. Communicable disease control is one of the foundational responsibilities of public health as cited by the Public Health Accreditation Board and adopted by MDH. To this end, the Disease Prevention and Control (DPC) team monitors vaccine preventable disease trends and is charged with educating the public about disease risk and preventable measures they can take to reduce the risk of developing infectious disease, as well as providing access to vaccines to both children and adults.

OUTCOMES
How much?
- The public health team conducted ten mobile immunization clinics in the community in 2024, serving 317 individuals and administering 1295 vaccinations.
- Through onsite, mobile, and contracted immunization clinics, Public Health served 1190 individuals and administered 4445 vaccinations in 2024.

How well?
98 percent of clients receiving vaccine services rated service as good (4.8 percent), very good (10 percent), or excellent (83.6 percent).

Is anyone better off?
51.3 percent of clients receiving vaccine services responded that they or their children would not have gotten vaccinated somewhere else if they had not come to the Dakota County Immunization Clinic.

The services that the DPC program provides are fundamental to the prevention of communicable disease and the protection of the health of the Dakota County community-at-large.

RECOMMENDATION
Information only; no action requested.

EXPLANATION OF FISCAL/FTE IMPACTS
None.

☒ None   ☐ Current budget   ☐ Other
☐ Amendment Requested   ☐ New FTE(s) requested

RESOLUTION
Information only; no action requested.

PREVIOUS BOARD ACTION
None.

ATTACHMENTS
None.

BOARD GOALS
☒ Thriving People   ☐ A Healthy Environment with Quality Natural Resources
☐ A Successful Place for Business and Jobs   ☐ Excellence in Public Service

CONTACTS
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Item Number: DC-4758   **Agenda #:** 8.1   **Meeting Date:** 9/16/2025

Adjournment