

Dakota County Crisis Services Continuum

Indicators and Data Collection Processes and Recommendations

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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: <ul style="list-style-type: none">- 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: <ul style="list-style-type: none">- 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	<p>Illustrate that some clients need to be engaged multiple times before accepting services</p> <p>Measure the extent to which people are directly connected to appropriate services</p>	Arize	<p>Options include:</p> <ul style="list-style-type: none"> - 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	<p>Better understand client needs</p> <p>Measure effectiveness of services by tracking avoidance of adverse outcomes</p>	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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none">- 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	<p>Illustrate that some clients need to be engaged multiple times before accepting services</p> <p>Measure the extent to which people are directly connected to appropriate services</p> <p>Measure effectiveness of services</p>	Arize	<p>Options include:</p> <ul style="list-style-type: none"> - 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.				

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 conceptions 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.

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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.



Social Services

