Dakota County Crisis Services Continuum

Evaluation Report

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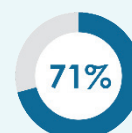
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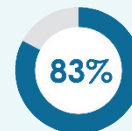
83% of CRU calls transferred from 911 were **resolved without law enforcement involvement**

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. These have grown to 26 FTE positions, 3 FTE supervisor positions, and 1 FTE coordinator position.

- 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 (83c%). 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, 2025

	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		

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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