



## **Crisis and Recovery Center – Questions & Answers**

The following summarizes question-and-answer sessions from community engagement events held by Dakota County and Guild. The Q&A will be updated throughout the community engagement process.

### **What is Guild?**

Guild, a nonprofit organization, has more than 30 years of experience delivering high-quality services that include long-term supportive housing, residential crisis facilities, case management and health care coordination, and supportive employment. Guild serves about 2,000 people annually in the Twin Cities area. Guild's integrated community mental health treatment and case management services prevent and quickly address crises, reduce homelessness and hospitalization, and increase overall stability. For more information on Guild, visit [www.guildservices.org](http://www.guildservices.org) and select *About Us*.

### **What type of services will be provided at the proposed Crisis and Recovery Center?**

- **Intensive Residential Treatment Services (IRTS):** Intensive Residential Treatment Services (IRTS) offers up to 90 days of treatment, often as a “step-down” from a mental health hospitalization, or as a long-term stabilization treatment option for individuals. Services include lodging, meals and 24/7 staffing resources to residents. Staff will provide focused treatment interventions that help residents build skills needed to transition back to a more independent living setting. A treatment and recovery plan, based on individuals’ needs and goals, is created for each resident when beginning services. Residents develop symptom management and coping skills, understand and maintain an effective education program and strengthen specific living skills such as: budgeting, cooking/nutrition, using transportation, coping with stress, developing social skills, and managing and preventing crisis situations.
- **Crisis Residential Services (CRS):** Crisis Residential Services (CRS) are offered to individuals who are experiencing a mental health crisis. The length of stay is up to 10 days and is focused on the acute crisis and stabilization for discharge to community. Like IRTS, a stay in a residential program can serve to prevent unnecessary hospitalization. Individuals served in CRS are experiencing a crisis or other psychiatric condition and need a place to go for support. Services provided include lodging, meals and 24/7 staffing resources to residents. Interventions are focused on helping residents to restore stability, solve problems, make connections, build relationships and plan for next steps in their recovery journey. This may include immediate needs for food, clothing, and medical care. A treatment and recovery plan is created based on individual needs and goals.

- **A Place to Go for crisis assessment, support, and connection:** A welcoming “place to go” for assessment, support, and connection, as an alternative to more restrictive settings, is an identified need and gap in Dakota County’s crisis services continuum.

### **Who will access these services?**

People with all kinds of backgrounds and experiences access mental health treatment and support through IRTS, CRS and other programs. One in five people will experience a mental illness each year. These illnesses affect people of any age, race, religion or socioeconomic status, and they affect the entire family. [NAMI-MN](#) offers a variety of opportunities to learn more about mental illness and recovery.

### **Where is the proposed site for the new Crisis and Recovery Center?**

The proposed site is the northeast portion of the parking lot at the Northern Service Center, 1 Mendota Road West, West St. Paul. The site is near public transit, government services, shopping, community support programs, green space and other amenities that have been identified as important to people who are accessing mental health services. Dakota County is currently working through a re-zoning process with the City of West St. Paul.

### **Who will own the building? Who will provide services in the building?**

Dakota County will own and maintain the building. This is a requirement for use of \$3.5 million in state bonding funds that were conditionally awarded to the project.

Dakota County has an ongoing partnership with Guild, a Minnesota nonprofit organization that will lease the building and provide services at the Crisis and Recovery Center. County staff, including crisis teams and social workers, will also meet with clients at the building to provide support, assessment and services coordination.

### **Why was West St. Paul selected as a location for the Crisis and Recovery Center?**

- Guild South has long served the northern portion of the county, so maintaining services in this area was an important consideration.
- The original project proposal to the state included a project in the city of West St. Paul. The original intent was to use Guild’s existing property at 1740 Livingston Avenue before it was determined that site was not a good fit.
- The county developed a list of six or seven site options in the city of West St. Paul. County Physical Development staff reviewed each site in person and used several factors to rate the sites for suitability — size, zoning, proximity to public transportation and other services.
- The county then worked with the city planner to evaluate the site options further, looking specifically at the city’s comprehensive plan and zoning criteria. The city then provided a recommendation to use the existing Northern Service Center property.
- The city’s zoning ordinance and state licensure requires this type of facility is in a residential zone. Any site option would either need to be zoned as residential or go through a rezoning process to become residential. The Northern Service Center site is currently zoned R1. At the city’s request, the new facility will have a portion of land transferred to its own site and will be rezoned R3 in January 2023.

### **Have these services previously been available in Dakota County?**

Guild has operated the South St. Paul facility since 1983. In 2020, Guild partnered with Scott County and opened the Guild Crisis and Recovery Center located in Savage. The proposed new facility in West St. Paul is intended to replace Guild's South St. Paul location. Dakota County residents also seek care at Guild's Savage location and at other similar programs throughout the state.

### **Will people from counties outside of Dakota County access Guild's IRTS and CRS programs? Do Dakota County's crisis services serve people from other counties?**

Guild South prioritizes referrals for Dakota County residents and works closely with Dakota County referral sources. Dakota County residents also access care at locations outside of the county. We want people to have access to services close to home, though that doesn't always fall within a county boundary. In 2021, 18 of the 79 clients who accessed services at the Crisis and Recovery Center in Savage (Scott County) were Dakota County residents. Coordination of mental health services often happens at a regional level.

Most people who utilize Dakota County phone and mobile crisis services are Dakota County residents. That said, county staff doesn't turn away non-residents. If someone walks in for support or assessment, staff will address their needs and link back to home-county resources. The same goes for Dakota County residents who arrive for care in other counties.

Both Ramsey and Hennepin counties operate extensive crisis services. There are limited mental health specialist services in Dakota County hospitals, all/most hospital and ED care are delivered at hospitals in Ramsey and Hennepin counties.

<https://www.ramseycounty.us/residents/health-medical/clinics-services/mental-health>

<https://www.hennepin.us/residents/emergencies/mental-health-emergencies>

### **Why is it important to have these services in the community, close to residential areas?**

This project is part of an ongoing effort to create culturally responsive, family-focused services for people experiencing a mental health crisis. People experiencing these crises must often travel many miles from their support systems due to a lack of available care options close to their home and community. A lack of locally available service and support options can harm mental health. People thrive in the community of their choice when they have services and support.

### **Do Guild staff know the history of potential clients who will be at this facility before they are accepted into the program?**

For residential services (IRTS and CRS) staff are aware of a person's history through review of hospital records, information from case managers or mental health care providers, and prior experience with clients. A person's history is one consideration in admittance to the IRTS or CRS program. In the non-residential or "place to go" section of the building, staff will work to stabilize the crisis, conduct assessment and develop a plan for service coordination that is appropriate to each person's needs and history.

### **What is the staffing model at the center and are the staff trained to handle crisis and emergency situations?**

The center will be staffed 24/7 and all staff are trained to handle crisis and emergency situations. If there are situations where staff cannot de-escalate or stabilize clients, on-call nursing staff, police or EMS will be contacted. The frequency of contacting police or EMS for assistance at the Guild-Savage location was low.

The Crisis and Recovery Center will be licensed by the Minnesota Department of Human Services. Staffing requirements call for at least two overnight staff and up to six daytime staff. Staffing includes mental health practitioners, nurses and therapists.

**Can you explain trauma-informed-design (TID) and evidence-based design?**

Most people who access these services have a history of experiencing trauma. TID refers to design principles that create a calm, warm and welcoming environment that will not further traumatize or re-traumatize people. This includes creating clear sight lines so people feel safe or providing clear wayfinding so people can easily navigate the interior environment. Art, outdoor space and landscape design will be important considerations as the project moves forward.

Evidence-based design refers to learning from past examples, research and data to design strategies or approaches that benefit clients. One example is incorporating natural daylight to help stabilize moods.

**How are IRTS and CRS services regulated and monitored? How is quality addressed?**

IRTS and CRS services are licensed by the Department of Human Services (DHS) under Minnesota Statutes 245I.01 to 245I.13 and 245I.23. Dakota County also maintains a service contract requiring compliance with Minnesota law and regulations related to IRTS and CRS.

Dakota County or Dakota County-contracted staff will deliver community-based services in the non-residential portion of the Crisis and Recovery Center in accordance with Minnesota law and regulations.

DHS, Dakota County, Guild and other contracted services providers have regular processes for clinical and quality reviews.

**Is 10 days enough to stabilize a person in crisis? Is 90 days enough to provide adequate treatment? What happens when the 10-day or 90-day window closes?**

The 10-day stay for CRS and up to 90-day stay for IRTS have proven to be effective. If clients need additional care, staff and case managers work with the client and their care team to develop plans.

**Why is there a 16-bed limit, and will this facility address all countywide needs?**

Federal law caps the number of beds for community-based mental health care at 16 per location. Facilities with more than 16 beds are not eligible for public health care insurance reimbursement. Much of the funding for these services is paid through public health care insurance.

There is a critical need for mental health services throughout the county, state and region. To meet the growing community needs, the state and counties will need to continue to develop more services and modernize existing buildings.

### **Are there requirements Guild must follow for admissions and discharges?**

Services at the center are highly regulated by state statute and rule. Admissions and discharge procedures are a significant area of focus in terms of state licensing and day-to-day practice. It's core to the success of the program — at all levels — that admission and discharge procedures are followed.

### **Are people able to leave the facility?**

The building is secure but not locked; clients are at the facility voluntarily and can leave at any time, however there are significant program expectations and structure to promote recovery and healing. There are scheduled activities throughout the day and an evening curfew. Staff are required to complete checks on the residents throughout the day and night and staff would know if a client was not present in the building when expected.

### **How is transportation handled for people receiving care at the center?**

People voluntarily agree to participate in IRTS and CRS programming and work closely with their treatment team and case managers to develop their treatment and discharge plan. Guild program staff work with case managers and others responsible for the person's plan, including arranging for transportation specific to a person's individual needs. Transportation may be provided through personal vehicles, family rides and medical services. For walk-in assessments, county staff assess transportation needs and ensure people have a safe and reliable plan or help arrange transportation.

### **How will this project address safety issues for people at the center and those who live near it?**

Physical, psychological/emotional, community, and environmental safety and well-being of all people is core to this project. Here are some examples:

- **Services.** Services provided by Guild and Dakota County are trauma-informed, meaning they recognize the impact, signs, and symptoms of trauma on clients, families and staff. Staff are highly trained in assessment of risk, stabilizing crises, creating pathways for healing, helping people navigate resources, and avoiding re-traumatization. Staff also have training and skills for recognizing health and safety risk, de-escalation and taking the appropriate action — including appropriate use of 911.
- **Building.** Plans call for trauma-informed design principles which are outlined on page 3. Building design supports safety for all.
- **Public safety.** Dakota County and the City of West St. Paul work closely to respond to mental health crisis situations. There is a net public safety benefit of having an array of effective, supportive and voluntary mental health services in the community.

### **Can you address misunderstandings about public safety risks?**

We can't and wouldn't say there will never be a safety issue or need for emergency response. We can say that in all aspects we are addressing safety issues. Residential services operate under Department of Human Services licensing requirements that include rigorous standards to promote safety. "Place to Go" services will be like services already provided by Dakota County and Dakota County-contracted providers in homes, schools, libraries and government buildings. Public safety is achieved when people have access to the care and services they need to be healthy, well, and safe for themselves and others.

### **Could someone be involved in a court process and access services?**

Mental health programs including IRTS, CRS and mobile crisis teams may serve people with a criminal history, legal involvement, or civil court orders requiring assessment or treatment. In these cases, probation officers and social workers help the person access services and care. Services at the proposed Crisis and Recovery Center are voluntary, meaning people are agreeing to participate to address underlying issues that may have led to legal matters.

### **Will this facility accept people with criminal history?**

Safety of all residents begins in the intake and screening process. A person's past and current behavior and the risk it poses to others is evaluated in the intake process. Many people have a criminal history and this fact does not disqualify them from accessing mental health or treatment services. Mental health services are often a path to wellness and recovery for people with criminal history. Anyone admitted to the program with a criminal history must comply with justice system conditions (such as probation) and local laws. Guild's treatment team works in close collaboration with other community providers and services.

### **Would Guild or Dakota County consider background checks on people accessing services at the Crisis and Recovery Center? Do you knowingly accept clients with felony warrants outstanding?**

For IRTS and CRS, criminal history and risk are considered in the screening, intake, admission and discharge processes. People often self-disclose legal issues or justice system involvement, or referral sources share information (with the appropriate release). That said, it would not be a common or best practice for a voluntary mental health treatment provider to routinely do background checks on potential clients.

For that reason, we may not know if someone has a felony warrant. If we do learn that someone has a warrant, we follow all local, state and federal laws. This includes working with public safety officials and connecting with Dakota County social services.

Similarly, the assessment process for "Place to Go" services focuses on health, safety, and care needs, using the information available at the time of the assessment. Available information may include past care or service history or information from family, friends, professionals or police. It would not be routine practice to do a criminal background check in the context of providing a crisis or other mental health or Social Services assessment. For perspective, each day people with criminal history or outstanding legal issues are accessing a wide variety of professional services in the community without a background check. A hospital, for example, doesn't complete a background check prior to providing assessment. They may, however, have information from previous interactions or other sources that informs their care plan.

### **Is there a link between mental illness and violence? What should I do if I have lingering concerns?**

Extensive research indicates the vast majority of people with mental illness are not violent and the vast majority of violent acts are not committed by people with mental illness. (*Reference: [APA](#)*)

Education is important to reducing fear. Stigma and discrimination around mental illness is real and harmful. The National Alliance on Mental Illness (NAMI) suggests talking openly, educating yourself and others, being

conscious of language, encouraging equality, showing compassion, being honest about treatment, and choosing empowerment. Learn more at [nami.org](https://www.nami.org).

**What does it mean when police reports reference people being a “danger to themselves or others”?**

This term is often used in the context of the mental health system. Depending on the level of symptoms or behavior a person is exhibiting, a response may include calling a mental health provider, following an already-established crisis plan, contacting a mobile crisis team or calling 911. As indicated on South St. Paul Police Department call logs, most 911 calls to Guild South in recent years are coded as medical, mental health, check welfare, missing person or Crisis Response Unit (CRU). Staff working in IRTS, CRS, mobile crisis teams and other mental health services have specialized training in mental health and crisis response and use the service of 911, as needed.

**Who makes sure clients are taking their medications and what is the rate of medication compliance? What about illegal drugs?**

Trained staff will dispense and monitor clients to ensure they are taking their medications as prescribed. Guild’s program data from 2020–2022 for Guild South (South St. Paul), indicates that 93 percent of clients took prescribed medication more than 95 percent of the time while under their care.

Illegal drugs are not allowed in the facility. Staff are required to check on clients throughout the day and night and do physical searches of their personal belongings and their bedrooms. Staff will find and confiscate anything that is not allowed and can request a urinalysis onsite if there is a concern of substance use. Clients will be discharged, with a plan, if they do not comply with program requirements.

**Can police reports be provided to show the history of emergency calls to police or EMS at Guild’s South St. Paul and Savage facilities?**

Call logs and other police data are available via public data requests. County staff and Guild work closely with local police departments to coordinate efforts. County staff have invited law enforcement to attend the Dec. 1, 2022 community engagement event to share their experience responding to calls at Guild South. Overall, public safety and justice system partners have been supporters of developing these types of resources. Ensuring people have access to the right services and support at the right time is an important component of public safety and is part of our overall strategy for developing robust mental health services.

**What is the plan for communicating information about the project to interested stakeholders?**

A communications/community engagement group comprised of Dakota County and Guild staff develops and tracks activities related to communication and community engagement. Our goal is to share the information with as many people as possible. Outreach and engagement will be continuous throughout all phases of the project.

The following is a list of community engagement initiatives and events to date (as of Dec. 29, 2022).

- Pioneer Press [Dakota County accepts funds to create a behavioral health crisis service center – Twin Cities](#)
- Pioneer Press [Proposed mental health crisis and recovery center raises concerns in West St. Paul](#)

- Star Tribune [Dakota County plans new center for adults experiencing mental crises \(startribune.com\)](#)
- Star Tribune [West St. Paul residents raise concerns about safety of proposed mental health facility](#)
- KSTP [Proposed mental health facility in West St. Paul draws support, criticism](#)
- Bring Me The News [Proposed mental health center in West St. Paul aims to fill gap in care spectrum](#)
- West St. Paul Reader [Proposed Mental Health Crisis and Recovery Center Draws Pushback From Neighbors](#)
- The St. Paul Voice [New Mental Health Crisis Center coming to West St. Paul](#)
- [NAMI Advocate Newsletter](#)
- Local Advisory Council on Mental Health: Feedback and discussion initiated in March 28, 2022
- Community Engagement Events in-person and hybrid. Shared on Facebook and NextDoor on Oct. 13 and Nov. 7: [Dakota County Government | Hastings MN | Facebook](#)
  - Oct. 18 1–2 p.m. and 6–7 p.m.
  - Nov. 10 1–2 p.m. and 6–7 p.m.
  - Dec. 1, 6–8: 30 p.m.

**I've heard about data related to program outcomes or client demographics. What do all these data points mean?**

Guild and Dakota County work quickly to respond to questions — with the best available data. We will continue to share data that tell the story of these services in an easy-to-understand and consistent format. It is also important to note that this has been a multiyear project with numerous data requests. Any inconsistencies can be attributed to the timing of when that data was requested and the varying time periods it represents.

**What other data does Guild or Dakota County have to show who the program serves, and outcomes or effectiveness of the services?**

**Demographics:**

- From Jan. 1, 2020 to Nov. 14, 2022 for **Guild South IRTS and CRS (South St. Paul)**
  - 383 people served
  - 33 percent aged 25–44 years
  - 43 percent of those served had Dakota County as the County of Financial Responsibility
  - Most prevalent diagnosis of those receiving services: mood disorder (49 percent), schizophrenia (33 percent), anxiety and distress (12 percent)
- From Jan. 1, 2020 to Nov. 14, 2022 for **Guild Crisis and Recovery Center-Scott County (Savage)**
  - 175 people served
  - 29 percent aged 25–44 years
  - 24 percent of those served had Dakota County as the County of Financial Responsibility
  - Most prevalent diagnosis of those receiving services: mood disorder (55 percent), schizophrenia (26 percent), anxiety and distress (10 percent)

**Outcomes:**

**Dakota County Crisis Residential Program (up to 10 days)**



- 95 percent of clients were not admitted to a psychiatric hospital upon discharge (indicating an improvement in symptoms).
- 100 percent of clients who were homeless prior to accessing services received a housing resources such as support services or rent voucher) at discharge to achieve housing stability.

**Dakota County Intensive Residential Treatment Program (IRTS) (up to 90 days)**

- 94 percent of clients took 95 percent of medication doses as prescribed.
- 93 percent of clients who complete IRTS discharge with arranged community services

**Length of stay (Jan. 1, 2021 to Oct. 31, 2022):**

- Dakota County **Crisis Residential**: 11 days
- Dakota County **IRTS**: 54 days
- Scott County **Crisis Residential**: 8 days
- Scott County **IRTS**: 57 days

**What percentage of people served at Guild South are Dakota County residents?**

Here is the breakout of clients by county of financial responsibility at Guild South (2020-2022).

- Dakota County: 43 percent
- Hennepin County: 23 percent
- Ramsey County: 23 percent
- Other Minnesota counties: 4.5 percent
- Washington County: 4 percent
- Anoka County: 1 percent
- Carver County: 0.6 percent
- Scott County: 0.3 percent

**What are the next steps in the process of developing the Crisis and Recovery Center?**

Remaining steps for a council/board approval process perspective as currently planned (subject to change):

- Jan. 10, 2023: Dakota County Physical Development Committee (PDC) of the Whole meeting, where county staff will present and request approval on the schematic design.
- Jan. 24, 2023: Dakota County Board meeting, where commissioners will officially approve the schematic design, assuming it is recommended for approval at the PDC meeting.
- Mid-2023, the county will bid the project for construction. The construction contract will need to be approved by the Dakota County Board.
- We will continue to seek additional funds and service-related agreements for the project.

**What was the process used for sending direct mailings to people who live near the proposed facility and why were not more neighbors notified by the County or City via direct mailing?**

The City of West Paul provided Dakota County a list of property owners from the who live within 350 feet of the Northern Service Center, 1 Mendota Road West, West St. Paul. Dakota County mailed event notices on Oct. 11 to residents on the mailing list. County staff acknowledge the concern about the mailings not reaching all interested residents and welcome continued opportunity for dialogue through conversation and additional community or stakeholder meetings. Dakota County also promoted the community engagement events on social media and the county website.

**How would I learn more about these programs?**

We welcome ongoing dialogue with neighbors and community members as we continue to develop this community asset. Contact Emily Schug, Deputy Director Social Services to discuss opportunities for connection and community-building at [emily.schug@co.dakota.mn.us](mailto:emily.schug@co.dakota.mn.us). Project information is available at [www.dakotacounty.us](http://www.dakotacounty.us), search *recovery center*. Residents can also provide feedback and learn more about upcoming events.

Guild would welcome the opportunity to set up a tour of the Crisis and Recovery Center in Savage. Contact Guild Executive Assistant, Heidi Yankovec at [hyankovec@guildservices.org](mailto:hyankovec@guildservices.org) or 651-291-0067. Visit Guild's [website](#) for additional information.