

Dakota County Crisis Services Continuum

Findings from Key Informant Interviews

Authors: Melissa Serafin, Kristin Dillon, and Jennifer McCleary

M A Y 2 0 2 5

451 Lexington Parkway North | Saint Paul, Minnesota 55104
651-280-2700 | www.wilderresearch.org

**Wilder
Research®**
Information. Insight. Impact.

Contents

Project background	1
Key findings and recommendations.....	2
About Dakota County’s crisis services continuum.....	5
Successes of Dakota County’s crisis services continuum.....	5
Interview findings	8
Partnerships between social services and law enforcement.....	8
Connections to services.....	12
Pathways through system.....	17
Engaging clients.....	19
Right service at the right time	21
Capacity	22
Promoting services.....	24
Data and evaluation.....	25
Advice for other communities	27

Project background

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

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

Key findings and recommendations

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

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

Recommendation:

Maintain strong partnerships between social services and law enforcement.

- ✓ Respondents spoke to the strength of the partnerships between social services and law enforcement, including commitment to collaboration, trusting relationships, and how the model facilitates the sharing of information and expertise specific to each sector.
- ✓ They also described communication successes, such as identifying specific strategies and pathways for sharing information (including sensitive and health-related information while maintaining confidentiality and data privacy) and high levels of responsiveness.
- ✓ Within this theme, respondents also reported how co-location facilitates familiarity, rapport, and real-time support and communication.
- ✓ Staffing stability, long-term relationships, and a strong fit between team members also contribute to positive and effective partnerships.

Communication challenges exist.

Recommendation:

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

- ✓ While respondents spoke very positively about the partnerships between social services and law enforcement, they also identified specific challenges or suggestions regarding communication.
- ✓ These challenges included call routing and determining when specific teams should take responsibility for a call or should follow up after a call, the differing authority structures law enforcement and social services operate under, maintaining confidentiality and data privacy, and sharing information across different shifts.

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

Recommendation:

Continue connecting clients with county-based and external services.

- ✓ Respondents emphasized the extent to which clients benefit from assistance connecting with services and supports, including those related to mental health, substance use, and housing.
 - ✓ They described how the county-based model employed by Dakota County is particularly useful in connecting clients with services, because county providers are more familiar with available county services, teams, and data systems.
 - ✓ They also mentioned strong partnerships with external organizations and agencies and how they facilitate the process of connecting clients with services. Several specifically identified how the crisis services continuum has improved relationships with group housing sites and how the needs of group housing clients are met.
-

Challenges within broader service systems persist.

Recommendation:

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

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

Effectively engaging clients takes time and patience.

Recommendation:

Continue prioritizing patience and persistence when engaging clients.

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

Families have unique needs.

Recommendation:

Provide training regarding engaging families as a whole.

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

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

Recommendation:

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

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

Community awareness and internal promotion efforts are critical.

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

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

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

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

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

About Dakota County's crisis services continuum

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

- **Crisis Response Unit (CRU):** Provides immediate care 24/7/365 via phone and mobile response. Some staff are co-located in police departments. Additionally, the CRU number serves as the crisis call center and the after-hours entry point for all county social services.
- **Embedded social worker program:** Licensed clinical social workers provide follow up to individuals who have recently interacted with emergency services and have been identified as benefitting from additional support based on those law enforcement interactions. Support often involves connecting clients with county-based and external services and resources, and it is often a team effort conducted with a specialized police partner.
- **Crisis stabilization:** Licensed clinical social workers provide longer term therapeutic and stabilization services to individuals referred to crisis services by schools, hospitals/clinics, family members, law enforcement, and other sources.
- **Dakota County Crisis and Recovery Center:** An extension of the Crisis Response Unit which provides walk-in mental health assessment, crisis, and short-term outpatient and residential treatment and stabilization services. One of Dakota County's partners, Guild, also provides residential treatment on site.

Successes of Dakota County's crisis services continuum

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

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

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

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

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

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

Success stories

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

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

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

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

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

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

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

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

Interview findings

Partnerships between social services and law enforcement

Strong relationships and communication (10+)

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

It feels like one big team.

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

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

Benefits of co-location (5+)

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

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

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

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

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

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

Specific communication pathways (<5)

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

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

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

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

Information sharing while maintaining confidentiality (<5)

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

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

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

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

Communication challenges

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

Call routing and follow-ups (5+)

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

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

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

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

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

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

Authority (<5)

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

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

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

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

Maintaining confidentiality (<5)

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

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

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

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

Shift rotations (<5)

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

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

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

Hiring and team fit (5+)

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

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

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

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

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

Connections to services

Benefits of service connections (10+)

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

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

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

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

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

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

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

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

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

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

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

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

External services and partnerships

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

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

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

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

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

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

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

Coordination challenges with external providers (<5)

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

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

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

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

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

Insufficient service system (5+)

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

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

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

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

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

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

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

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

Challenging policies regarding services (5+)

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

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

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

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

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

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

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

Pathways through system

Pathways work well (5+)

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

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

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

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

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

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

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

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

Initial contact

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

Initial contact: Law enforcement or 911 (10+)

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

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

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

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

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

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

Initial contact: Crisis services (5+)

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

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

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

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

Initial contact: Other entry points (5+)

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

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

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

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

Engaging clients

Engagement and trust challenges (10+)

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

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

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

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

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

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

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

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

Working with families (<5)

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

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

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

Right service at the right time

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

Effective triage (<5)

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

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

Client-led support (<5)

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

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

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

Contacting people when they want to be contacted.

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

Immediate support (<5)

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

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

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

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

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

Capacity

Increasing capacity and expanding services (10+)

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

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

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

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

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

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

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

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

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

Specific positions (<5)

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

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

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

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

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

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

Promoting services

Community awareness and promotion (5+)

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

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

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

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

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

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

Internal awareness and promotion (5+)

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

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

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

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

Data and evaluation

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

Impact is difficult to quantify (5+)

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

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

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

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

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

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

Specific indicators

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

- Number of calls
- Calls by jurisdiction
- Response time
- Reasons for calls
- Number of people served
- City and demographics of clients
- Diagnoses of clients
- Number of contacts with clients and type of contact
- Whether the client accepted services
- Crisis services provided
- Call outcome (e.g., hospitalizations, arrests)
- Call and service patterns (e.g., crisis calls that lead to stabilization services, frequent calls that drop off after the individual is connected to services)
- Calls that are triaged appropriately (e.g., don't return to dispatch, don't need law enforcement or EMS support)
- Proportion of calls that required a social services response and/or law enforcement response
- Referrals provided
- Long-term outcomes regarding housing, substance use treatment, case management, and sustained engagement in services generally
- Hospitalizations and residential treatment
- Client satisfaction and perception of the helpfulness of services
- Stabilization outcomes
- Follow through on referrals
- Services clients receive from the county
- How staff are spending their time
- Reduced workload for law enforcement
- Staff tenure
- Costs saved due to avoiding system involvement

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

Advice for other communities

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

Tailor to community needs (5+)

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

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

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

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

Requires overhaul of systems and processes (5+)

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

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

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

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

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

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

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

Learn from other communities (5+)

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

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

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

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

Utilize a county-based system (<5)

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

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

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

Intentional hiring and team fit (<5)

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

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

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

Acknowledgments

The authors would like to thank Meeghan Anderson, Angela Lockhart, Jamie Rud-Collett, Emily Schug, Tom VanCura, and Megan Westerheide from Dakota County for their input and guidance throughout this project. Additionally, we would like to thank the staff and officers at the social services, law enforcement, and mental health advocacy agencies and organizations that participated in these interviews. Lastly, we would like to thank Anna Alba and Amanda Eggers from Wilder Research for their contributions to this report.

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.

451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700 | www.wilderresearch.org

Wilder Research®

Information. Insight. Impact.

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.



Social Services

