DEPARTMENT OF HUMAN SERVICES

Mobile Crisis Newsletter

February 2026 Issue

This issue

Program Highlights

Dakota County: Measuring what matters, strengthening data to understand the impact of Crisis Services

Measuring the impact of crisis services is uniquely complex. Unlike many behavioral health interventions, the primary goal of crisis response is often *preventive*: avoiding hospitalization, de-escalating potentially dangerous situations and reducing the risk of harm. Prevention is difficult to quantify precisely because the desired outcome is something that didn't happen—a crisis that did not escalate; a hospitalization that was avoided; a safety concern that never emerged. Many meaningful impacts unfold days or even weeks after the initial intervention, long after crisis teams have stepped out of the situation. Without intentional, long-term tracking systems, these important outcomes can remain invisible.

Even with these challenges, Dakota County's Crisis Continuum is working to strengthen how we measure and understand our impact. We want our future planning to be grounded in what the data shows and to use that information to improve the experience of those who rely on us. We started by asking, "What do we really need to know?" and are now taking our first steps toward figuring out how to answer those questions.

Solutions and What We Track

1. **Prioritizing the most essential metrics**

   Historically, crisis documentation focused on funder requirements. While these elements remain extremely important, they do not fully capture the story of crisis

To gain deeper insight, we have identified key metrics that reflect the realities of crisis response and guide service improvements. These include:

- **Response times:** How quickly a crisis team arrives after a call is received
- **Presenting concerns:** The specific reasons individuals or families contact crisis services
- **Assessment outcomes:** Whether the crisis is resolved on-site, requires emergency evaluation or leads to stabilization services and community referrals
- **Referral patterns:** Where the call originated and where the individual is connected after the crisis

2. **Improving documentation tools and workflows**

   One of the biggest barriers to high-quality data in crisis work is fragmented documentation systems. To address this, our crisis continuum is currently adopting a new electronic health record to reduce duplication, capture necessary data points more consistently and streamline staff workflows.

3. **Combining quantitative data with qualitative insight**

   While numbers reveal trends, they rarely capture the lived complexity of crisis intervention. To fill this gap, we pair quantitative metrics with qualitative narratives—short success stories. These stories bring the data to life, illustrating how a

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safety plan stabilized a household, how a single visit prevented rehospitalization or how staff helped a person navigate service gaps during a fragile moment.

When combined with quantitative data, these stories help us understand not only *what* happened, but *why* it mattered.

4. **Strengthening collaboration across sectors**

   Crisis work is inherently collaborative. A single crisis interaction often involves multiple partners: law enforcement, EMS, hospitals, schools, social services and community-based providers. By strengthening these partnerships, we gain a more complete picture of each individual's experience and the system's response.

5. **Committing to ongoing review and quality improvement**

   Data is only as valuable as what we do with it. Regular review of metrics and qualitative feedback informs staffing decisions, training needs, community outreach, and program development. Continuous analysis helps us identify gaps, adapt to community needs, and refine crisis services for greater efficiency and impact.

Moving Forward

Crisis response work is deeply human, fast-paced, and unpredictable—qualities that make data collection both challenging and essential. By leaning in, we can better understand the true effects of crisis work and opportunities for growth in the future.

Ultimately, meaningful data strengthens the mission at the heart of crisis work ensuring safety, restoring stability, and making sure no one faces a crisis alone.

Putting Equity into Action: Mobile Crisis Response Services

Equity recognizes that different communities may need different levels and types of support to achieve the same outcomes. For mobile crisis response, this means tailoring services so that everyone has a real opportunity to access timely, culturally relevant and effective crisis care.

What Equity Looks Like in Practice

For mobile crisis teams, equity can take many forms, including:

- **Staffing strategically**: Increasing crisis staff in areas with higher suicide rates or fewer mental health providers
- **Cultural responsiveness**: Training teams to provide care that reflects the needs of Indigenous communities and racially diverse populations
- **Language access**: Ensuring interpreters and other language resources are available during crisis calls
- **Community trust-building**: Engaging with communities where fear, stigma or historical trauma may prevent people from seeking help.

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Mental health crises are often shaped by systemic factors such as racism, poverty and historical trauma. A one-size-fits-all approach (equality) can unintentionally reinforce disparities, while an equity-focused approach seeks to close gaps, improve outcomes and build a crisis system responsive to everyone it serves.

Key Questions for Mobile Crisis Teams

Committing to equity means continually asking:

- Who is being reached—and who is not?
- What barriers prevent certain communities from accessing crisis services?
- How can we adapt our approach so that no one is left behind?

In short, equality gives everyone the same tools, but equity gives everyone the right tools to feel safe, supported and heard during a mental health crisis.

Mobile Crisis Services area map

The Mobile Crisis Services area map (link) has been recently updated and is now available for everyone to access.

This update reflects the latest information provided by counties, tribes and service providers, ensuring that the map remains a reliable and accurate resource for locating crisis support across Minnesota.

The map includes:

- Current mobile crisis provider information
- Accurate and up-to-date crisis phone numbers
- Clear service area boundaries to help users identify which team responds to their location

These details make it easier for community members, providers, and partners to quickly locate the appropriate mobile crisis team when support is needed.

We encourage you to share the updated map widely with staff, partners and community members.

DHS will continue to review the map regularly and make additional updates when changes occur. If you notice information that may need revision, please let us know so we can keep this resource current and accurate.

2027–2028 crisis application planning cycle: Tentative timelines for counties and Tribes

As we begin preparations for the 2027–2028 planning cycle, all counties and tribes should review the key deadlines and milestones outlined here.

These dates are intended to support the timely submission of required materials and ensure that the DHS can distribute allocations, review plans and provide technical assistance efficiently. While the dates are tentative and may be adjusted as needed, the following timeline provides a general framework for planning activities over the coming months.

Mid-April: Deadline to report service area changes

By mid-April, all counties and tribes must report any proposed changes to their 2027–2028 service area boundaries to DHS. This early deadline ensures that DHS has adequate time to review changes, update internal systems and reflect correct information in allocation letters and application documents.

Early May: DHS issues allocation letters and application materials

In early May, DHS will distribute official allocation letters along with the application package for the 2027–2028 cycle. These materials will outline funding amounts, program requirements and instructions for completing and submitting the necessary documentation.

Stakeholders should review these materials promptly so that any questions can be addressed during the upcoming technical assistance sessions.

May–July: Technical assistance and open office hours

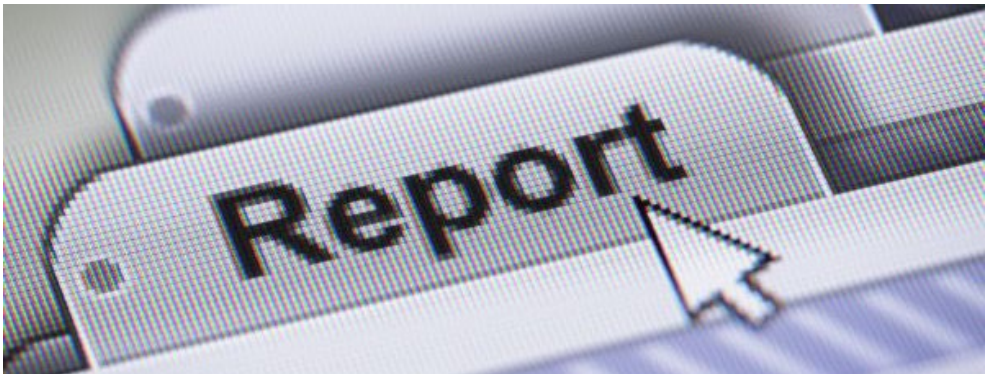
Throughout May, June and July (exact dates to be determined), DHS will host technical assistance opportunities, including scheduled trainings, informational webinars and open office hours. These sessions are designed to help counties and tribes understand program expectations, navigate application requirements and troubleshoot budget or work plan questions. Attendance is strongly encouraged, especially for new staff or for agencies anticipating complex changes in their plans.

Mid-June: Deadline to report unused allocated funds

By mid-June, counties and tribes must notify DHS of any allocated funds that they do not expect to use. Early reporting allows DHS to redistribute these funds equitably and ensures that available resources are fully utilized within the statewide program.

Mid-July: Deadline to submit budgets and work plans

Final budgets and work plans for the 2027–2028 cycle are due in mid-July. Submissions should reflect all program activities, staffing plans, service strategies and cost projections. Timely submission enables DHS to complete its review process and issue approvals in advance of the new planning period.



Quarterly progress report guidance for mobile crisis grantees

Progress reports are a required component of all mobile crisis grant contracts and must be submitted quarterly. As DHS continues to strengthen program integrity and ensure accurate reporting, grantees must provide clear, measurable data in their reports. This information allows grant managers to summarize outcomes at the state level and confirm that each grantee is meeting the expectations outlined in their contract and work plan.

Progress report data also helps grant managers identify trends, patterns, strengths and areas needing additional technical assistance.

For these reasons, responses should go beyond general statements and instead reflect concrete progress toward goals.

Examples of general statements include:

- We continue to meet with stakeholders regularly.
- We are working toward collaboration.
- Family and natural supports are assessed during all crisis calls.
- We continue to work toward increasing referrals.
- Staff attended trainings that meet statute requirements.
- Ongoing.
- We continue to work with families during crisis calls.

These types of responses do not offer a clear picture of measurable progress nor clarify outcomes.

What's New for 2026 Progress Reports

In the 2026 reporting forms in Foundant, you will notice additional prompts and notes in red text to support stronger and more complex responses. Please review and address these prompts carefully to ensure accurate reporting.

If you need support responding to specific questions or are unsure how to present measurable outcomes, please reach out to your grant manager. If you are unsure who your grant manager is, you may contact the general email address at **dhs.cmhcrisis@state.mn.us**. Staff will ensure your inquiry is directed to the appropriate person.

Your work is important, and DHS wants to ensure your efforts are clearly reflected and recognized at the state level. Thank you for your continued partnership and commitment to high-quality crisis services for Minnesota communities.

Understanding the difference: Budget revisions vs. contract amendments

To help ensure consistency and clear communication, we want to take a moment to clarify the difference between **Budget Revisions** and **Contract Amendments** and when each is required.

Budget revisions

Budget revisions involve shifting funds between existing budget line items. An amendment is **not required** if:

- The amount moved is **10% or less** of that budget year's total, **and**
- The change does **not** affect the total obligation amount.

Revisions may also include changing how funds are used **within existing, funded budget lines**, if the dollar amounts in those lines remain the same.

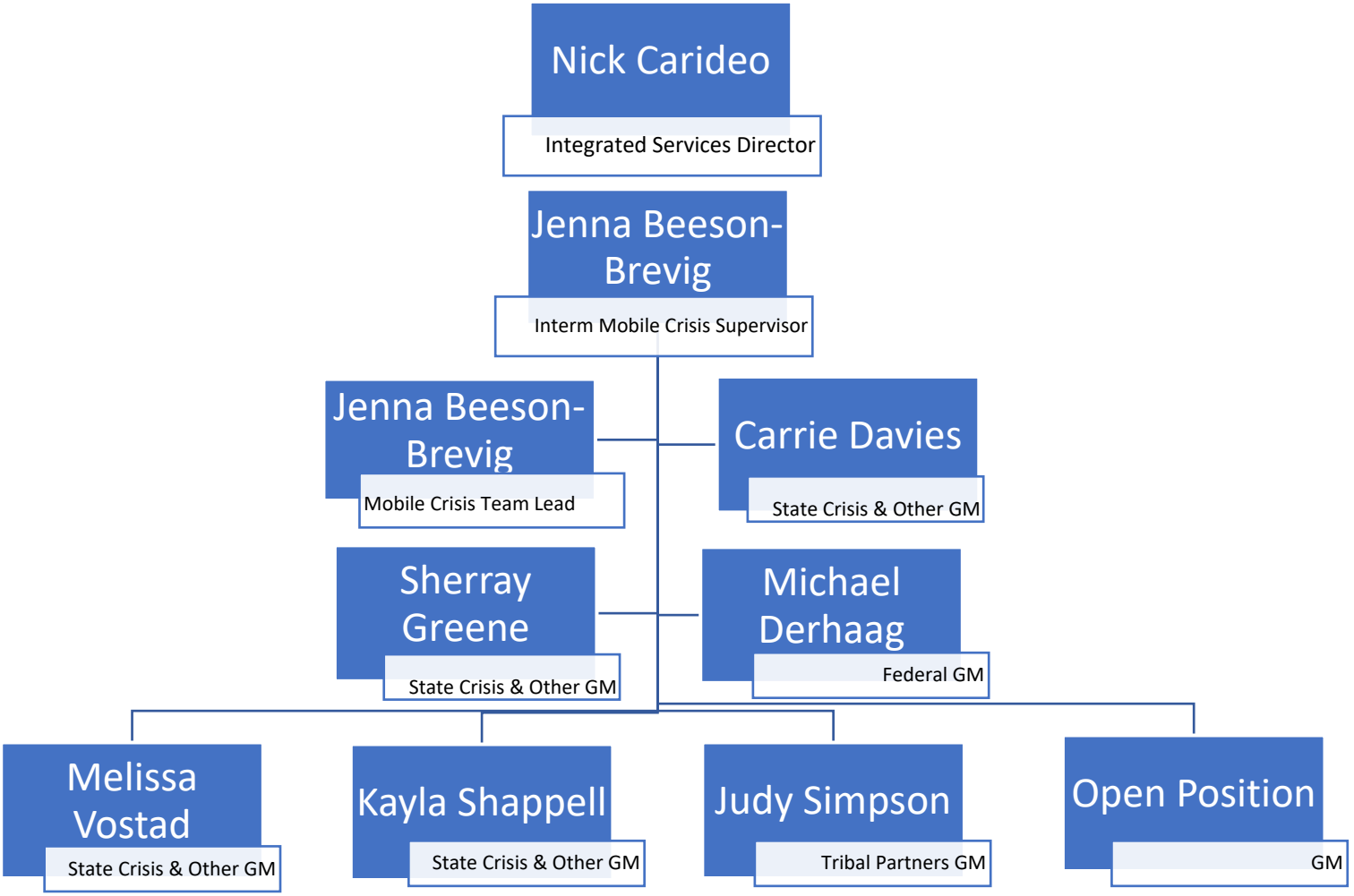
Contract Amendments

A contract amendment is required any time a change needs to be made to the **language of an existing contract**. Amendments must meet the **same legal requirements** as the original contract.
This includes changes to **budgets or workplans** that exceed **10% of the budget year's total**.

Important Reminder

The **fiscal host county must always be involved** in discussions about both budget revisions and contract amendments.

DHS Mobile Crisis Team organizational chart



Meet the new Integrated Services Director

We are pleased to announce that Nick Carideo has accepted the position of Integrated Services Director! Nick brings extensive experience in systems of care development, cross-functional leadership and service innovation. He previously served as Sustainable Systems of Care Development Supervisor within BHA, overseeing CCBHCs, Behavioral Health Homes and Officer Involved Community-Based Care Coordination, and has over 12 years of leadership experience across non-profits, healthcare systems and state agencies.

In his new role, Nick will lead the Integrated Services section, which includes crisis services, problem gambling services, peer support, the American Indian team and sustainable systems of care. His leadership will provide focused support for staff, create sustainable workloads and foster strategic planning and innovation.

Please join us in looking forward to the exciting initiatives ahead under Nick's leadership!

Whether you are a crisis provider, mandated reporter or community partner, maintaining strong connections to reliable resources is essential when responding to mental health crises and coordinating related services. Timely access to accurate information can make a meaningful difference, ensuring individuals receive appropriate care and support.

Here is a curated list of frequently used and commonly requested contact information for crisis teams to use in supporting and strengthening crisis response efforts across the state.

Contact Information

DHS Behavioral Health Administration (BHA) Directory

BHA Directory

Minnesota Health Care Programs (MHCP) Provider Resource Center

dhs.healthcare-providers@state.mn.us

651-431-2700 or 800-366-5411 (for private or sensitive inquiries)

MHCP Provider Resource Center

Foundant Technologies

For questions, contact the DHS Mobile Crisis Unit

dhs.cmhcrisis@state.mn.us

Foundant Homepage

Mental Health Information System (MHIS)

Client data, including crises, and tools for tracking and reporting crisis data

dhs.amhis@state.mn.us (for reporting requirements or issues)

651-431-2700 or 800-366-5411 (for access, password resets or user profile updates)

TrainLink: Behavioral Health Learning Center

For partners and providers, access to the department's learning system and training modules

bhtraining.dhs@state.mn.us

DHS TrainLink

Minnesota Adult Abuse Reporting Center (MAARC)

Mandated reporters must report suspected maltreatment of a VA within 24 hours.

844-880-1574

MARRC online reporting form

Minnesota Department of Human Services – Adult Residential Crisis Stabilization (RCS)

RCS provides 24/7 short-term support for adults in mental health crisis

dhs.adultmhact_irts@state.mn.us

Minnesota Department of Human Services – Adult Mental Health Initiatives

mn_dhs_amhi.dhs@state.mn.us

Minnesota Department of Human Services – Aging and Disability Resource Hub

Housing, food, medication, legal, transportation and other resources

Aging and Disability Resources

Minnesota Department of Human Services – Open Grants, RFPs and RFIs

Open grants, RFPs and RFIs

Minnesota Suicide Prevention Conference May 6–8, 2026, Duluth Entertainment Convention Center

The 2026 Minnesota Suicide Prevention Conference will gather professionals and community leaders from across the state for two days of learning, connection and collaboration. This event will bring together suicide prevention specialists, coalition leaders, public health experts, mental health practitioners and other key stakeholders dedicated to strengthening Minnesota's suicide prevention efforts.

Attendees can participate in skill-building sessions, explore emerging strategies, and network with peers who are driving innovation. By fostering collaboration, the conference aims to support ongoing work to save lives and promote well-being.

🌐 Minnesota Suicide Prevention Conference

🌼 May is Mental Health Awareness Month: A time to support, educate and empower

Mental Health Awareness Month in May is a key time to promote understanding, reduce stigma and highlight resources for those living with mental illness. Communities and organizations can use this month to raise awareness of mental health services—such as mobile crisis programs—that connect individuals and families to timely support.

Education is also essential. Sharing information about mental illness, treatment options and available supports helps communities respond with empathy and encourages open conversations. By using available tools and resources link, organizations can provide meaningful community education and better support those who use mental health services. The following information can be used to provide information and support:

- Your Language Matters and Reframing Language
- Supporting a Loved One Dealing with Mental and/or Substance Use Disorders
- SAMHSA Mental Health Awareness Month Toolkit

Guidance on mental health education in schools

Starting in the 2026–27 school year, Minnesota school districts and charter schools must provide mental health instruction for students in grades 4–12, aligned with local health standards and integrated into existing programs or the overall school environment. This requirement is outlined in Minnesota Statutes 2024, section 120B.21.

To support schools in meeting this mandate, the Minnesota Department of Education and NAMI MN have created a guidance document with recommendations and suggested mental health curricula. See the Mental Health Education in Schools (PDF) for more information.

Indigenous Historical Trauma & Cultural Humility training

This three-part, on-demand training was created specifically for Minnesota's 988 and Mobile Crisis Response Providers. Offered in collaboration with the Tribal Training and Certification Partnership at the University of Minnesota Duluth, this comprehensive training equips crisis responders with the knowledge and skills needed to work effectively with American Indian individuals and tribal communities. You must register to participate.

✅ **How to Register:** To participate, please follow the steps below:

Step 1: Create a UMN Guest Account: My Account Homepage
Step 2: Register for Course: 988 Lifeline and Mobile Crisis Cultural Awareness Training
Step 3: Access the Training: Asynchronous 988 Lifeline & Mobile Crisis Cultural Awareness Training (Canvas)

🔗 If you have any questions or experience issues with registration, please contact the TTCP Training Team at **ttcptroubleshoot@d.umn.edu**.