



# Region 3 Youth Behavioral Health Final Report

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## Overview

This report is the second in our work surrounding youth behavioral health in Region 3 of Northeast Minnesota. Phase One provided a summary of the landscape of youth behavioral health, including the identification of needs among youth in the region and an introduction of projects and initiatives that are underway. Based upon this research, a modified youth continuum of care was developed, and a set of recommendations identified were mapped across the continuum. The research conducted and continuum of care were utilized to develop suggested next steps, priority recommendations for action, and the development of a draft 3-year workplan for youth behavioral health. Please see the Region 3 Youth Mental Health Summary Report for further information.

Phase Two of this work focused on vetting and refining the identified priorities and draft workplan and identifying the supports needed in order to launch this work. To ensure the priorities identified from the research conducted in Phase One aligned with the needs and real-world experiences of individuals and providers within the region we met with stakeholders from various agencies and communities to seek input into:

- Do the unmet needs identified from secondary research align with their experiences?
- Do the priorities identified resonate with their experience and organization?
- Is there a role for their organization within the areas identified?

The stakeholders represent organizations ranging from community health boards, family service collaboratives, community behavioral health, school districts, and outdoor education providers. Additionally, engagement occurred with youth to gain their feedback on the needs and priorities identified to ensure these aligned with their experiences and what they would identify as top priorities to make an impact. Youth voices were sought through engagement with school-based groups including 27 youth from St. Louis and Itasca Counties.

This input and feedback were compiled and used to revise the workplan priorities, identify potential lead organizations, and a fairly significant modification of the ideal continuum of care. The revised priorities and workplan are included in this report. Additionally, a legislative scan was conducted to situate this work in the context of relevant changes and actions at the state and federal level.

## Updated Ideal Youth Continuum of Care

Between March and May, we embarked on a process of integrating Dr. Corey Keyes' Dual Continuum of Mental Health and Mental Illness (see Figure 1) with the draft ideal continuum of care, which was used in the first phase of this project. The Dual Continuum is useful for

separating mental illness from mental health and identifying that persons can be absent illness and languishing in their mental health or have a serious mental illness and flourishing in their mental health. The model helps shift the focus from only mental disorders to population-based qualities of mental health.

The integration, analysis and a discussion with Dr. Keyes provided additional insight into the extent that the continuum of care components are focusing on populations that are in need and the importance of acute care while investing in mental health promotion and prevention.

After this analysis and considering feedback from youth and community partners, we have modified the Ideal Youth Continuum of Care to better reflect the steps of care and language that captures the intention and need for each part of the continuum (see Figure 2).

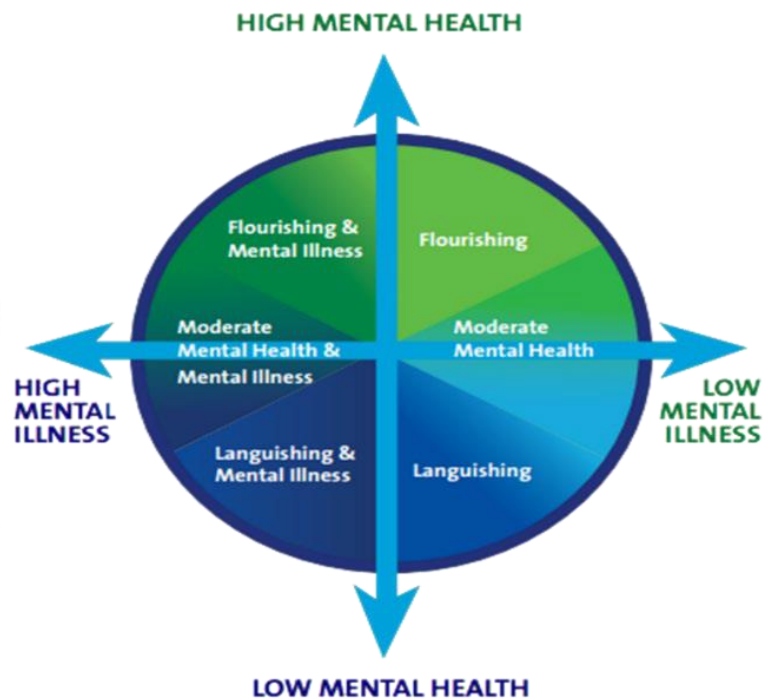


Figure 1: Dual Continuum of Mental Health & Mental Illness

Figure 2: Updated Ideal Youth Continuum of Care

Well-Being Promotion & Mental Illness Prevention		Universal Peer & Clinical Supports			Targeted & Acute Interventions				Illness or Crisis Follow-up, Recovery & Healing	
School & community-based well-being/health promotion	School-based emotional regulation skill promotion	School-based peer and non-clinical supports	Universal screening	Easy access to basic clinical & assessment services	Early intervention for symptoms or languishing	Targeted community services and support	Crisis response	Inpatient, crisis stabilization & residential treatment	Follow-up to crisis stabilization or inpatient treatment	Recovery, Healing & Resilience
<i>Universal efforts to promote and reinforce social &amp; emotional support for youth and their families.</i>	<i>Universal learning of emotional regulation skills to navigate distress, peer support &amp; emotional regulation.</i>	<i>Universal access to trusted and trained non-clinical supports in schools.</i>	<i>Universal screening for behavioral health needs at school &amp; during well-child health check-ups.</i>	<i>Universally accessible clinical supports for behavioral health maintenance into young adulthood, with priority of school-based supports.</i>	<i>Strategic efforts to ensure training &amp; access to early interventions for youth &amp; families, including first episode psychosis and signs of substance use.</i>	<i>Targeted supports to reduce acuity and prevent crisis.</i>	<i>Community-based &amp; accessible crisis response.</i>	<i>Evidenced-based treatment for highest levels of behavioral health needs located as near youth's community &amp; supports as possible.</i>	<i>Follow-up care that is focused on transitioning youth to their natural system (family, school, sports, medical providers, etc.).</i>	<i>Intentional recovery coaching &amp; support with peer wisdom at the forefront.</i>
<b>Basic Needs Support as Primary Protective Factor from Illness &amp; Languishing</b> <i>Access to safe, stable and affordable housing, transportation, economic viability, healthy food, medication, and childcare.</i>										

# Summary of Feedback on Draft Workplan and Priorities

## Youth Feedback

Youth identified the following ideas and needs to improve their mental health and reduce acuity of struggles:

- Need more trained, trusted adults and student peers who could be available to listen. Guidance counselors are too busy to support behavioral health needs and unavailable in the ways students need them.
- Accessible school-based therapy that doesn't require a diagnosis, referral or health insurance to access.
- School-based curriculum on emotional regulation.
- Safe spaces for youth to be, especially for LGBTQ youth.
- We need more foster homes but also need them to be regulated and have more oversight. We know youth who are waiting for a home and need stability, but we also know that there is a lot of violence that happens in some of the homes.
- Need better access to crisis care and follow-up care, especially when people are discharged from a Duluth hospital back to their community and family outside of Duluth.
- More accessible counseling for parents. If they aren't doing well, it hurts their children.

## Agency Feedback

As a result of our conversations with regional partners in youth behavioral health, we identified the following list of agency needs:

- Convening of partners (similar to Northern St. Louis County summit but regional)
- Project management
- Efficiency of implementation (i.e. shared curriculum, training, evaluation, research)
- Model planning (primarily outside of St. Louis County)
- Awareness of services, especially mobile crisis
- Connector of information
- Support and invest in existing services, like Family Resource Centers
- Investment in youth residential crisis stabilization in Northeast Minnesota

## Relevant Legislative Updates

It is fair to say that 2025 was not a kind year for youth behavioral health, especially considering federal updates. Some areas that could impact this work are as follows:

- [US Department of Education cuts 1 Billion](#) in school-based mental health funding. This impacted a College of St. Scholastica 3.9 million grant to provide occupational therapy students into schools in NE Minnesota and NW Wisconsin to provide mental health supports to students.
- [US House budget bill includes proposed cuts totaling 625 billion to Medicaid](#) over next 10 years.
- Minnesota has implemented guidelines for [Children's Intensive Behavioral Health Services](#), as passed during the 2024 legislative session. As of May 2025, North Homes Children and Family Services and St. Louis County Public Health and Human Services are the certified providers in NE Minnesota, serving Carlton and St. Louis Counties.

## Updated 3-Year Region 3 Youth Behavioral Health Workplan

Based on the initial data review, increased understanding of projects in progress, and regional discussions with youth and agencies with influence, we have updated the draft workplan to reflect more detailed recommendations and strategies.



## Region 3 Youth Behavioral Health Workplan

Recommendation Area	Specific Strategy	Relevant Partner or Lead Agencies	2025	2026	2027
Basic Needs Support as Primary Protective Factor	Help leverage additional financial support for Duluth-based Family Resource Centers (FRC) so they can operate at intended level	St. Louis County Family Service Collaboratives, Lutheran Social Services, County Human Services, United Way	X		
	Explore FRC models for counties outside St. Louis (i.e. mobile FRC)	St. Louis County Family Service Collaboratives, Lutheran Social Services, United Way, County Human Services (Carlton, Cook, Itasca, Koochiching, Lake)		X	
	Support outreach to FRCs for youth behavioral health services, especially crisis response	Family Resource Centers, First Call for Help, HDC, United Way, WeAreResourceful.org	X	X	
	Establish feedback loop between families, FRCs and regional behavioral health coordination	Family Resource Centers, Arrowhead Health Alliance		X	
	Support expansion of FRCs outside of St. Louis County	Family Resource Centers, United Way, Arrowhead Health Alliance		X	X
Well-Being Promotion & Mental Illness Prevention	Help leverage financial support to increase local free, safe, healthy and family-friendly school and community activities across NE MN	City Parks Departments, outdoor education providers, YMCAs, United Way, drug-free prevention coalitions, etc.	X	X	
	Identify opportunities to increase support to parents of young children (under 3) to support healthy attachment and brain development	Family Resource Centers, Better Together Behavioral Health Network, United Way			
	Identify 2-3 SEL used/recommended curriculum (i.e. 7 Mindsets) and implement curriculum expansion and adoption across NE MN schools	Northeast Service Cooperative, Better Together Behavioral Health Network, school districts	X	X	



	Identify 2-3 recommended school-based peer support programs (i.e. Sources of Strength) and implement curriculum expansion and adoption across NE MN schools	Northeast Service Cooperative, Better Together Behavioral Health Network, school districts	X	X	
	Identify 2-3 recommended emotional regulation skills (i.e. DBT) to be taught across NE MN	Northeast Service Cooperative, Better Together Behavioral Health Network, school districts	X	X	
	Organize summer 2026 school-based behavioral health supports training series for NE MN	Northeast Service Cooperative, Better Together Behavioral Health Network, school districts, Minnesota North Colleges, other community colleges and universities		X	
Universal Peer & Clinical Supports	Identify barriers for expanding school-based clinical supports, including diagnostic and assessments (privacy, technology, provider availability, etc.)	Northeast Service Cooperative, Better Together Behavioral Health Network, school districts, regional community-based behavioral health providers	X		
	Identify and implement plan to address barriers for expanding school-based clinical supports	Northeast Service Cooperative, Better Together Behavioral Health Network, school districts, regional community-based behavioral health providers		X	X
Targeted & Acute Interventions	Implement regional outreach to schools, families and youth regarding mobile crisis services to address gaps in knowledge of services and resources available	Region 3 Behavioral Health Initiative, First Call for Help, HDC	X	X	
	Plan for one youth residential crisis stabilization program serving the region	County human services, community-based behavioral health providers		X	X
Illness or Crisis Follow-up, Recovery & Healing	Identify and implement improvements and expansion of follow-up supports for youth leaving acute care	Community-based behavioral health providers, in-patient care providers		X	X
	Identify and expand community-based healing and peer recovery supports for families and youth (i.e. trauma-conscious yoga)	Community-based behavioral health providers, community wellness providers, Wellness in the Woods, United Way		X	X

## Next Steps

Given the urgency of these issues but also the complexity of some of the interventions, we suggest the following next steps for Arrowhead Health Alliance to move forward with this workplan.

- Identify potential persons or organizations who could monitor regional activities, provide technical and research support, track and report outcomes
  - Each set of strategies has a likely lead organization
- Establish strategy teams around specific workplan focus areas and initiate first meeting (by fall 2025)

## Contact Information

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