

Serving youth with complex mental health needs: A regional approach

I. Background

A small but significant population of county-connected youth have unmet needs due to complex mental health diagnoses, behaviors, and trauma. Available mental health services include community, crisis, and residential settings and programming. The current system is fragmented, however, with gaps and barriers affecting families' access to services.

In addition, youth with complex needs may be involved with multiple systems, including human services and juvenile justice systems. Minnesota separates licensing, certification and funding of placement options from programming, which means youth can't always access needed services.

These barriers disproportionately impact youth and families of color. Leaving youth in inappropriate settings causes more harm, and poor outcomes across health, education, justice and other domains.

Fundamental structural reform is needed. At this time, there is interest in a metro-wide plan to enhance and improve the continuum of care, serving county-connected youth with a whole-person, cross-system approach. This plan is built on state-wide research and findings and will include the voice of the youth and families most impacted.

Scope of this document

On October 1, 2024, Hennepin County Board Action 24-0402 endorsed a workgroup to develop a plan that addresses placement options for county-connected youth with complex needs. Included in that board action were two deliverables:

1. A preliminary report with recommendations and legislative proposals by January 7, 2025
2. A final report with recommendations by April 1, 2025

This document serves as the first deliverable.

Summary of work completed in October-December 2024

Following Hennepin County Board approval on October 1, an internal project team was established to support this body of work. See list of members in Appendix A.

The Youth Services Advisory Workgroup met twice to review data and proposals of a larger regional county group, providing guidance and insight on the preparation and direction of the recommendations. This workgroup was chaired by retired Judge Lucy Wieland. See list of members in Appendix A.

The Regional County Youth Placement Workgroup met five times as a large body, with four subcommittees meeting additionally to develop the draft legislative proposals for review. This workgroup included county social services and corrections leaders. See list of members in Appendix A.

II. 2023-2024 Legislative workgroup

Context

Established by the Minnesota Legislature in 2023, the Working Group on Youth Interventions was tasked with evaluating the out-of-home placement options for Minnesota youth adjudicated to be either a child in need of protection or services (CHIPS) or delinquent, with specific focus on therapeutic and rehabilitative services and on the racial disparities that exist within that landscape. The working group met for six months and issued a final report to the Minnesota Legislature in February 2024.

In fall 2024, the Hennepin County Board of Commissioners affirmed the work of the Working Group on Youth Interventions in promoting best practices and improving the system of care through a regional continuum of services. Recommendations

The [Working Group on Youth Interventions Report to the Legislature \(PDF\)](#) made recommendations on the design of a regional system of care for youth interventions in six overarching categories:

1. Building a regional system of care throughout the state, that will keep youth closer to home and maximize connection, contact, and support for both youth and family.
2. Continued study of facility licensing and certification and evaluation of accountability, governance and oversight.
3. Fiscal strategies to support and retain existing staff and providers, increase access to programs for youth and family, improve reimbursement for providers, as well as support infrastructure changes needed in many facilities.
4. Improving data collection, data sharing, and data analysis, to ensure transparency and better data driven decisions.
5. Improving the programming offered in out-of-home placement facilities and across the entire continuum of care for system involved youth to better comply with best practices.
6. Addressing the workforce development needs that are impacting our system providers and community providers, including hiring, retention, training, salary, and wellness.

Informing our work

The recommendations of the working group emphasize the benefits of establishing a regional approach.

The actions and legislative proposals outlined in the rest of this document are consistent with the Working Group on Youth Intervention's recommendations, and advance those recommendations in observable, actionable changes in Hennepin County and across the metro region.

III. Hennepin County's response

As previous efforts have shown, more work is needed in Minnesota to develop a system that can address overlapping justice and human services needs of juveniles. The statewide issues are well known and documented.

Hennepin County is advancing the coordination of a regional continuum of care, through an immediate response of establishing a youth crisis stabilization center. This effort includes legislative policy and funding proposals, as well as focused planning for future phases of work.

For many years, the county has invested at every level of the mental health continuum – early intervention, crisis response, and deep-end services – to serve more youth and families and achieve better outcomes for all. Those efforts are critical to our overall success and must be sustained.

The system remains complex and fragmented, however, resulting in resource, programming, and support availability based on a youth's involvement in the justice or human service systems. When we provide programming and services based on individual youth and their families' needs instead of responding to their system involvement, we support youth as well as community safety.

Hennepin County has chosen an equity-centered approach that is within our scope to create effective change right now, while advancing the longer-term changes that will require state and legislative action.

A. Regional continuum of care framework

A regional approach

Instead of competing for limited resources a regional approach allows counties to work together to better address the needs of youth. Counties can leverage their individual and collective strengths and capacities to create a continuum of care that supports youth with complex mental health needs and their families.

Anoka, Carver, Dakota, Hennepin, Scott, Ramsey and Washington counties in the metro, plus St. Louis, Olmsted, and Stearns counties in out-state Minnesota, are collaborating to pool resources and create a continuum of services, facilities and care. While this may not form a geographically contiguous region, it does address shared needs, interests, and values for serving youth and families.

Leaders and staff from participating partner counties will jointly identify actionable reforms, innovative solutions and broad strategies to fill the gaps in the care continuum. Working together, member counties can help drive sustainable improvements through those collective efforts, increasing their impact and raising their voice.

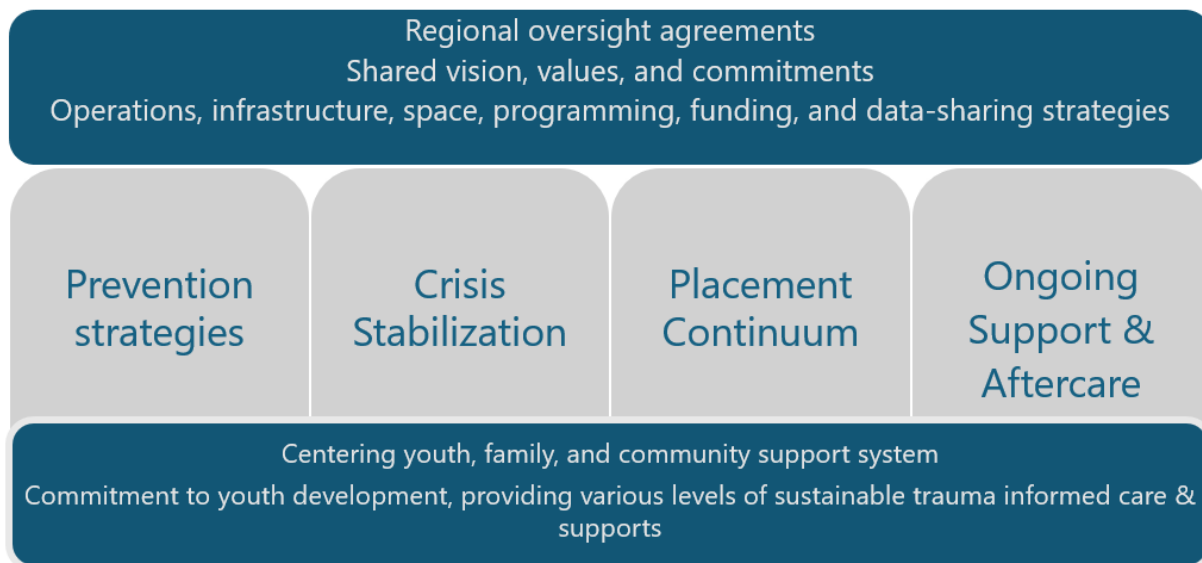
We are committed to this approach across counties and recognize that serving youth in their communities is critical to improving outcomes – including when their needs require placement outside of their home. As we build this regional framework, we will prioritize efforts that will serve youth close to home.

A continuum of care framework

A continuum of care framework provides structure to the regional approach. A broad continuum of services and supports advances our shared vision and commitment to youth with complex mental health needs.

This framework spans the spectrum of needs, including prevention, crisis stabilization, the entire placement continuum, and community support or aftercare.

We know youth of color are disproportionately represented in human services and juvenile justice systems. We also know these youth commonly have underlying trauma and unmet mental health needs. With this framework, we're imagining a system that acknowledges root causes and develops a continuum of services for youth within family systems.



Participating counties, with significant input from community and professional stakeholders, will define and agree what should be included in the continuum, as well as common definitions and processes for which services and programs are appropriate based on the level of care needed.

The counties may decide to use a regional governance and funding model, internal staffing with outside project planning and initial implementation support. The level of collaboration and participate is yet to be determined.

B. Immediate action: crisis stabilization

Context

To address one of the most acute gaps in services, Hennepin County is funding and opening a youth crisis stabilization center at our Behavioral Health Center at 1800 Chicago Avenue in Minneapolis.

The center will serve county-involved youth with complex mental health and behavioral needs, regardless of which system they enter.

Within Minnesota's existing placement options, functional capacity is severely restricted, and in some cases, it is completely unavailable. This creates delays in connecting youth to the services they need. Extended time in the wrong settings and without access to appropriate care often worsens youth's conditions.

Residential crisis stabilization services fill this critical gap. During short-term stays of 30-45 days, youth will have access to treatment and therapeutic supports while triage, assessment, and planning take place with families.

Target population and services

- Youth with complex behavioral health needs, regardless of which system they enter
- Residential crisis stabilization for youth who cannot remain safely at home: treatment and therapeutic supports while triage, assessment, and planning take place with families
- Culturally responsive services delivered by a community agency, intended to reduce the deep racial disparities concentrated in this part of the system
- 10-15 beds for short-term stays of 30-45 days

Consistent with current protocol, all youth referred for residential treatment shall undergo an assessment by a mental health professional with involvement from the parent or guardian to determine the appropriate level of care and to authorize the use of public funds to pay for the treatment services. This is also referred to as the “screening team.” The level of care assessment and recommendation shall determine whether the proposed treatment is necessary, appropriate to the youth’s individual treatment needs, cannot be effectively provided in the youth’s home and provides a length of stay as short as possible consistent with the individual youth’s needs.

Facility design and environment

Leveraging an existing Hennepin County-owned building means these critical residential crisis stabilization services can be available more quickly. A \$15 million Hennepin County capital investment will transform the current space and create an environment specifically designed to support these new services.

- Non-institutional
- Secure perimeter
- Comprehensive approach to safety

Youth and family engagement sessions are planned to help shape the facility design now as well as the programming development in the months to come.

As part of the service provider contract, an ongoing family and youth advisory group will be established. The contract also includes a requirement for cultural consulting to shape services.

Timeline

We are quickly advancing this work to address pressing system gaps.

- April 2024: Requested proposals for youth residential crisis stabilization services
- October 2024: Hennepin County Board approval
- December 2024: Youth and family engagement sessions begin
- Late 2024-early 2025: Planning, design and construction
- July 2025 (tentative): Youth crisis stabilization center opens

This effort runs parallel to the regional approach planning and development and legislative policy and funding proposals as outlined in sections III-C and III-D of this document.

Within the regional approach

Crisis stabilization is a key piece of the service continuum within the regional approach. As described above, residential crisis stabilization services fill a pressing gap in the current system.

While the youth crisis stabilization center will be in a Hennepin County-owned building and will serve eligible Hennepin County youth, county-connected youth who are residents of counties within the region may also be eligible, as determined by the screening team.

The creation of this center can serve as a model for how the regional approach will positively impact youth across the participating counties.

C. Regional framework: Planning, development, and engagement

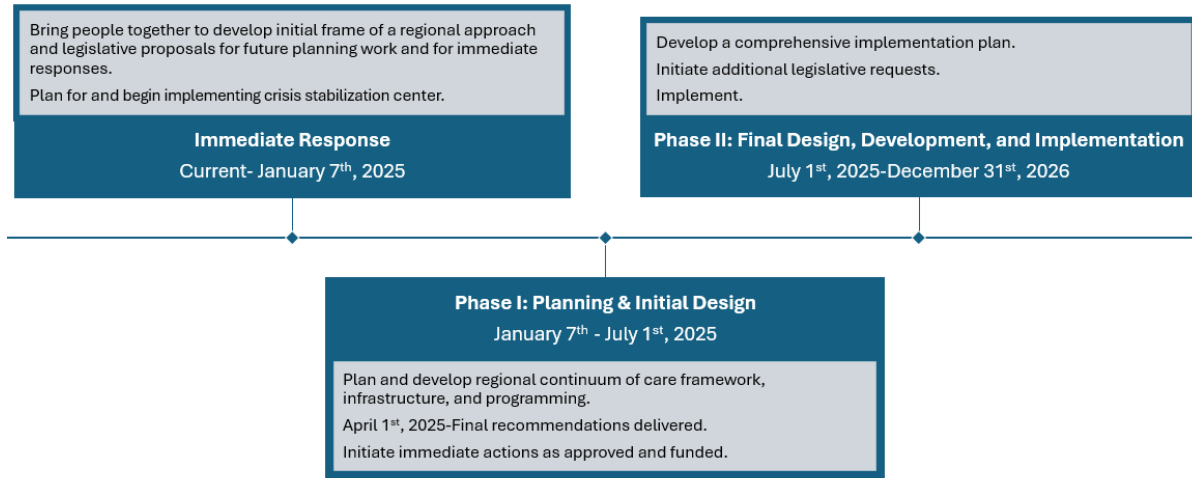
Context

Building out the regional continuum of care framework will take place in two structured phases, with intentional involvement of residents, providers, and county participants. The framework will also be informed by the recommendations put forth by the Legislative Working Group on Youth Interventions.

In addition to planning, design, and implementation, this approach will take advantage of immediate opportunities to stand up supportive services or innovative changes whenever possible.

Phase I: Planning and Initial Design

January 2025-June 2025



The first phase of work and participation involves planning and design of the framework between January 2025 and July 1, 2025.

Initial stakeholder and community participation and engagement in this phase, as outlined later in this document, will support the development of a shared understanding of youth and family needs, a vision, values, and a philosophy. While this phase continues to July 2025, a proposed oversight structure, funding model, and recommended further plan of action will be formed by April 1, 2025, as requested by the Hennepin County Board.

During Phase I, the participating counties will create a steering committee to guide the decision making, staffed by a planner/project manager or shared county staff. Subcommittees will work on:

- Regional framework, including the governance structure, funding model and data sharing
- Programs and operations inventory, planning, and data sharing
- Facilities inventory and planning

Outside stakeholders, including members of the Youth Services Advisory Workgroup and community members, will be asked to participate in the committees. The participating counties will draft the agreed upon continuum of services, identifying what is missing and where the priority needs are.

From April 1-June 30, 2025, the steering committee, informed by the subcommittees, will draft and finalize the Phase II initial implementation plan.

Phase II: Final design, development, and implementation

July 1, 2025-December 31, 2026

The goal of this phase will be to develop, fund and put into effect a comprehensive and graduated implementation plan based on Phase I recommendations. Implementation will continue in 2027 and beyond.

Engagement

Underpinning the proposed regional approach is our recognition that for true change, those most impacted need to be involved in the planning and implementation. Done well, community engagement will foster a sense of belonging and shared responsibility, paving the way for collective action. This engagement plan complements the efforts addressed in the Crisis Stabilization section above.

The regional engagement process must be structured, intentional and inclusive. The proposed process will have a tested structure that has worked well in other initiatives, shifting how the county, residents, and providers work with one another.

Our engagement approach will:

- Build relationships, as we know an environment of trust impacts how we engage as well as service delivery.
- Invite a variety of perspectives to participate in planning and design. These perspectives will include residents with lived experience, mental health experts, providers, tribal representation, and people with judicial and county work experience.
- Know and name when we are informing, seeking input, or making shared decisions, always with a value for collaboration.
- Fund local people and organizations to help lead facilitation, planning, and engagement.
- Lean into existing community and youth groups where relationships and knowledge already exist.

In addition to the intentional involvement of relevant stakeholders, youth engagement will be structured into the process. A new Youth Services Council will include youth with lived experience in the mental health system or juvenile justice system, from all the participating counties, with the goal to provide input and guidance on planning and implementation at every phase of the implementation process. The process will be intensive and intentional, similar to how the youth crisis stabilization center is being developed.

Each county will also be developing its own community engagement process, guided by the common values listed above, to inform its work within the continuum. The information gathered will be shared with the entire region as part of the governance process.

D. Legislative policy and funding proposals

Overview

The goal of this new approach is to create a continuum of care which addresses the individual youth's needs, no matter how they enter the system. In addition to coordinating resources at the county level, creating a regional continuum of care framework will require identifying policy gaps, addressing systemic shortcomings and maximizing resources.

As this effort begins, we have identified several legislative policy changes which would have an immediate impact on maximizing capacity and getting care for the young people who need it. We are also proposing longer-term efforts which must be undertaken to make lasting change.

Summary of policy proposals

See Appendix B for background, context and more detailed proposal descriptions.

Licensing and certification proposals

- Establish a legislative task force including the Minnesota Department of Children, Youth, and Families (DCYF), Department of Human Services (DHS), Department of Corrections (DOC), Direct Care and Treatment (DCT), counties, providers and community members to provide specific licensing standards for unique levels of care, for children's residential mental health facilities covered under Minn. R. 2960.0580 to 2960.0690. DHS to submit a report to the legislature on progress made by July 1, 2026.
- Allow an exception to the current moratorium on youth beds to expand capacity of licensed child foster residence settings, adding placement options for least restrictive treatment options (disability waiver system).
- Modify Minn. R. 2960.0710 regarding training for restrictive procedures licenses to be trauma-responsive and include culturally appropriate and responsive practices.
- Revise MN Stat. §245.4874 to ensure juvenile-justice involved youth receive mental health screening as early as possible.

Medicaid benefit policy proposals

- Inmate Exclusion/Reentry Waiver
Direct the State Medicaid Agency-DHS to prioritize full implementation of the federal direction under the Consolidated Appropriation Act (CAA), requiring states to provide certain health care services for eligible youth incarcerated in correctional institutions.
- Crisis Stabilization Benefit
Direct the State Medicaid Agency-DHS to expedite the implementation of the benefit "residential crisis stabilization for children."

Reimbursement rate structure proposals

- Require DHS to begin phased implementation of the 2023 non-residential rate study recommendations by July 1, 2025.
- Require DHS to conduct a review of the financial model for residential children's facilities by July 1, 2026.
- Create a temporary fund for the existing 7 children's residential treatment facilities until the financial review offers guidance for the administration by host counties.

Multi-disciplinary team proposal

- Amend Minn. Stat. §260E.02 regarding Multi-Disciplinary Teams to allow creation of Multi-Disciplinary Teams (MDTs) for youth with complex mental health needs.

Funding the Regional Continuum of Care

See Appendix B for additional information about potential funding proposals.

The participating counties are each committed to partnering in the continuum of services. To fill the most pressing gaps and shortages, we are seeking some immediate short-term funding to narrow service gaps, offer critical programming and support the build out of the regional framework. Areas of identified need include:

- **Staffing stabilization:** Incentives, training, rate increases and support for critical front-line and clinical staff.
- **Programming/services:** Funding for community provider programming in juvenile detention centers or shelters, as well as care coordination with community mental health for transitions out of care.
- **Facilities/providers:** Maximizing capacity and effectiveness in existing facilities, supporting temporary rate increase for children's residential facilities.
- **Build-out of regional continuum of care framework:** Framework planning and development of implementation road map, data sharing model.

Request

Authorize up to \$20,000,000 to fund staffing, programs, services (short and long-term) and facilities in the regional continuum of care, to be spread across the participating counties, including planning and implementation costs for the build out of the regional framework.

	2025	2026	2027	Total
Staffing stabilization	\$1,000,000	\$2,000,000	\$2,000,000	\$5,000,000
Programming/services	\$1,000,000	\$2,000,000	\$2,000,000	\$5,000,000
Facilities/providers	\$2,000,000	\$3,000,000	\$3,000,000	\$8,000,000
Buildout of regional framework	\$500,000	\$1,000,000	\$500,000	\$2,000,000
Total				\$20,000,000

Appendix A – Workgroup membership

Youth Advisory Workgroup

Category	Member	Title	Organization
Chair	Hon. Lucy Wieland	Judge (ret).	
Metro counties representatives	Suwana Kirkland	Director, Community Corrections	Dakota County
	Suzanne Arntson	Deputy Director, Public Health & Social Services	Scott County
Expertise in co-occurring conditions (<i>mental and behavioral health needs, developmental and intellectual disabilities, and substance use disorders</i>)	Larry Tucker	Executive Director	Kente Circle
	Steven Dahl/Jeremy Mork	Directors, Community Based Services, and Child & Adolescent Services, Direct Care & Treatment	Minnesota Department of Human Services
Lived experience/family member representatives	Dorothy Bode		
	Charles Osugo		
Hennepin County 4 th Judicial District	Hon. Todd Fellman	Chief Judge	Hennepin County Juvenile Court
County Attorney representative	Sarah Davis	Deputy County Attorney, Director – Children & Families Division	Hennepin County Attorney's Office
Public Defender representative	Andre Morant	Senior Attorney	Hennepin County Public Defender's Office
State of Minnesota agency representative	Natasha Merz	Assistant Commissioner of Aging and Disability Services	Minnesota Department of Human Services
Providers and other experts	Kirsten Andersen	Executive Director	AspireMN
	Elliot Butay	Senior Policy Coordinator	National Alliance on Mental Illness (NAMI) Minnesota
	Malaika Eban	Executive Director	Legal Rights Center

Hennepin County internal project team

Role	Name/title
Director	Lisa Bayley, Director, Safe Communities
Manager - Juvenile justice expertise	Jerald Moore, Manager, Department of Community Corrections and Rehabilitation (DOCCR)
Manager - Project management	Michelle Eveslage, Senior Administrative Manager, Internal Services
Admin support	Geniene Layne, Administrative Assistant, Intermediate, Children and Family Services
Communications	Lauren Kewley, Principal Communications Specialist
Data collection and analysis	Alex Trembley, Data Analytics and CQI Strategy Manager
Manager - Juvenile developmental disabilities and co-occurring conditions expertise	Deborah Ackerman, Manager, Long-Term Services and Supports (LTSS)

Hennepin County leadership

Title	Name
County Administrator	David Hough
Deputy County Administrator, Health and Human Services	Jodi Wentland
Director, Behavioral Health	Leah Kaiser
Assistant County Administrator, Law, Safety and Justice	Chela Guzman-Wiegert
Acting Director, Department of Community Corrections and Rehabilitation	Mary Ellen Heng

Regional County Youth Placement Workgroup

Name	Title	County
Alexandra Kotze	Interim Deputy County Manager, Health and Wellness	Ramsey
Anna Hewitt	Manager, Social Services	Ramsey
Monica Long	Director, Community Corrections	Ramsey
Amira Carter	Planning Specialist, Social Services	Ramsey
Kim Stubblefield	Deputy Director, Adult Probation	Ramsey
Linnea Mirsch	Director, Community and Human Services	St. Louis
Leah Kaiser	Director, Behavioral Health	Hennepin
Jerald Moore	Division Manager, Juvenile Health	Hennepin
Mary Ellen Heng	Acting Director, Department of Community Corrections and Rehabilitation	Hennepin
Neerja Singh	Area Manager, Behavioral Health	Hennepin
Geniene Layne	Administrative Specialist	Hennepin
Wanda Cannon	Public Policy Manager	Hennepin
Lauren Kewley	Communications	Hennepin
Debbie Ackerman	Human Services Manager, Long Term Services and Supports	Hennepin
Michelle Eveslage	Senior Administrative Manager / Planner	Hennepin
Lisa Bayley	Director, Safe Communities	Hennepin
Jodi Wentland	Deputy County Administrator, Health and Human Services	Hennepin
Nick Henderson	Human Services Director, Family and Children's Division	Stearns
Melissa Huberty	Administrator, Human Services	Stearns
Barb Dahl	Director, Health and Human Services	Scott
Chris Harder	Quality Improvement Manager	Scott
Molly Bruner	Director, Community Corrections	Scott
Suzanne Arntson	Deputy Director, Health and Human Services	Scott
Nikki Hallberg	Supervisor, Social Work	Scott
Heather Goodwin	Director, Health and Human Services	Carver
Eric Johnson	Director, Probation Services	Carver
Kate Probert	Deputy Director, Health and Human Services	Carver
Dylan Warkentin	Director, Community Corrections	Anoka
Cindy Cesare	Chief Officer, Human Services	Anoka
Sarah Amundson	Division Manager, Children's Services	Washington
Ren Clinton	Deputy Director, Community Corrections	Washington
Jennifer Castillo	Director, Community Services	Washington
Marti Fischbach	Director, Community Services	Dakota
Suzanne Tuttle	Deputy Director, Social Services	Dakota
Suwana Kirkland	Director, Community Corrections	Dakota
Sarah Reetz	Field Services Deputy Director, Community Corrections	Dakota
Lawrence Dickens	Deputy Director, Social Services	Dakota
Nikki Conway	Director, Children's and Family Services	Dakota

Amy Rauchwarter	Deputy Administrator, Health, Housing, and Human Services	Olmsted

Appendix B – Legislative policy and funding proposals

Proposed policy changes

Licensing and certification policy proposals

Context

State licensing and certification are required for government and community providers. The process is unduly complex and creates confusion, raises barriers and delays funding and services. A more streamlined process which meets actual regulatory needs while also supporting a continuum of services would better serve the youth, their families and community.

- Establish a legislative task force including the Minnesota Department of Children, Youth, and Families (DCYF), Department of Human Services (DHS), Department of Corrections (DOC), Direct Care and Treatment (DCT), counties, providers and community members to provide specific licensing standards for unique levels of care, for children's residential mental health facilities covered under Minn. R. 2960.0580 to 2960.0690, "Licensure and Certification Programs for Children." DHS to submit a report to the legislature on progress made by July 1, 2026.
- Allow an exception to the current moratorium on foster care residential settings to expand capacity of licensed child foster residence settings, adding placement options for least restrictive treatment options (disability waiver system).
- Modify Minn. R. 2960.0710 regarding training for restrictive procedures licenses to be trauma-responsive and include culturally appropriate and responsive practices.
- Revise MN Stat. §245.4874 (c) to ensure juvenile-justice involved youth receive mental health screening as early as possible.

Medicaid benefit policy proposals

Context

To support sustainability of the regional continuum of services, a more robust set of Medicaid reimbursement strategies will offer greater opportunities for revenue and enhanced services.

Inmate Exclusion/Reentry Waiver

- Direct the State Medicaid Agency-DHS to implement regulations outlined in Section 5121 of the Consolidated Appropriations Act of 2023, which imposes new limits on the inmate exclusion policy and requires states to provide certain health care services for eligible youth incarcerated in correctional institutions including but not limited to juvenile justice facilities and detention facilities. The services should include a range of behavioral health screening/diagnostic services and targeted case management services, 30 days prior to release and at least 30 days post-release. State Medicaid Agency-DHS will produce a draft of the Medicaid and CHIP state plan amendment (SPA) for the counties and providers to respond to, no later than May 30, 2025.

Crisis Stabilization Benefit

- Direct the State Medicaid Agency -DHS to provide an update to the legislation on the implementation of the benefit "residential crisis stabilization for children" no later than February 25, 2025.
- Direct the State Medicaid Agency-DHS to share a draft of the proposed criterion with the counties, for the residential crisis stabilization services under Minnesota Statutes section, 256B.0625 subdivision 72, including but not limited to ; (1) eligibility criteria; (2) clinical and service requirements;(3) provider standards;(4) licensing requirements; (5) reimbursement rates for residential crisis stabilization for children;(6) additional

reimbursement rates for room and board; draft legislation with statutory changes necessary to implement the recommendations of the commissioner in clauses (1) to (6), no later than January 25th, 2025.*

*DHS is already legislatively mandated to share this report with the legislative committees no later than January 6, 2026. Counties have not received any draft of the report to comment.

Reimbursement rate structure proposals

- Require DHS to begin phased implementation of the 2023 non-residential rate study recommendations by July 1, 2025.
- Require DHS to conduct a review of the financial model for residential children's facilities by July 1, 2026.
- Create a temporary fund for the existing 7 children's residential treatment facilities until the financial review offers guidance for the administration by host counties.

Multi-disciplinary team proposal

- Amend Minn. Stat. §260E.02 regarding Multi-Disciplinary Teams to allow creation of Multi-Disciplinary Teams (MDTs) for youth with complex mental health needs.

Funding the Regional Continuum of Care Framework

The following are some of the potential initiatives in each of the funding categories which could be enacted now and have an immediate impact across the participating counties:

Staffing stabilization

- Hiring and retention incentives
- Funds to hire county therapists—experienced therapists with culturally responsive skills, insurance/billing, HIPPA, clinical supervision.
- A regional “on-call” mobile pool of experienced, culturally responsive staff who can support attending to various sites for emergency/crisis stabilization, pooling resources, filling short term gaps, directing resources/skills where needed.
- Post-degree supervision, including supervision support for psychiatric providers to work with youth with complex mental health needs.

Programming/services

- Programming and services in Juvenile Detention Centers and non-secure shelter programs.
- Crisis response available for families (culturally specific), using in-person community-based services, especially after hours.
- Community Family Resource Centers (prevention).
- Care coordination with Community Mental Health, for community providers to see youth or triage care when a youth is incarcerated, assisting with transition.
- Traditional or culturally specific practices such as healing circles, sweat lodges (pilot).

Facilities/providers

- Infrastructure: relocating Scott County Juvenile Alternative Facility; Dakota/Washington County Aspen House remodel.
- Providers: Funds available to new providers for start-up costs, training, etc. prior to getting licensed and providing services.

Buildout of regional continuum of care framework

- Funds to develop regional approach: inventory available facilities, services, programs; share information and data re: what beds are available, create implementation and funding plan.
- Create data sharing plan for information sharing between participating counties.
- Project manager/facilitator, professional services.