Executive Summary

Strategies to Prevent and Reduce Youth Involvement in Cass County's Juvenile Justice System

Background

This report presents an assessment of strategies to prevent and reduce youth involvement in North Dakota's juvenile justice system, with a primary focus on reducing racial and ethnic disparities. The assessment focused on Cass County, North Dakota, due to its large share of the state's youth population, and largest concentration of Black, American Indian, Hispanic, and multiracial youth. While the analysis was conducted in Cass County, the findings and recommendations may have implications statewide.

The assessment was prepared for the North Dakota Juvenile Justice State Advisory Group (SAG). It builds directly on the SAG's Reducing Racial and Ethnic Disparities (R/ED) plan developed pursuant to the Juvenile Justice and Delinquency Prevention Act (JJDPA), which identified significant overrepresentation of Black, American Indian, Hispanic, and multiracial youth at the initial point of contact with the juvenile justice system. Accordingly, this assessment focuses on strengthening community-based prevention and early intervention services, enhancing existing supports, and ensuring that resources and strategies are targeted to the youth and communities most disproportionately affected. This summary sets out the assessment's conclusions for members of the State Advisory Group, the juvenile court, school administrators, service providers, and law enforcement agencies whose day-to-day decisions shape a young person's path.

National and legislative context

The questions this assessment asks are local, but they sit inside a national frame. The American juvenile court was created more than a century ago on the premise that children are different from adults and that the state's response to them should be rehabilitative rather than punitive. For nearly as long, researchers and policymakers have documented that the system does not treat all children alike. Black, American Indian, Hispanic, and multiracial youth are more likely to be referred, detained, and formally processed than white youth charged with comparable conduct, a pattern persistent enough that federal law has required states to measure and reduce it since the late 1980s.

North Dakota participates in this federal framework through the Juvenile Justice and Delinquency Prevention Act (JJDPA), whose Racial and Ethnic Disparities core requirement directs the state — through its State Advisory Group — to identify and reduce racial and ethnic disparities affecting youth at key contact points in the juvenile justice system, from referral through confinement. Cass County has one of the largest racial and ethnic juvenile disparities in the state. The purpose of the comparison is not to single out the county; the patterns it shows are the national patterns. It is to establish that the disparities documented in the sections that follow are neither new nor peculiar to this place, and that they have proven resistant to the kind of piecemeal fix that adjusts one decision point while leaving the rest untouched. That history is the reason the recommendations in this report are framed as a coordinated systems approach rather than a list of independent repairs.

How a youth move through the system

A referral is the beginning of a sequence, not a single event, and the sequence matters as much as the entry point. A young person usually comes to the court's attention through law enforcement, most often the Fargo Police Department, or through a school. What follows is an intake decision, a risk and needs assessment for those who are formally assigned, a case plan, and a disposition that can run anywhere from diversion to formal adjudication. There is discretion at each of these steps, and at each the assessment found that outcomes turn partly on factors that have little to do with the conduct itself: which agency made the referral, whether a school documented what it had already attempted, and whether a family could reach the services a plan required.

The 2025 data make it possible to follow that sequence in the aggregate, and the sections that follow trace it in turn — who enters the system and at what age, what conduct brings them in and how serious it is, how risk and need are assessed once they are inside, where the gaps between need and available service open up, and what the people closest to the system say about all of it. Read together, those threads describe a system whose pressures concentrate at predictable points, and whose remedies, accordingly, lie at those same points.

The system at a glance

Cass County's juvenile court received 997 referrals in 2025, involving 675 distinct young people. The indicators below frame the analysis that follows; each is drawn directly from the county's 2025 referral record.

Indicator	2025
Youth referred to juvenile court	675 (997 total referrals)
Sex and average age	63% male, 37% female; age 15.5
Largest age group	15–16 years (36.7%)
Black, American Indian, Hispanic, and multiracial youth (combined)	47% of youth, 51% of referrals
Most common offense category	Assault (32.4%), then theft/property (21.2%)
Most serious offense an infraction or Misdemeanor B	62.7% of youth
Most common referral source	Fargo Police Department (74.1%)
Assigned to supervision or services	415 (61%)
No program enrollment recorded	260 (39%)
Assessed high-risk, among assigned youth	36%

Selected indicators from the 2025 Cass County referral record.

Who comes to the court

The youth referred to Cass County's juvenile court in 2025 were, for the most part, older adolescents. More than a third were fifteen or sixteen, and roughly six in ten were fifteen or older at their first referral. Younger children were a far smaller presence: about one in eight was twelve or under. The

distribution matters for where prevention is likely to pay off, because the thirteen- and fourteen-year-olds who make up a quarter of referrals sit just below the largest group, at the age where early intervention can still redirect a trajectory before it hardens.

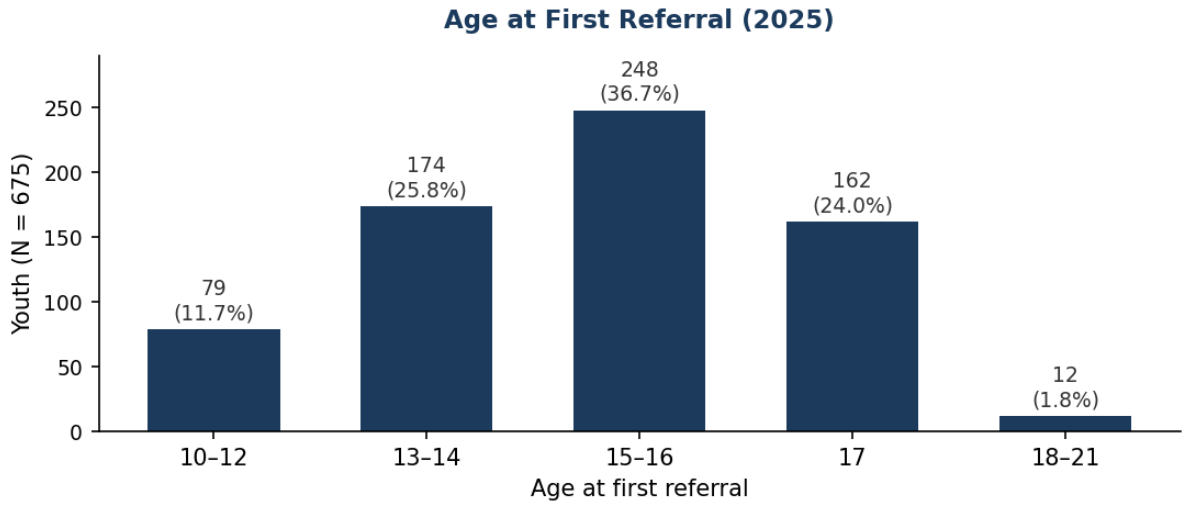

Figure A. Age of youth at first referral, Cass County Juvenile Court (2025).

Males outnumbered females by roughly five to three, and the average age across the whole group was fifteen and a half. These are not the youngest children or the most serious offenders within the system; they are teenagers, many in the middle of high school, whose contact with the court arrives at an age when school, family, and peer influences are all still very influential. Because court practices drive whether youth return to the system, the assessment examines them directly — 24.1% of referred youth had repeat referrals in 2025, with Black and multiracial youth re-referred at far higher rates (28.7% and 47.6% vs. White 19.8%) — so improving how the court matches services and handles dispositions is central to reducing repeat referrals and the disparities among them.

The shape of the caseload

What brings these youth to court is, overwhelmingly, conduct at the lower end of the seriousness scale. Assault is the single largest category, accounting for about a third of first referrals, though the label spans a wide range and is dominated by simple assault rather than its aggravated forms. Theft and property offenses make up roughly a fifth, led by shoplifting. Driving and miscellaneous offenses, grouped here as “other,” form the next band, and drug, alcohol, and disorderly-conduct offenses account for most of the remainder.

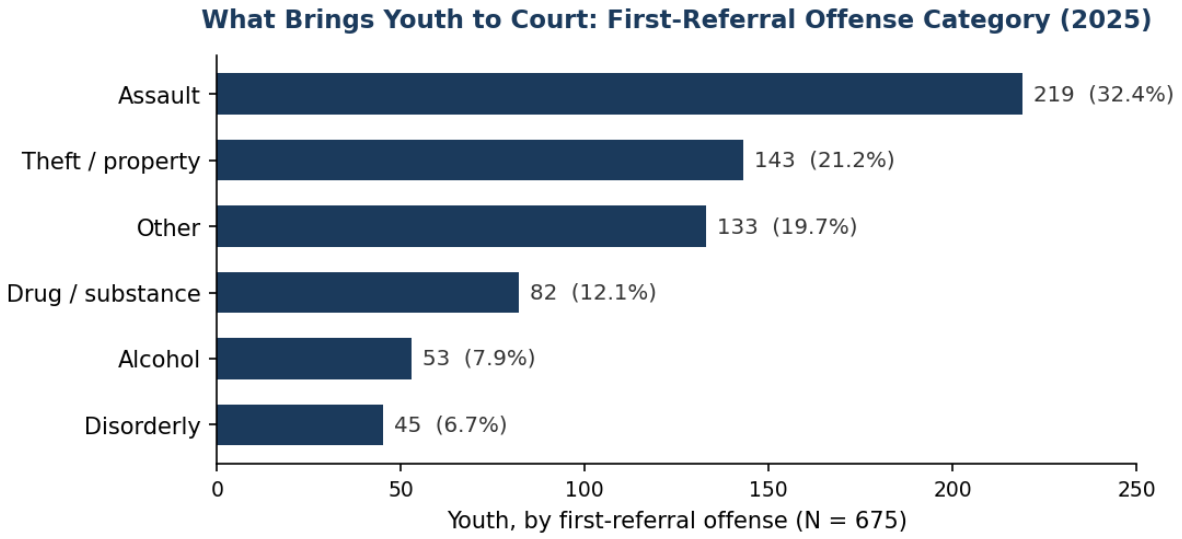

Figure B. First-referral offense category, by youth (2025). Each youth is counted once, by the offense at first referral.

Beneath the categories, the specific offenses reinforce how ordinary most of this conduct is. Simple assault accounts for the largest single share of the assault category, well ahead of its aggravated forms; shoplifting dominates theft; and within drug offenses, marijuana paraphernalia and the ingestion of a controlled substance lead the list. These are, for the most part, the low-level offenses typical of adolescence rather than the markers of entrenched criminality — part of why the system diverts so many of them, and part of why this report returns so often to prevention and to early, proportionate response.

Sorting the same youth by the single most serious offense each reached sharpens the picture further. Just under half had a Misdemeanor B as their most serious charge, and once infractions and Misdemeanor A offenses are added, roughly four in five fall below the felony line entirely. Felonies of any class account for about eighteen percent of youth, and the most serious felony classes are rare.

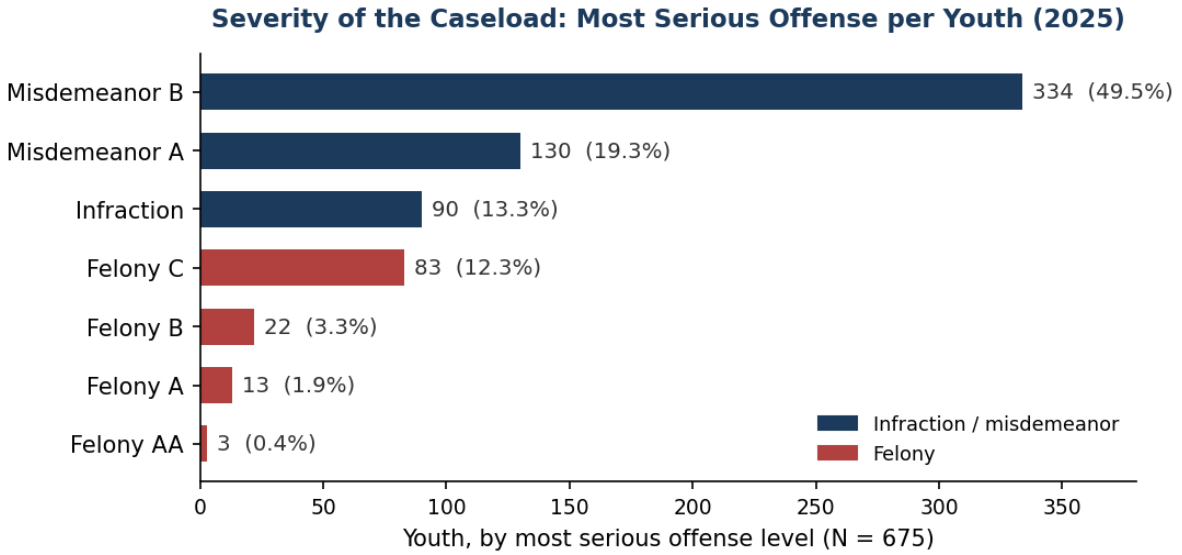

Figure C. Most serious offense level per youth, classified by North Dakota Century Code (2025).

This profile carries a clear implication. A caseload concentrated in lower-level offenses is, in principle, well suited to diversion and to community-based response, and the sections that follow take up where and how the county might extend those responses. The profile also cautions against a single, uniform approach. The small share of serious cases — the felony offenses, and within them the firearm and sexual-behavior matters discussed below — calls for specialized attention that the general caseload does not, and the system's tools and approach need to distinguish the difference.

Where referrals come from

Referrals are not distributed evenly across the county's agencies or its geography. The Fargo Police Department accounts for nearly three-quarters of all referrals, with the West Fargo Police Department, the Cass County Sheriff, and the Highway Patrol making up the remainder. More than half of first referrals describe conduct that occurred in the community rather than at school or at home, though school is the setting for roughly a quarter.

Referring agency	Referrals	Share
Fargo Police Department	500	74.1%
West Fargo Police Department	108	16.0%
Cass County Sheriff	37	5.5%
Highway Patrol	25	3.7%

Source of referrals to Cass County Juvenile Court (2025). First-referral location: community 53.9%, school 26.8%, home 12.9%.

These shares track the relative populations the agencies serve. Fargo has approximately 138,500 residents, West Fargo approximately 41,600, and the balance of Cass County outside those two cities approximately 21,582. The Fargo Police Department's position as the source of nearly three-quarters of referrals therefore reflects, in part, the size of the population it covers rather than differences in practice alone — context worth keeping in view when interpreting the agency breakdown above.

These distributions are not incidental. They identify where the discretion that drives the caseload actually sits — disproportionately with a single law enforcement agency and, for the school-based share, with a small number of buildings — and they tell the county where a change in front-end practice would carry the most leverage. The geographic concentration also underpins the report's recommendation that prevention and diversion resources be targeted to the specific areas that generate the most referrals rather than spread evenly across the metro.

Racial and ethnic disparities

The clearest pattern in the data is also the most consequential. Black, American Indian, Hispanic, and multiracial youth make up about 47 percent of the youth referred to court but a larger 51 percent of all referrals, and the gap widens at the points where discretion is greatest. The figure below sets each group's share of court-involved youth against its share of district enrollment.

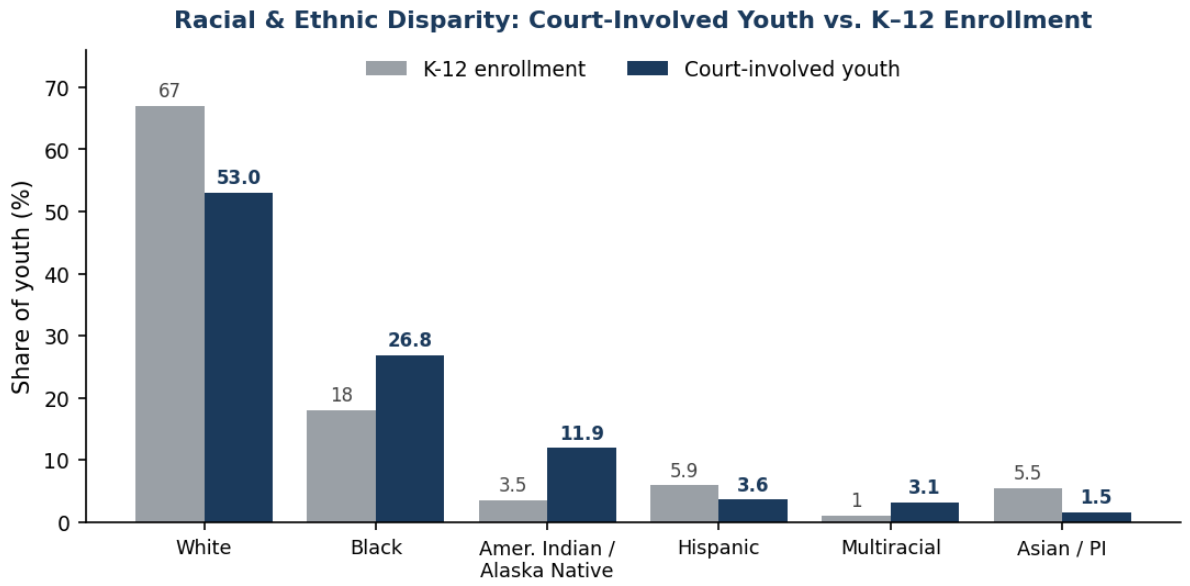

Figure D. Share of court-involved youth compared with combined K–12 enrollment, Fargo and West Fargo districts (ND DPI, 2023–24).

Black and American Indian students are the two largest overrepresentations, and multiracial youth are overrepresented as well, by a smaller margin. White students, by contrast, are a smaller share of court-involved youth than of enrollment, while Hispanic and Asian or Pacific Islander students each appear in court at or below their enrollment share. The disparity, in other words, is not spread evenly: it concentrates among Black, American Indian, and multiracial youth.

Important Note: Do Black, American Indian, Hispanic, and multiracial youth commit higher-level offenses than their White counterparts? The 2025 data do not support that explanation. The caseload is overwhelmingly low-level across all groups: 62.7% of all youth have a Misdemeanor B or Infraction as their most serious offense, and only 4% of referrals reach the Felony A/AA/B level. The offense-severity distribution for Black, American Indian, Hispanic, and multiracial youth tracks closely with that of White youth — both are concentrated in simple assault, shoplifting, low-level drug and paraphernalia, and disorderly conduct — so the overrepresentation of Black, American Indian, Hispanic, and multiracial youth at referral is not driven by more serious conduct. The disparity in referrals is larger than any difference in offending can account for. The offense data show that youth of every racial group are referred overwhelmingly for low-level conduct: roughly four in five youth in each group have a most-serious offense below the felony line, and the felony rates that do differ are separated by only a few percentage points (for example, 16.5% for White youth and 21.0% for Black youth). Differences of that size in the seriousness of conduct cannot account for the overrepresentation observed at referral. Relative to their share of combined Fargo and West Fargo K–12 enrollment, Black youth are referred to court at about 1.5 times their enrollment share (18% of enrollment, 26.8% of court-involved youth) and American Indian youth at about 3.4 times their share (3.5% of enrollment, 11.9% of court-involved youth), while White youth are referred below their share (67% of enrollment, 53% of court-involved youth).

The remainder originates not in the youth's conduct but in the discretionary decisions that stand between an act and a referral: whether an officer issues a warning or files a report, whether a school resolves an incident internally or sends it to court, and how comparable behavior is treated depending on who the youth is. Because those decision points — not the underlying offenses — are where the disparity widens, the evidence points to differential system response rather than differential offending, and it is at those decision points that the disparity can most effectively be reduced.

These disparities are not the result of a single decision point. The same disparities appear in school discipline, where Fargo Public Schools' 2024–25 records show Black, American Indian, Hispanic, and multiracial students were referred into the disciplinary system above their enrollment share. It appears again in the child-in-need-of-services data, and it persists in the response to behavior once a referral is made. Disparity that surfaces at intake, in the schools, and at disposition is structural, and it will not be closed by adjusting any one of those points in isolation.

None of this is unique to Cass County. The overrepresentation of Black, American Indian, Hispanic, and multiracial youth at the points of arrest and referral is among the most consistently documented findings in American juvenile justice, and federal law has required states to measure and address it for more than three decades. What the local data add is specificity. The disparity here is measurable, it concentrates at the discretionary front end of the system, and it is large enough that closing it would change the composition of the county's entire juvenile caseload.

Disparity beyond the courtroom

The disparity that appears in court referrals is not confined to the delinquency system. North Dakota's Children in Need of Services program — the civil track for youth whose needs, such as truancy, running away, or unmet behavioral health, fall short of delinquency — shows the same overrepresentation. The statewide unit received more than two thousand referrals in 2024, and their racial composition tilts in the same direction as the court's.

Group	School enrollment	CHINS referrals
White	72%	58%
American Indian	10%	18%
Black	7%	13%
Hispanic	8%	5%
Asian	3%	1%

Racial composition of CHINS referrals compared with school enrollment (Section 5.4 of the full report).

The pattern matters because CHINS is meant to be the supportive, non-punitive alternative — the door that keeps a young person out of the delinquency system. When the same groups are overrepresented on both sides of that door, it suggests the disparity originates upstream of either program, in the referral decisions made by schools, families, and agencies before a case is ever categorized. A second anecdotal but unsubstantiated finding sharpens the concern: it is estimated that more than half of the parents offered a CHINS connection to services decline it. Whatever the reasons — mistrust, stigma,

logistics, or services that do not fit — a refusal rate that high means the supportive track reaches only a fraction of the families it is designed to help, and disproportionately fails to reach the Black, American Indian, Hispanic, and multiracial families it most often refers.

The report treats that refusal rate less as a fact about parents than as a question about design. The absence of a single place for families to see what services exist, the framing of parental involvement as a deficiency rather than a resource, and the practical barriers of transportation and scheduling all bear on whether a family says yes. Community providers point in particular to the value of a "warm handoff" — an active, supported connection in which a known person introduces the family to the receiving service and stays involved until engagement is established — rather than a referral simply passed along. Each is addressable through the engagement and access recommendations later in this summary, and closing the CHINS gap is part of the same fairness objective as closing the gap in court.

Risk and need

Sorting the 415 assigned youth by assessed risk illustrates this is not a low-need population at the margins of trouble. More than a third fall in the high-risk category, the single largest group, and another quarter are moderate-risk. The table below shows the full distribution.

YASI risk classification	Youth	Share
High risk	148	36%
Moderate risk	110	27%
Diversion	105	25%
Pending or other	24	6%
Low risk	16	4%
No assessment	12	3%
Total	**415**	**100%**

Risk profile of the 415 youth assigned to supervision or services, by YASI classification (2025).

The risk distribution makes an important point: lower-severity offenses and high assessed need are not in conflict. A young person can come to the court on a shoplifting charge and still carry substantial risk across the domains the youth assessment screening instrument (YASI) measures — family, peers, school engagement, substance use, attitudes. The YASI instrument is designed to look past the charge to the conditions beneath it, and in this population it finds those conditions often. That is precisely why the question of whether available services match assessed need is the one on which much of the system's effectiveness turns.

The instrument is not infallible, and in one specific set of cases it understates what is required. Because it is built around the statistical frequency of behaviors, it can score some of the most serious conduct — firearm offenses, problem sexual behavior — as lower-risk simply because that conduct is rare. The remedy is not to discard the tool but to pair it with a deliberate override protocol, so that professional judgment can raise the supervision level where the nature of an offense, rather than its frequency, demands it.

Matching risk to service in the court

Knowing a young person's risk level is useful only if it shapes what happens next. The county's 2024 Court Best Practices Manual is explicit on the point: low-risk youth should not be placed in programming alongside moderate- and high-risk youth, and those who score moderate or high should be matched to services according to the specific needs the assessment identifies. The principle is sound and widely accepted. The difficulty is that the court has no service-matching guidelines or matrix to put it into practice, and in their absence placements are driven less by a youth's assessed risk and needs than by which providers have a relationship with the court and which happen to have an open slot.

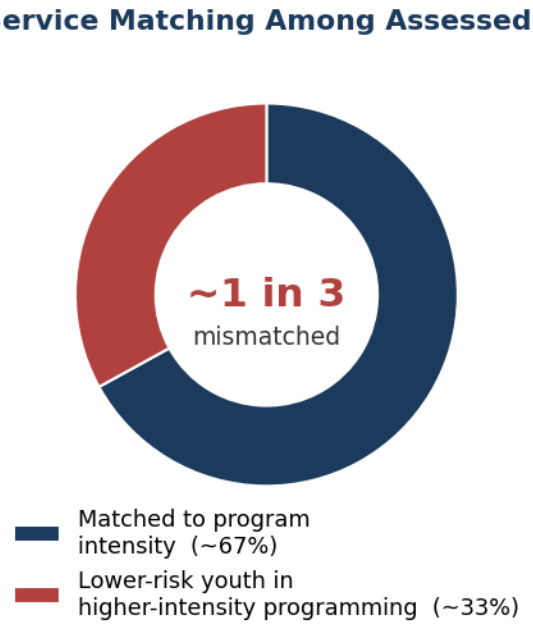

Figure E. Risk–service matching among assessed youth (Section 3.1). Roughly two-thirds are matched to appropriate program intensity; about one-third are diversion-track or low-risk youth placed in higher-intensity programming.

That mismatch of youth based on risk level is problematic. The risk-need-responsivity model on which the evaluation rests treats the over-serving of low-risk youth as an active harm: placing a low-risk young person in intensive programming alongside higher-risk peers tends to raise, not lower, the odds of reoffending. Roughly a third of assessed youth fall on the wrong side of that line, and of the six providers serving most referred youth, only one carries a caseload cleanly matched to the higher-risk population it is built for. Closing the gap does not require more programming so much as better routing — a matching matrix that pairs risk and need to the right level of service, and the discipline to keep low-risk youth out of intensive settings.

The needs side of the assessment is as important as the risk score, and is if anything less used. The YASI measures need across domains that map onto the conditions behind delinquency — family functioning, peer relationships, school engagement, substance use, attitudes — and it identifies, for each youth, the handful of domains most in need of attention. A matching system would route a young person to the service built for those specific domains. Today, because the needs are not passed along to providers, a youth flagged for family and substance-use needs may land in whatever program has an opening rather than the one designed for those needs. Sharing the top criminogenic needs at the point of referral is among the simplest changes available, and among the most consequential.

Two practical breakdowns compound the problem. Youth risk levels and top criminogenic needs are not routinely shared with the providers who receive referrals, and those providers have not been trained on what the YASI levels mean; a provider cannot match a service to a need it has never been told about. The court also directly administers ten internal programs, and an inventory of them found uneven structure, documentation, and dosage.

Court program	Curriculum	Dosage	Delivered by
Substance Using Behaviors	Change Company	4 hrs (2×2 hr)	Court officers
Pathways PSB	Pathways curriculum	6 hrs (4×1.5 hr)	Court officers
Youth Coordinator	Mentorship (no curriculum)	Varies	Court-hired
Drug Court	Intensive supervision	9 months min.	Court
Anger Management	Unclear; separate vendor	Not specified	Not specified
Apology	None (letter or meeting)	N/A	Youth
Written Report	None (varies)	N/A	Youth
Cognitive Restructuring	Legacy database entry	Unknown	Unknown
Assessments	Legacy database entry	Unknown	Unknown
Conversion Program	Legacy database entry	Unknown	Unknown

The ten programs administered directly by the Cass County Juvenile Court, with curriculum and dosage as documented (Section 3.1).

Several of these are well defined — the substance-use and problem-sexual-behavior curricula have set content and fixed hours — but others exist mainly as legacy database entries, with curriculum, dosage, and delivery unspecified. A program whose content and duration cannot be described cannot be evaluated, and cannot reliably deliver the dose of intervention that changes behavior. Bringing these internal programs up to a documented, evidence-aligned standard is a precondition for matching them to youth with any confidence, and it sits alongside the provider-side findings in the next section.

Service capacity and the treatment gap

Where the system most visibly falls short is in the match between need and capacity. The assessment found no adolescent residential substance-use treatment anywhere in eastern North Dakota. For a family whose teenager needs that level of care, the practical options are a waiting list measured in months or a placement across the Minnesota border, where insurance authorization becomes an obstacle in its own right and where distance complicates the family involvement that treatment depends on.

The gaps extend well beyond residential care. The region's largest provider operates with a single funded adolescent addiction-counseling position. There is no firearm-conduct programming beyond hunter safety, no dedicated programming for gang-involved youth, and treatment for problem sexual behavior is concentrated in a small number of providers, among them the Red River Children's Advocacy Center, which provides problematic-sexual-behavior (PSB-CBT) treatment for children alongside its broader mental-health services. Each of these is a small number on its own; together they

describe a service map with large gaps precisely where the highest-need youth land, and they explain why the risk data and the service data so often fail to line up.

Provider quality and the SPEP analysis

Whether a service works depends not only on whether it is the right type but on how well, and how much of it, is delivered. To gauge that, the assessment scored the providers serving most court-referred youth against the Standardized Program Evaluation Protocol, a validated tool that rates four things: whether the program type fits what the research shows works for the population, whether the dose — measured in both duration and contact hours — reaches the benchmark, the quality of delivery, and how well the caseload's risk level matches the program's design. Six providers account for roughly four in five placements.

Provider	Risk level: Mod/high	Type match	Dosage	Quality	Risk match
The Change Companies	68%	Strong	Insufficient	Unknown	Mixed
Consensus Council	53%	Strong	Below	Partial	Mixed
"Private provider" bucket	82%	—	—	—	Unknown
Juvenile court (in-house)	67%	Strong	Below	Partial	Mixed
Southeast Behavioral Health	87%	Strong	Partial	Strong	Strong
Village Family Services	75%	Strong	Mixed	Strong	Strong

SPEP benchmarks for the six providers serving roughly 81 percent of court-referred youth (Section 5.3). "Mod/high" is the share of each provider's caseload assessed at moderate or high risk.

The pattern is consistent and instructive. On program type, every identified provider scores strong: the county's providers have chosen approaches — cognitive-behavioral skill-building, restorative practice, multisystemic therapy, family-centered outpatient care — that the evidence supports for this population. The weakness lies almost entirely in dosage. The largest provider by volume, serving nearly a third of referred youth, delivers a sound cognitive-behavioral model at a duration and contact-hour level the protocol rates insufficient; several others fall below benchmark or land in mixed territory. Sound programming delivered in too small a dose does not produce the outcomes the model promises, and dosage is the single most common shortfall across the six.

Dosage is critical because it is the most common shortfall and the most fixable. The protocol sets benchmarks for how long a program should run and how many hours of direct contact a youth should receive, scaled to risk, with higher-risk youth needing more of both. A program can use an excellent curriculum and still fall short simply by meeting too briefly or too few times, which is the pattern observed. Raising dosage rarely means redesigning a program; it means adding sessions, extending duration, or making sure youth actually attend the hours the model assumes. It is the kind of change a provider can make without abandoning what already works.

Two providers, Southeast Behavioral Health Clinic and Village Family Services, score strong on both quality and risk match, and they offer a template for what the others might become. The most troubling entry is not a provider at all but a hole in the data. A hundred youth, more than four in five of them moderate- or high-risk, are recorded only as a "private provider" bucket that the available information

could not identify well enough to evaluate. These are among the highest-need young people in the system, and the system cannot presently say what services they received or whether those services were evidenced-based.

The remedies follow directly from the findings. Providers need each youth's risk level and criminogenic needs at the point of referral; they need dosage brought up to benchmark, whether by lengthening programs or increasing contact hours; they need a basic quality-assurance routine; and the "private provider" placements need to be identified and brought into the same accounting as everyone else. None of this calls for new program models. It calls for delivering the sound ones the county already has at the strength the evidence requires.

A framework for prevention

The full report frames prevention through a three-tier model borrowed from public health. Tier 1, universal prevention, reaches all students regardless of risk — the school climate, social-emotional learning, and family-engagement supports that lower baseline risk for everyone. Tier 2, selective prevention, targets the groups or schools showing elevated risk, through mentoring, small-group skill building, and attendance support. Tier 3, indicated prevention, works with individual young people already showing early warning signs, linking them quickly to services before a referral becomes the default response.

This tiering model is, in structure, an application of the Multi-Tiered System of Support (MTSS) framework that North Dakota schools already use. Both share the same three-tier public-health prevention architecture — universal supports for all students (Tier 1), selective supports for groups or schools at elevated risk (Tier 2), and indicated supports for students showing early warning signs (Tier 3) — and both rely on data to decide where to place resources, deliver progressively more intensive support at each tier, and serve the large majority of students at Tier 1. A school operating MTSS with fidelity is already most of the way to operating this model.

The differences are three, and they are matters of purpose and inputs rather than structure. First, the target outcome is specific: where MTSS optimizes academic and behavioral outcomes broadly, this model is oriented to a single additional aim — preventing a youth's first contact with the juvenile court. Second, the data used to place resources differ. MTSS typically depends on individual universal screening and individual progress monitoring; because the YRBS is anonymous and population-level, this model uses school- and subgroup-level YRBS results together with court-referral patterns to identify which schools and groups warrant Tier 2 and Tier 3 investment, with individual identification occurring only at Tier 3 through student-support teams. Third, the model is explicitly cross-sector: it extends beyond the school's internal MTSS team to community providers and to the legal framework for diversion (including the HB 1328 requirement to exhaust and document interventions before referral), bridging the school's MTSS with the juvenile-justice and community-provider systems. In short, schools do not need to build a new framework — they need to extend the one they have toward referral prevention.

The value of the model is that it gives the county a shared language for matching response to need, and a way to see that most of what reduces referrals happens well before the court is involved. The community-provider inventory in the full report maps existing organizations onto these tiers and onto the geography of referrals, so that prevention investment can be directed where both need and capacity are greatest rather than distributed by habit. It is the framework within which the recommendations that follow are meant to operate.

The geography of referrals

Referrals are concentrated geographically as well as institutionally, and the map does not match the location of services. The highest volumes come from the far-south and north areas of Fargo and from West Fargo, while the providers that serve most court-referred youth are clustered in central Fargo — all four of the highest-volume providers sit in a single police beat, and it is not the one that generates the most referrals. A family in the north or the far south, or across the river in West Fargo, faces a longer trip to the same service than a family near the center, which ties the geography directly to the transportation barrier stakeholders described.

The full report maps the community-provider inventory against this geography precisely so that prevention investment can be steered toward the areas that generate the most referrals rather than spread evenly or concentrated where services already happen to be. Targeting matters because prevention resources are finite: placing universal and selective capacity in the neighborhoods and schools that send the most young people to court is the difference between prevention that reaches the right children and prevention that is merely available somewhere in the metro. The location data turn an abstract commitment to prevention into a concrete set of places to invest.

Schools and the referral pipeline

About a quarter of first referrals originate at school, and close to a third of youth have a school-linked referral somewhere in their history. The schools are therefore not a side channel but a primary pipeline, and how they handle behavior upstream shapes the court's caseload downstream. The discipline data show wide variation in how schools respond to similar conduct, variation that does not track the seriousness of the behavior and that falls unevenly across racial groups.

Stakeholders described referrals arriving at the court without a documented record of the interventions that were supposed to precede them. That gap cuts two ways: it weakens the court's ability to respond in proportion to what a school has already tried, and it makes it harder to know whether a school exhausted its own options before turning to the justice system. North Dakota law already contemplates documented intervention before referral. The shortfall is in practice, not in statute.

To make the variation visible, the full report works with a simple measure — the ratio of documented supportive responses a school records to the referrals it sends on to court. A school that intervenes many times before referring looks very different from one that refers early, and the ratio gives administrators a concrete, comparable figure to weigh rather than an impression. Read alongside the disparity data, it points toward the specific schools where a change in practice would do the most to reduce both the volume of referrals and the disparities within them.

The eight highest-referral schools

A small number of schools account for most school-originated referrals: eight schools alone account for about 81 percent of school-linked referrals (165 of 202), with the remaining 19 percent spread across 18 other schools. Because school is where so many cases begin, those buildings are where a change in practice would matter most. The assessment looked at each of these eight highest-referral schools not only by volume but by whether the referrals it generates line up with what the Youth Risk Behavior Survey shows about its students. The question is diagnostic. Where referrals track measured

need, the pipeline is doing roughly what is expected; where referrals outrun need, something other than student behavior — enforcement, discipline culture, or disparity — is more likely driving them.

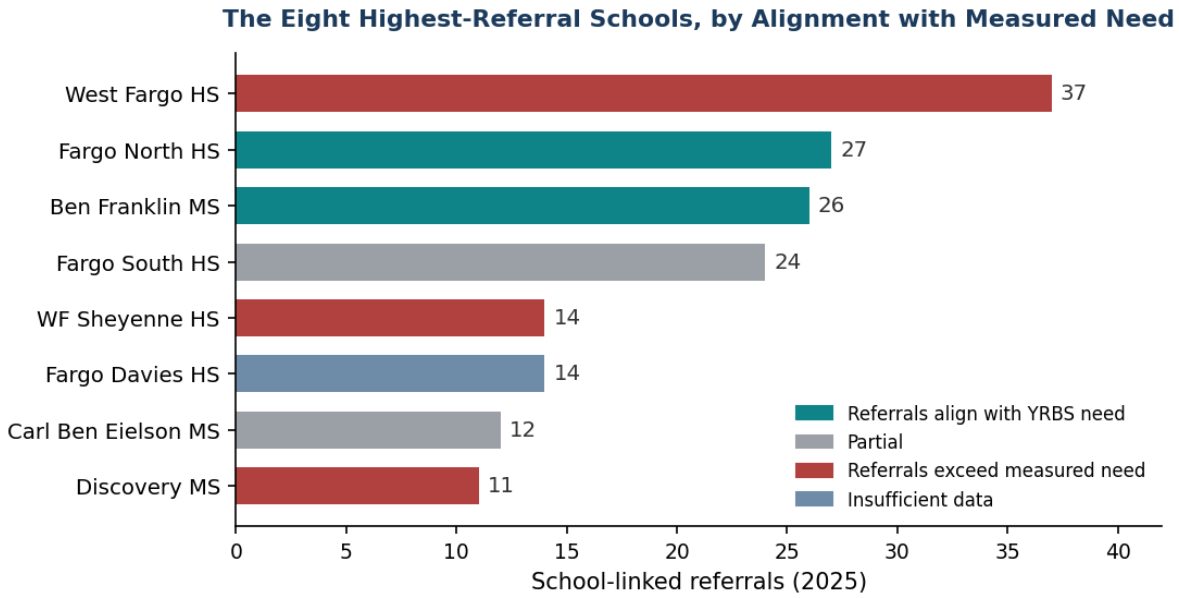

Figure F. School-linked referrals at the eight highest-volume schools, shaded by how closely referrals align with YRBS-measured need (Section 4).

The eight fall into recognizable patterns. At Fargo North and Ben Franklin, the referral mix follows the survey data: where students report more marijuana use, bullying, and distress, the referrals reflect it. At West Fargo High, Sheyenne, and Discovery, the relationship breaks down — referrals, often drug-dominated, run ahead of what the survey would predict, which points toward enforcement and disparity rather than underlying need. Two schools, Fargo South and Carl Ben Eielson, show a third pattern: elevated sadness and mental-health indicators that are not being caught upstream, a quiet pipeline that runs from untreated distress to court referral.

School	Referrals	Top offenses	Key YRBS signals (vs. region/state)	Alignment
West Fargo HS	37	Drug 49% / assault 38%	Marijuana ↓, bullying ↓, discrimination ↑	No
Fargo North HS	27	Drug 44% / assault 26%	Marijuana ↑, bullying ↑, discrimination ↑	Yes
Ben Franklin MS	26	Assault 54% / drug 12%	Bullying ↑, discrimination ↑	Yes
Fargo South HS	24	Drug 46% / assault 21%	Sadness ↑, help-seeking low	Partial
Fargo Davies HS	14	Drug 29% / assault 36%	Sample too small; 67% Black referrals	Insuff.

School	Referrals	Top offenses	Key YRBS signals (vs. region/state)	Alignment
WF Sheyenne HS	14	Assault 50% / drug 14%	Bullying ↓, marijuana ↓, discrimination ↑	No
Carl Ben Eielson MS	12	Assault 50% / drug 33%	Discrimination ↑ (highest), MH elevated	Partial
Discovery MS	11	Drug 45% / assault 9%	Marijuana ↑, bullying ↑, discrimination ↑	No

Eight-school alignment summary (2023 YRBS, 2025 court data). Arrows mark indicators above or below the regional and state comparison; "alignment" is whether survey-measured need predicts the referral pattern.

One signal runs through nearly all eight. The share of students reporting racial and ethnic discrimination is elevated almost everywhere, and at Carl Ben Eielson it is the highest in the set. Fargo Davies, where the sample was too small to report survey detail, stands out for a different reason: two-thirds of its referrals involve Black students, a concentration the enrollment figures do not explain. Taken together, the school-by-school picture argues against a uniform response. The schools whose referrals exceed measured need are the natural first sites for a discipline-and-discretion audit and for restorative-practice investment; the schools with an undetected mental-health pipeline need screening and linkage more than they need a change in enforcement. The recommendation to commission a disparity audit and to target restorative practice follows from exactly this distribution.

Three of the eight are middle schools. Ben Franklin, Carl Ben Eielson, and Discovery each generate referral volumes comparable to the high schools, and they do so with younger students — the thirteen- and fourteen-year-olds the age data flagged as the natural target for prevention. A referral at a middle school is more alarming and more workable than one at a high school: more alarming because it marks early system contact, more workable because there is more time, and more developmental room, to change the trajectory before it sets. The concentration of referrals in a handful of middle schools is, in that sense, as much an opportunity as a warning.

Restorative practice and school-based support

What schools do instead of referring is as important as the referral itself, and here the picture is uneven. West Fargo's stated commitment to restorative practices is not matched by implementation at the two high schools that generate the most referrals, Sheyenne and West Fargo High, where the assessment found no evidence of systematic restorative work; where such practices exist at all, they tend to be reactive rather than a deliberate prevention strategy. The district reported that it could not confirm which schools have implemented them — itself a finding about how loosely these supports are tracked.

School-based behavioral health partnerships are stronger, but unevenly structured. West Fargo maintains formal agreements with outside providers, chief among them Solutions Behavioral Healthcare Professionals and Nexus-PATH Family Healing, each serving roughly eighty students. The gap the assessment identifies is less their existence than their fit within a tiered, prevention-oriented framework, and whether Fargo Public Schools has equivalents in place. Oversight of school resource officers is similarly mixed: West Fargo's memorandum of understanding includes an evaluation of officer performance, while Fargo's does not.

Underlying all of it is a data problem. The discipline analysis in the full report could not be produced from any routine district report; it required a custom extract of more than seven thousand behavior incidents for a single school year, because the district does not require staff to record the severity level of every incident. A system that cannot reliably say how it responded to its own behavior incidents cannot easily tell whether it is responding consistently. Restoring the restorative-practice positions that have been cut, standardizing officer oversight across districts, and requiring complete discipline records are the school-side counterparts to the court-side and provider-side fixes described elsewhere in this summary.

Law enforcement at the front end

Almost three in four referrals originate with the Fargo Police Department, and the remainder are divided among the West Fargo Police Department, the Cass County Sheriff, and the Highway Patrol. That concentration means the practices of a single agency shape the great majority of what reaches the court, and it makes law enforcement a decisive partner in any effort to change the system's front end.

The county has a working diversion practice, and the data show it is used. The opportunity stakeholders identified is to extend diversion earlier in the sequence, to the point of police contact, so that some young people are connected to services without a court referral being generated at all. North Dakota already contains a model for this in the Bismarck Police Youth Bureau, which several participants pointed to as the kind of pre-court capacity Cass County currently lacks. The recommendation that follows asks the county to adapt that in-state model rather than to build one from nothing.

Earlier diversion is not a matter for law enforcement alone. It depends on having somewhere to divert a young person to, which is why the front lines question is inseparable from the capacity question above and from the network of community providers already operating across the metro. The infrastructure exist; what is missing is the connective protocol that routes a young person from an officer's discretion to an appropriate service quickly and reliably.

Police-led diversion and the evidence

The case for moving diversion earlier does not rest on local preference alone. The most rigorous synthesis available, a Campbell systematic review by Wilson, Brennan, and Olaghere, pooled the results of controlled studies of police-initiated diversion and found that it reduces reoffending relative to formal processing — an effect the National Institute of Justice rates as effective. Applied to a caseload like Cass County's, where the great majority of offenses are low-level, the implication is that a substantial number of young people could be connected to help without a court referral, with no loss of public safety and a measurable gain for the youth.

The county already diverts a large share of its cases, which establishes both the capacity and the institutional willingness. The shortfall is one of timing and structure. Diversion that happens after a referral has already been generated still leaves a court contact on a young person's record and still consumes the system's time; diversion at the point of police contact avoids both. The Bismarck Police Youth Bureau, which several stakeholders named, is the in-state proof that such a structure can work in North Dakota, and it gives Cass County a model to adapt rather than invent.

Earlier diversion is not, however, a license to widen the net. The evidence is consistent that diversion helps most when it replaces formal processing, not when it draws in young people who would

otherwise have been left alone. The design question is therefore not only how to divert earlier but how to ensure that those diverted are the youth who would otherwise have entered the court — a distinction the county's own risk data are well suited to draw.

Documenting intervention before referral

The school-referral process is the clearest case of discretion outrunning documentation. Every school referral currently reaches the court as a police report filed by a school resource officer, and the only document the court requires is that report; evidence of prior intervention is not part of the packet. State law has now caught up with the problem. House Bill 1328, adopted unanimously in March 2025, allows school personnel to make delinquency referrals directly and, for infractions and misdemeanors on school property, requires schools to exhaust their discipline policies and document the unsuccessful interventions before referring. The qualitative evidence indicates that this documentation is not yet standard practice in the Fargo-area districts. Aligning practice with the new statute would, on its own, address a meaningful share of the school-to-court findings in this report.

What stakeholders told us

The qualitative record is striking less for any single account than for how consistently different vantage points converged. Asked separately, court staff, providers, and young people described the same eight problems.

Recurring theme	Raised by
Parent and caregiver disengagement	Court staff, providers, families, youth
Treatment access, especially residential substance use	Court staff, providers, law enforcement
School referrals without documented intervention	Court staff, providers, youth, law enforcement
Service requirements imposed all at once	Court staff, youth, providers
Transportation and structural access	Court staff, providers, families, youth
Racial and ethnic disparity and cultural competence	Court staff, youth, providers
Missing specialized programming	Court staff, providers, law enforcement
Uneven pre-court diversion capacity	Court staff, providers, law enforcement

The eight themes on which stakeholder groups independently converged (Section 7.6 of the full report).

They pointed to parents who disengage, and to services that treat a parent's involvement as evidence of failure rather than as a resource to build on. They described treatment that is unavailable at the moment it is needed, and case plans that load a young person with obligations all at once and then sanction the youth for falling short, instead of sequencing goals in an order a person could realistically complete. They named transportation as a quiet but decisive barrier, and they returned again and again to the experience of Black, American Indian, Hispanic, and multiracial youth moving through a system that does not look like them and does not always understand them.

Across groups, participants described case plans that ask a young person to meet several obligations at once — counseling, community service, school attendance, drug testing — and then treat a single lapse as non-compliance. Court staff and young people alike argued for sequencing those goals, letting

a youth complete one before taking on the next, and for giving the staff who support youth enough standing that their requirements carry real weight. It is a modest change in design with potentially large effects on whether a plan is completed at all, and it costs little to make.

When people who see a system from such different positions independently name the same failures, the agreement is itself a form of evidence. It suggests that the priorities below reflect the structure of the system rather than the standpoint of any one group, and it gives the bodies responsible for acting reason to be confident they are solving the right problems.

The data foundation

A theme runs quietly through these findings: again and again, the county can see the challenges now because data was assembled that is not routinely produced. The service provider analysis stalled at a hundred youth because their placements were logged only as a "private provider" bucket. The disparities in intake and detention can be tested only if the county chooses to break those decisions out by race, which it does not yet do as a matter of routine. Each of these is a data problem.

The county already collects most of what it would need. The referral record, the risk assessments, the discipline files, and the hospital systems' community health data are real and reasonably complete. What is missing is the connective tissue — shared definitions, a requirement to record the few fields that are now optional, the routine of disaggregating key decisions by race and ethnicity, and a cross-sector agreement that lets the agencies see one another's pieces. The system-wide recommendation for a shared data infrastructure is less an investment in new collection than a decision to use, and to join, what already exists.

The payoff is that monitoring becomes possible. The disparities documented in this report were knowable only because the data could be assembled once, with effort. Building that capacity into the system, so the same questions can be answered every quarter rather than every few years, is what would let the county tell in something close to real time whether the reforms recommended here are working. Without it, the next assessment will have to start from scratch; with it, progress can be watched as it happens, and corrected when it stalls. The juvenile court is currently aware of the data challenges and is making significant investments in new systems and staff to address it.

What is already working

It would misrepresent the county to describe only its gaps. Several parts of the current system are genuine strengths, and the recommendations build on them rather than starting from nothing. Cass County diverts a large share of its cases and does so competently; the infrastructure and the institutional comfort with diversion already exist, which is precisely why moving it earlier is realistic rather than aspirational. The county has community organizations serving young people, many already operating across the Fargo–Moorhead metro and well placed to take on prevention and pre-referral work. The court staff who spoke to the assessment were candid about the system's limits and plainly invested in improving it. And in the Bismarck Police Youth Bureau, North Dakota already contains a working model of the pre-court diversion the county lacks, which means the most important structural recommendation in this report asks Cass County to adapt an in-state practice rather than to invent one.

The county also has the data and the partners it needs to manage change. The 2025 referral record, the risk-assessment results, the school discipline files, and the hospital systems' community health

assessments together form a foundation for monitoring whether reforms are working — provided the results are tracked by race and ethnicity and shared across the agencies that produce them.

The CHINS navigators are another asset the report builds on. Created to connect families to services rather than to sanction them, they are exactly the kind of supportive infrastructure the rest of the system needs more of, and the challenge identified here is not their existence but their reach, given how often families decline the connection. Strengthening that reach extends a structure the state has already chosen to build rather than asking the county to start a new one.

Recommendations

The State Advisory Group's central charge for this assessment was to identify how to reduce racial and ethnic disparities at the front end of the Cass County juvenile system — the referral stage, where a young person first enters the justice system. Two front-end levers do the most to advance that goal, because they govern who is referred at all, and they head the priorities below: expanding police-led, pre-court diversion, and standardizing the path from school to court. The remaining priorities, on which stakeholders converged most strongly, support and sustain that front-end work, and all have influence based on their position as system stakeholders in Section 9 of the full report.

Expand police-led, pre-court diversion. Establish a Cass County equivalent of the Bismarck Police Youth Bureau, reinstate and expand the Fargo Police Department's earlier diversion program, encourage and collaborate with West Fargo police department to implement a similar model, draw on the juvenile civil-citation approach recognized as a best practice in Duval County, Florida, and connect officers to the community prevention providers already operating across the metro, so that young people can be linked to help before a referral is generated.

Standardize the path from school to court. Require a documented record of prior interventions before a school refers a student to court, restore the court's access to schools for prevention work, and commission a disparity audit of discipline and school-resource-officer discretion that pairs the quantitative analysis in the report with the direct testimony of students.

Strengthen parent and caregiver engagement. Fund and expand the recently added caregiver peer-support role at Southeast Behavioral Health Clinic, build it into the providers that serve most court-referred youth, and treat parent education as a standard support rather than a signal of failure. Redesign the CHINS and diversion referral process around active, supported connections ("warm handoffs") — in which a known staff member introduces the family to the receiving provider and remains engaged until services begin — rather than passive referrals. Families are the most underused resource in the current system, and the high rate of parental refusal points to a problem of design and trust as much as of willingness.

Close the treatment gap, beginning with residential substance-use care. Pursue adolescent residential capacity in eastern North Dakota through state contracts, capital grants, or partnership with an existing provider; expand the region's single funded adolescent addiction-counseling position.

Sequence case plans to fit the young person rather than the calendar. Replace the practice of imposing several service requirements at once with plans that prioritize one or two goals at a time and add obligations only as earlier ones are met, and give the staff who support youth the standing for their requirements to carry real weight.

Treat transportation and access as part of the case plan. Establish a county transportation-assistance fund or partnership for youth and families traveling to court, treatment, and probation, and coordinate evening and weekend transit on the routes that serve youth programming.

Make the reduction of racial and ethnic disparity an explicit, measured objective. Provide cultural-competence training across providers, restore the restorative-practice positions that have been cut, and ensure that youth from the overrepresented groups are represented on whatever committee is charged with monitoring disparity. What is not measured by race and ethnicity will not improve.

Develop the specialized programming the county now lacks. Expand treatment capacity for problem sexual behavior beyond the current small set of providers (which includes the Red River Children's Advocacy Center), create firearm-conduct programming that goes past hunter safety, establish services for gang-involved youth, and adopt an override protocol so the risk instrument does not understate the supervision these cases require.

Cross-cutting priority	Lead responsibility
1. Police-led diversion	Law enforcement, court — with SAG as collaborative partner
2. School-to-court standardization	Schools, court — with SAG as collaborative partner
3. Parent and caregiver engagement	Providers, court, CHINS unit — with SAG as collaborative partner
4. Treatment and residential capacity	State, providers, county — with SAG as collaborative partner
5. Sequenced case planning	Court — with SAG as collaborative partner
6. Transportation and structural access	County, cross-system — with SAG as collaborative partner
7. Racial and ethnic disparity reduction	All bodies, with a standing monitor — with SAG as collaborative partner
8. Specialized programming	Providers, court — with SAG as collaborative partner

The eight cross-cutting priorities and the system stakeholders that lead them; specific assignments appear in Section 9.

An illustrative estimate of the front-end impact

Because the two front-end levers determine who is referred at all, it is possible to put rough numbers on their potential. The estimates below are illustrative scenarios, not forecasts; they apply stated assumptions to the 997 referrals recorded in 2025, and the full method appears in Sections 6.2 and 4.1 of the report.

Police-led diversion acts on the low-level cases that make up most of the caseload: 62.8 percent of referrals — about 626 — are an infraction or a Misdemeanor B, the conduct first-contact diversion programs are built to handle. The same diversion model can be applied at the point of school contact. On the Bismarck Police Youth Bureau approach — which keys on first-time status rather than offense type — 168 of the 231 school-property referrals in 2025 (73 percent) would be eligible, including the

simple-assault and drug cases that the school documentation requirement exempts. Modeled together, and adjusting so the same case is not counted twice, diversion at community, home, and school contact could plausibly prevent between roughly a sixth and a third of referrals in a single year. (A separate, narrower schools-controlled lever — the documentation requirement of House Bill 1328 — reaches only the 51 non-exempt school referrals and is detailed in Section 4.1 of the report.)

Scenario (per year)	Diversion: community & home	Diversion: school (PYB model)	Combined
Conservative	~105	~42	~147 (15%)
Moderate	~167	~67	~234 (23%)
Higher (Duval-level diversion)	~247	~99	~346 (35%)

Illustrative scenarios based on 2025 referral data; not forecasts. "Combined" counts community and home diversion in the first column and school diversion in the second, so the same referral is not counted twice. The Bismarck Police Youth Bureau model keys on first-time status (no prior delinquent citation) and an infraction or misdemeanor offense rather than offense type — so it reaches the assault and drug cases the documentation requirement exempts. (Status offenses are excluded, as North Dakota directs status offenders to the CHINS unit.) School figures use the 168 eligible referrals identified in the 2025 data (Section 4.1). Figures are rounded.

Recommendations by system stakeholders

Beneath those cross-cutting priorities, the full report assigns specific recommendations to each system stakeholder. The most important for each are summarized here, and set out in full in Section 9.

Law enforcement.

- Implement police-led diversion within the Fargo and West Fargo Police Departments. Police-led diversion (also called pre-arrest or pre-charge diversion) is a pre-court intervention, initiated by a law enforcement officer at the point of first contact, that redirects a youth (ages 10–17) away from formal court processing or the imposition of formal charges (Wilson, Brennan & Olaghere, 2018; NIJ CrimeSolutions, 2019). It may take the form of a warning, a caution, a referral to community-based services (Wilson, Brennan & Olaghere, 2018), a juvenile civil citation (Florida DJJ), or a community accountability panel such as teen court (OJJDP)

  At the local level, documented police-led (pre-arrest) programs — where the officer makes the diversion decision at first contact — operate in jurisdictions of every size, including Philadelphia, PA (first-time, low-level school-based offenses); Los Angeles County / LAPD, CA (misdemeanors and low-level felonies, decided at point of contact); and Leon County, Miami-Dade, and Duval County, FL (juvenile civil citation for minor misdemeanors). A related court-led model — Clayton County, GA's School Referral Reduction Protocol, in which school police issue a warning for a first offense — reduced juvenile-court referrals from schools by roughly 67% (Teske, 2012). Florida operates the most mature statewide system, with its juvenile civil citation first introduced in Miami-Dade County in 1997; the Florida Department of Juvenile Justice reported statewide juvenile civil-citation utilization of roughly 59% in FY 2020–21. Beyond Florida, states including Pennsylvania, California, Ohio, Texas, Nebraska, Kentucky, Kansas, Minnesota, South Dakota, and Utah have enacted juvenile pre-arrest or pre-court diversion statutes.

For police departments with limited staffing and resources, police-led diversion may begin by prioritizing lower-level cases — Misdemeanor B and Infraction offenses (62.8% of 2025 referrals) involving youth with no prior delinquency referrals — where officers divert from court processing through a warning or caution rather than a formal referral. This offense-based, first-time-only eligibility rule keeps the officer's decision at contact simple and objective — no risk assessment required — and mirrors the eligibility standards used by evidenced-based (e.g. Philadelphia and Florida) juvenile civil-citation models.

In addition, a pilot approach for police-led diversion within schools may be considered as a first phase — building capacity and testing the model before extending diversion to delinquent acts in the broader community. This is a well-documented path: the Philadelphia Police School Diversion Program (PPD school-beat officers divert first-time, low-level school offenses — disorderly conduct, marijuana possession, minor theft — in lieu of arrest, reducing school-based arrests by 84% over the program's first five years, from roughly 1,600 to 251) and the Cambridge, MA Safety Net Collaborative (police Youth Resource Officers in a prevention-focused model, reported to have cut community juvenile arrests by about half). Given that a small number of schools generate roughly 82% of Cass County's school-linked referrals, a school-based pilot would let the departments target that concentrated subset efficiently as a controlled first phase, before extending diversion to the broader community.

- Require officers to document why diversion was not appropriate when choosing to arrest a youth.
- Partner with schools, the SAG, and community organizations to fund and expand youth development beyond competitive sports, addressing the "developmental-opportunity desert" youth themselves identified as a driver of system involvement (Theme 1, Section 7.2). Law enforcement should use its credibility and neighborhood presence to help direct sustained investment toward low- or no-cost, non-athletic programming in the highest-poverty, lowest-access neighborhoods — Beat 1, Beat 5, and the Arbors — where the Section 8.7 inventory documents the fewest prevention options and where officers most often respond to non-violent juvenile incidents. These supports build the protective factors that reduce the conditions leading to police contact, map to Tiers 1 and 2 of the prevention model (Section 8.3) and the Protective Factors and Community Conditions domains (Section 8.4), and can be delivered through the community organizations inventoried in Section 8.7 rather than through new court-administered programming.
- Collect and share location data on delinquent acts by zip code for heat map analysis.

The schools.

- Comply with Century Code 27-20.4-05.1: exhaust all discipline policies and document unsuccessful interventions before referral.
- Require collection of data on responses to minor and major infractions by race/ethnicity; eliminate optional data fields.
- Extend formal partnerships beyond behavioral health to community prevention organizations. Building on the structured behavioral-health MOUs already maintained in West Fargo (Solutions Behavioral Healthcare Professionals and Nexus-PATH Family Healing; Section 4.5), the district and the SAG should establish the same agreement model with the upstream, non-referral prevention organizations catalogued in Section 8.7 — distinct from the six

providers that receive court referrals (Section 5.1) — that build protective factors directly: mentoring and youth–adult connectedness (e.g., Friends of the Children, Legacy Children's Foundation, BIO Girls, FUSE); non-athletic skill-building and leadership (e.g., Boys and Girls Clubs of the Red River Valley, Northern Lights Council); job- and economic-skill programming (e.g., North Dakota 4-H, NDSU Extension, Boys State Leadership Academy); family and parent supports (e.g., Jeremiah Program, Stepping Stones Resource Center); and culturally specific programming responsive to the discrimination findings of Section 4.9 (e.g., Indigenous Association, New American Consortium, Cultural Diversity Resources). Formalizing these as MOUs — with defined scope, dosage, data-sharing, and review — gives prevention the same accountability the behavioral-health agreements carry, builds the Protective Factors domain of the prevention assessment (Section 8.4), and gives schools and officers a documented community-referral option before a court referral is filed (consistent with Tier 3 rapid linkage and HB 1328).

- Invest in upstream, pre-referral prevention in schools. Build on the Pre-Referral Prevention Tiering Model (Section 8.3), schools should pursue three tiers of prevention: (1) Universal (Tier 1) — fund schoolwide social-emotional learning, positive school climate, anti-bullying, and family-engagement programming that lower baseline risk for all students; (2) Selective (Tier 2) — place mentoring, small-group skill-building, and attendance supports in the highest-referral schools identified in Section 4.9; and (3) Indicated (Tier 3) — stand up student-support teams that identify early-warning students and link them to services before a referral is filed.
- Restore restorative-practice capacity as the default alternative to referral (Section 4.4), prioritizing the highest-referral buildings — West Fargo High and Sheyenne, where the assessment found no systematic restorative practice — so that low-level conduct is resolved in school rather than routed to court.
- Fargo PS should add SRO performance evaluation to its MOU, matching West Fargo's practice.
- Make school YRBS data public to all stakeholders for accountability.
- Disaggregate school climate and belonging surveys by race/ethnicity at the school level because this assessment found elevated rates of student-reported racial and ethnic discrimination across nearly all eight highest-referral schools.
- Establish a collaborative partnership and MOU between the SAG and Fargo Public School districts to carry out the school-side prevention work in this report — specifically, to share disaggregated discipline and referral data, coordinate the pre-referral linkage and restorative-practice investments recommended here, and monitor progress on the R.E.D. audit. The district's Strategic Initiative 4 (Community Outreach and Communication), which already commits it to transparent stakeholder engagement and partnerships with governmental subdivisions and non-profit agencies, is a natural vehicle; the purpose is coordination and accountability on the specific prevention deliverables above, not a new standing body for its own sake.
- Develop standardized process for documenting interventions prior to referral, creating an auditable compliance record.
- Use 2023 YRBS school-level data (Section 4.9) to target tier-appropriate prevention investments by school category: (1) YRBS-predicts schools (Fargo North HS, Ben Franklin MS) receive bullying-prevention and substance-use programming; (2) undetected mental-health pipeline schools (Fargo South HS, Carl Ben Eielson MS) receive immediate school-based

behavioral health partnerships; (3) YRBS-does-not-predict schools (West Fargo HS, WF Sheyenne HS, Discovery MS) receive discipline-policy and SRO-discretion review rather than student-targeted interventions.

- Address the universal R.E.D. finding (Section 4.9): all eight schools show overrepresentation of Black, American Indian, Hispanic, and multiracial youth in referrals regardless of YRBS pattern, indicating that district-level cultural-competence training, restorative-practices restoration, and pre-referral linkage protocols are needed at both Fargo Public Schools and West Fargo Public Schools.

The juvenile court.

- Develop service matching guidelines/matrices for court officers based on YASI risk level and criminogenic needs.
- Require YASI risk level, top three criminogenic needs, and prior intervention history to be shared with service providers for every referral.
- Establish formal, ongoing quality assurance for service matching, dosage, fidelity, and youth outcomes.
- Complete recidivism reporting through ESUP; disaggregate by risk level, race/ethnicity, and provider.
- Require a documented record of prior intervention before a referral to court.
- Enter location information (zip codes, addresses) on referrals to identify delinquency patterns and community needs.
- Analyze detention screening accuracy: LE assessments vs. corrected assessments, disaggregated by race/ethnicity.
- Track and report disposition deviations from intake matrix by race/ethnicity at least annually.
- Establish a standing data-sharing memorandum of understanding (MOU) with Fargo School Districts, Cass Public Health, Clay County Public Health, Essentia Health Community Health Department, and Sanford Health Community Health to coordinate behavioral interventions, YRBS and CHNA data releases on aligned timelines and produce a joint annual community-health-and-justice report (Section 8.6).
- Calculate the Interventions-to-Referral Ratio (IRR) for each referring school disaggregated by race/ethnicity (Section 4.6); use the result to flag schools whose IRR is significantly lower for Black, American Indian, Hispanic, and multiracial youth for targeted technical assistance.
- Allocate a dedicated professional development travel and training budget for front-line juvenile court staff at parity with resources available to administrators and directors. Restore the eliminated front-line conference travel budget and prioritize attendance for staff serving drug court, PSB cases, and youth-facing coordinator roles on a structured annual rotation.
- Create a practitioner-driven process for selecting annual training topics that replaces top-down assignment of repetitive content. Survey front-line court staff annually to identify training needs and gaps, and incorporate practitioner-selected content into the statewide training calendar.
- Expand cultural competence training from once or twice annually at the statewide level to annually at the local court level, with content shaped by Cass County demographic realities

(47% of court referrals involve Black, Native American, Hispanic, and Multiracial youth) and informed by direct engagement with youth, families, and the communities most affected.

- Develop a formal onboarding curriculum for all new court staff, including youth-facing coordinator support positions. Curriculum should include shadowing court officers, orientation to the YASI risk assessment and case management systems, court process, trauma-informed practice with juvenile populations, and Cass County's service provider landscape (Sections 5.1 and 8.7).
- Evaluate all providers receiving court referrals against SPEP service-type, dosage, quality, and risk-level criteria (Sections 5.3 and 5.5).
- Build on the newly adopted North Dakota Juvenile Probation Recidivism Definition — which correctly measures reoffending within three years of supervision closure, across both the juvenile and adult systems — by applying it to a 2025 baseline cohort, disaggregating results by YASI risk level, race/ethnicity, and provider, confirming that diverted youth are tracked, and reporting annually against R/ED measurable objectives (refines the estimate in Section 6.2, Step 2).

Service providers.

- Submit and keep current each provider's service, eligibility, and capacity information for the centralized county service directory (built under the system-wide recommendations).
- Require contracted providers to report on youth outcomes, including completion rates and program outcomes.
- Implement cultural-competence training and ensure restorative-practice fidelity. Because the benefits of restorative practices for Black, American Indian, Hispanic, and multiracial youth depend heavily on implementation quality (Section 4.4), pair them with (1) implementation-fidelity monitoring, (2) culturally responsive facilitation training, and (3) disaggregated outcome tracking by race/ethnicity to confirm restorative interventions are reducing rather than maintaining disparities.
- Collect and disaggregate intervention impact data across youth populations.
- Require providers to report service dosage — program duration and direct contact hours — in a uniform format (Section 5.5).
- Require providers to report the risk distribution of the youth they serve, so service intensity can be calibrated to the risk information provided with each referral (Section 5.5).
- Expand restorative and low-intensity service capacity for diversion-track and low-risk youth, delivered with implementation-fidelity monitoring and culturally responsive facilitation so restorative practices reduce rather than maintain racial disparities (Sections 4.4 and 5.5).
- Make documented quality assurance — staff training, clinical supervision, program-fidelity monitoring, and youth and family satisfaction surveys — a condition of referral (Section 5.5).
- Ensure providers are identifiable in referral and enrollment records so the unidentified "Private Provider" bucket (100 youth, 82% moderate-to-high risk) is eliminated; intake capture is the court's (Sections 3.7 and 5.5).
- Conduct a capacity and evidence-base survey of the 30 community prevention providers inventoried in Section 8.7 to confirm current programming, geographic coverage, willingness

to accept pre-referral linkages, and alignment with scientifically supported program models from the What Works for Health tool (Section 8.6).

- Prioritize prevention investment in providers serving Beat 1, Beat 5, and West Fargo, where prevention provider density is meaningfully lower than in Beat 3 (58103 core) despite documented need (Section 2.3 and Section 8.7).

System-wide.

- Empower Consensus Council to develop a statewide restorative practices council charged with standardizing restorative practices across schools, service providers, and courts — including common standards for service type, dosage, and fidelity — and embedding culturally responsive strategies so restorative practices work consistently for Black, American Indian, Hispanic, and multiracial youth (Section 4.9). Realizing this coordinating role would require dedicated funding and statutory authority, as well as rebuilding the delivery capacity the report documents as currently contracted (Section 4.4) and below the SPEP dosage and quality-assurance standards (Section 5.3).
- Develop and monitor prevention metrics using YASI, YRBS, school climate surveys, and parent surveys.
- Establish cross-systems data sharing and case planning protocols between courts, providers, schools, LE, and CHINS.
- Invest in community-based prevention infrastructure aligned to geographic and needs mapping. For example, develop youth opportunities in the highest-referral neighborhoods, outside of competitive sports. Remove cost barriers to existing youth programming. Youth identified price as an exclusion mechanism.
- Fund life-skills and economic-readiness programming.
- Request that Essentia Health and Sanford Health disaggregate priority CHNA indicators (severe housing problems, child care cost burden, behavioral health unmet need, Resourceful directory search categories) by Census tract or ZIP code in the next CHNA cycle so that juvenile prevention investment and hospital community health investment can be aligned by geography (Section 8.6).
- Produce an integrated geographic heat-map deliverable overlaying the recommended data layers from Section 2.3 (juvenile referral concentration, ACS poverty, severe housing problems, MATBUS coverage and evening/weekend transit gaps, violent incident exposure, mental health provider density, resource search categories, behavioral health unmet need) coordinated with Fargo Cass Public Health, Clay County Public Health, the City of Fargo GIS office, and MetroCOG.
- Address evening and weekend transit access (MATBUS hours of service, Section 2.3) as a structural barrier to youth access to after-school programming and case management; coordinate with MATBUS and the FM RideSource program on a youth-services-route demonstration during a future service-change planning cycle.
- Build and maintain a centralized county service and program directory — providers, services, eligibility, and capacity — accessible to court officers, CHINS staff, families, and youth (Sections 5.4 and 5.5).

- Investigate the drivers of the estimated 50%-plus parental CHINS refusal rate, and develop culturally responsive engagement to improve voluntary service uptake (Section 5.4).
- Address the need for a high-intensity substance-abuse treatment center beyond the existing Williston facility, accessible to youth in eastern North Dakota.
- Redesign the CHINS and diversion referral process around active, supported connections ("warm handoffs") — in which a known staff member introduces the family to the receiving provider and remains engaged until services begin — rather than passive referrals.

Cross-system prevention and community health.

- Operationalize the cross-sector data-sharing MOU between the Cass County Juvenile Court, Fargo Cass Public Health, Clay County Public Health, Essentia Health Community Health, and Sanford Health Community Health (Section 8.6). Deliverables: (a) coordinated CHNA / YRBS / court-data release calendar; (b) joint annual community-health-and-justice report disaggregated by Census tract and race/ethnicity; (c) shared aggregate dashboards on Community Health Worker referrals, eviction-prevention outcomes, and Resourceful search patterns.
- Survey, evaluate, and formally onboard community prevention providers from the Section 8.7 inventory into a pre-referral linkage system covering Tier 1 (universal) and Tier 2 (selective) prevention as defined in Section 8.3. Targeted categories: mentoring and counseling; character and leadership; cultural and identity-affirming providers; education-linked skill building; family stability and wraparound; and public health and substance prevention.
- Establish geographic and demographic targeting for prevention investment so that capacity is built in Beat 1 (north Fargo), Beat 5 (far south Fargo), and West Fargo — areas with documented need but meaningfully lower prevention provider density than central Fargo Beat 3 (Section 2.3 and Section 8.7).
- Align cross-system indicator monitoring to the YASI risk-domain mapping in Section 8.6. Rather than build new metrics, the cross-system body should track existing 2025 Essentia and 2024 Sanford CHNA measures as leading indicators — population-level signals of rising juvenile-justice risk — grouped under the YASI domain each maps to, so prevention is watched in the same language the court uses with individual youth: Community / Peers — transportation access (2.98/5), unmet care (22%) (e.g., a low transportation-access score (2.98/5) maps to Community/Peers; if it rises, related referrals should ease — if it stalls, it flags where to invest before referrals climb).

From assessment to action

The priorities in this report are not a menu from which to select the most convenient items; they are an interdependent set, and several depend on others to succeed. Diversion without court involvement needs somewhere to divert young people to, which means the front end reforms and the capacity investments have to advance together. The full report is explicit about these dependencies so that the county juvenile system stakeholders can work collaboratively rather than in silos working independently.

Ownership is the second critical component. Each recommendation in Section 9 is assigned to the organization based on their scope of control. The third condition is measurement. The racial and ethnic disparities and gaps described here were knowable only because the data existed to reveal them,

and sustaining progress will take the same discipline applied going forward — results tracked by race and ethnicity and reviewed on a regular cycle, rather than revisited only when the next assessment is commissioned.

A realistic first year would not attempt all priorities at once. It would begin with identifying quick wins and long-term strategies, as well as sharing data to build capacity, partnerships, and shared goals. With that foundation in place, the larger investments — residential treatment capacity, a pre-court diversion structure, a transportation function — can be sequenced over time.

Conclusion

The patterns documented throughout this assessment are not the product of any single agency, decision-maker, or recent policy. The racial and ethnic disparities in referral and disposition, the structural barriers to treatment and transportation, the fragmentation among schools, courts, providers, and law enforcement, and the gaps in specialized and residential capacity are longstanding and mutually reinforcing. Disparities of this kind have been documented in juvenile justice for the better part of a century, and the conditions behind them persist today at every point in the system through which a young person moves. A problem this deeply rooted and this widely distributed cannot be attributed to individual youth, individual families, or any one institution.

Because the problem is systemic, the solution must be systemic as well. No single recommendation in this report, implemented in isolation, will meaningfully change outcomes for the youth of Cass County. A standardized school-referral protocol will not close the treatment-capacity gap; a transportation fund will not by itself reduce racial and ethnic disparities; expanded diversion cannot substitute for the upstream prevention that keeps young people from reaching a referral at all. The recommendations in Sections 9.1 through 9.7 are designed to work together, with the court, schools, service providers, law enforcement, public health, and the community each carrying the portion of the response it controls and coordinating across the boundaries that currently allow youth to fall through.

The stakeholders closest to this system converged on the same priorities. Court staff, service providers, families, and youth — describing the system from very different vantage points — identified the same eight themes (Section 7.6) and the same recommendations (Section 9.7). That convergence is itself a finding: it indicates that the priorities identified here reflect the structure of the system rather than the perspective of any single group, and it should give the State Advisory Group, the juvenile court, and their partners confidence in acting on them.

Sustained progress will require treating these recommendations as an integrated agenda rather than a menu — sequencing them deliberately, assigning each to the body that controls the relevant lever, and tracking results by race and ethnicity so that the disparities documented here are measured rather than assumed away. The data infrastructure, the prevention framework, and the cross-sector partnerships described throughout this report make that work possible. What remains is the collective will to meet a problem nearly a century in the making with a coordinated, system-wide response equal to its scale.

This assessment was commissioned with a specific charge: to evaluate how to reduce racial and ethnic disparities at the front end of the Cass County juvenile system — the point of first contact, where a young person's path through the system begins. Of everything that follows from it, two front-end levers bear most directly on that goal, because they determine who is referred at all: expanding police-led, pre-court diversion, and standardizing the path from school to court. Pursued together with the

supporting recommendations, and measured by race and ethnicity at every step, they offer Cass County the most direct route to the outcome this assessment was created to advance — a juvenile justice system whose front door opens equally for every child.

Methodology and data

The quantitative findings in this summary rest on the 2025 Cass County referral record, which covers 997 referrals and 675 distinct young people between January and December. Figures are reported by youth where a single person's overall experience is the relevant unit, and by referral where the volume of system activity is the point; the text indicates which basis applies in each case. Enrollment baselines are drawn from North Dakota Department of Public Instruction figures for the combined Fargo and West Fargo districts (2023–24), and the school discipline analysis uses Fargo Public Schools' 2024–25 records.

The qualitative findings come from two structured focus groups with court staff and twenty-one further interviews. To protect the confidentiality of a small professional community, court staff responses are reported in aggregate rather than attributed to individuals. The full assessment documents every source and method in its opening section, and notes where a figure is an estimate rather than a direct count.

Two limitations bear noting. The administrative data describe a single year, and one year cannot always distinguish a durable pattern from an unusual one; several findings would be strengthened by a multi-year view as the data accumulate. And the qualitative findings, consistent as they are across groups, reflect those who chose to take part, and are best read as the considered judgment of people close to the system rather than as a representative survey of all of them. Neither limitation unsettles the central findings, which rest on the convergence of administrative data, practitioner testimony, and external evidence; both are reasons to treat specific point estimates with appropriate care.

A note on interpretation. Throughout this report, we have tried to distinguish what the data show directly from what the data, combined with broader research and practitioner experience, suggest may be contributing to those outcomes. The disparities documented here are measured directly from the county's own records and are not in question. The reasons behind them, however, are genuinely complex and multi-causal — involving family circumstances, school and community conditions, system discretion, and historical factors that no single dataset can fully disentangle. Where this report draws a conclusion, we have aimed to mark whether it rests on the local data, on the external research base, or on the convergent judgment of stakeholders close to the system, and to frame causal explanations as the most plausible reading of the evidence rather than as settled fact. Some connections cannot be established with certainty from the available data; we note those limits where they arise rather than resolving them by assertion.

The underlying detail including referral and demographic analysis is located in Section 2, the court and disposition findings in Section 3, the school analysis in Section 4, the provider and treatment-capacity review in Section 5, the law enforcement and diversion analysis in Section 6, the stakeholder engagement in Section 7, and the prevention framework in Section 8. The complete set of recommendations, organized by the body responsible for carrying each one out, appears in Section 9.