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

Cass County, North Dakota

Prepared for the

North Dakota Juvenile Justice State Advisory Group

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Racial Equity Group

Making Racial Equity Standard Operating Procedure

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Background, Purpose, and Methodology

1.1 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.

1.2 National Context: Racial and Ethnic Disparities in Juvenile Justice

The overrepresentation of Black, American Indian, Hispanic, and multiracial youth in the juvenile justice system is not a recent development or a local anomaly; it is a national pattern with deep historical roots. Understanding that history is essential to interpreting the disparities documented in this assessment, because it locates them within a structural problem that long predates any single county, court, or school district.

The institutions that became the modern juvenile justice system were built largely around white youth and, from the outset, treated Black, American Indian, Hispanic, and multiracial children differently. The nation's first youth institution, the New York House of Refuge (1825), excluded Black children entirely; when houses of refuge later added separate sections for "colored" children, those children were admitted at younger ages, held longer, disciplined more harshly, and died at higher rates than their white counterparts (Ward, 2012). When the country's first juvenile court opened in Chicago in 1899, it introduced the rehabilitative ideals of individualized treatment and probation, but those reforms were rarely extended to Black, Latino, and Native youth. Black children faced segregated and under-resourced facilities, Mexican-American youth in California were disproportionately labeled "feeble-minded" under pseudoscientific testing that justified confinement and even sterilization, and Native children were removed to assimilationist boarding schools (Bell, 2016; Chavez-Garcia, 2012).

This pattern is not new, and it has proved durable. The earliest national juvenile-court data already showed it: in the early 1930s the U.S. Children's Bureau found that Black children were dealt with in juvenile-court delinquency cases at roughly four to five times the rate of white children in the

large cities that reported (Children's Bureau, 1937), and a 1940 review of fifty-three courts reached the same conclusion (Diggs, 1940). The disparity did not close over the century that followed. As Geoff Ward documents, the mid-century reforms that reduced confinement did so mainly for white youth, while tough-on-crime policies fell disproportionately on Black, American Indian, Hispanic, and multiracial youth, so the gap persisted into the present (Ward, 2012). Figure 1 places an early federal measure beside a current one.

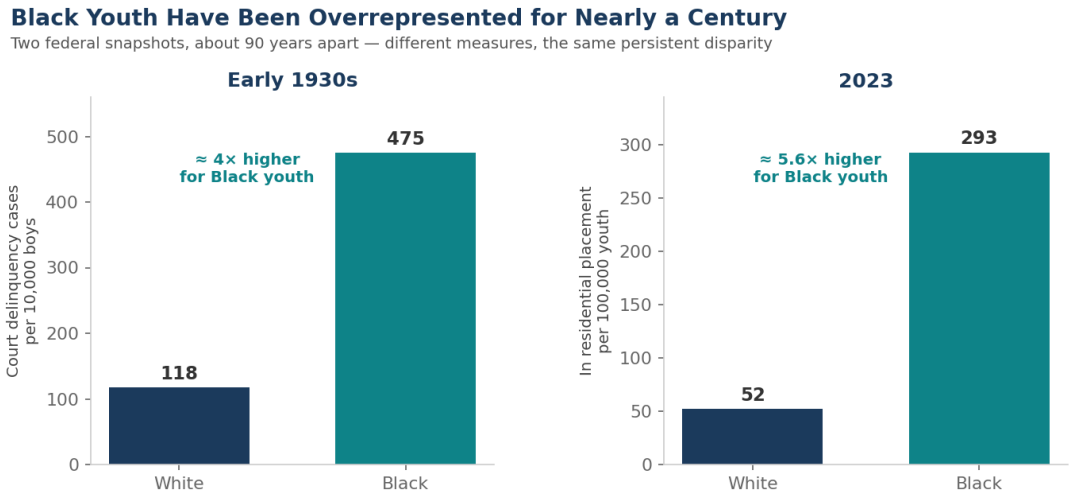


Figure 1: Black youth have been overrepresented in the juvenile justice system for nearly a century. Left: juvenile-court delinquency rates per 10,000 boys, large-city courts, 1932–34 average (U.S. Children's Bureau, Juvenile-Court Statistics 1934, Bureau Publication No. 235; the report uses the contemporaneous term "Negro"). Right: youth in residential placement per 100,000, 2023 (The Sentencing Project, from the OJJDP / National Center for Juvenile Justice placement census). The two periods use different measures and are not comparable in level; the comparable fact is the persistent disparity — roughly four to six times higher for Black youth in both eras.

Subsequent decades hardened these patterns. The "superpredator" myth of the 1980s and 1990s and the zero-tolerance school-discipline policies that followed fell hardest on Black, American Indian, Hispanic, and multiracial youth. The disparity persists, and by some measures has widened: a 2013 national one-day count of youth in residential placement found Black youth more than four times as likely as white youth to be confined, Native American youth nearly three times as likely, and Latino youth nearly twice as likely (Hockenberry, 2014); by 2023, Black youth were held at 293 per 100,000 compared with 52 per 100,000 for white youth, and made up 46 percent of youth in placement while accounting for only 15 percent of the youth population (The Sentencing Project, 2023). Decades of research thus establish racial and ethnic disparities as a durable, structural feature of American juvenile justice rather than an artifact of any one jurisdiction or moment.

The history of Native youth in the juvenile and predecessor systems is distinct and, in this region, central. Federal Indian policy treated Native children primarily through removal rather than the refuge-and-court model applied to other children: from the late nineteenth century into the twentieth, tens of thousands of American Indian children were taken from their families and placed in off-reservation boarding schools designed to force assimilation, where Native languages and cultural practices were punished (Adams, 1995). The same removal logic continued through the

mid-twentieth-century foster-care and adoption systems, in which Native children were placed in non-Native homes at rates so disproportionate that Congress enacted the Indian Child Welfare Act (ICWA) in 1978 to stem it. This braided history of boarding schools, child-welfare removal, and intergenerational trauma sits directly behind the present-day overrepresentation of Native youth documented in this report, and it is why court staff in the focus groups (Section 7.3) named historical trauma and the absence of culturally responsive programming for Native youth and families as structural drivers rather than incidental gaps. In North Dakota — where American Indian youth are referred to juvenile court at several times their share of the youth population — this distinct history is essential context for interpreting the disparities that follow, and it points toward prevention and services that are grounded in tribal and Indigenous community partnership.

This national history frames the local findings that follow. The disparities this assessment documents, in school discipline and referral, in court processing, and in service and confinement outcomes, are the local expression of a deeply entrenched national pattern. That context does not excuse local disparities, but it indicates why durable progress depends on structural, system-level responses rather than on explanations centered on the conduct of individual youth or families.

1.3 Purpose and Scope

This assessment focuses on prevention prior to system involvement: how law enforcement, schools, courts, service providers, and community organizations can keep youth — and disproportionately Black, American Indian, Hispanic, and multiracial youth — from being referred to court in the first place. Rather than evaluating the juvenile justice system for its own sake, it examines the points of arrest and referral and the community-based service capacity around them, consistent with the SAG's key goal of reducing racial and ethnic disparities at the referral stage of contact.

This report builds upon two foundations. The first is the SAG's own Reducing Racial and Ethnic Disparities (R/ED) report, Reducing Overrepresentation of Youth within the Cass County Juvenile System, which directed this work toward prevention and identified Cass County — where Black and Native American youth are markedly overrepresented at referral — as a priority jurisdiction. The second is the Council of State Governments (CSG) Justice Center's 2020 Preliminary Assessment of North Dakota's Juvenile Justice System, which identified key strengths, challenges, and recommendations for system improvement. The current assessment narrows the lens to Cass County and evaluates whether the prevention and intervention capacity needed to keep youth out of the system is present and active across each set of stakeholders.

1.4 Methodology

To conduct this assessment, the following activities were undertaken:

1. Review and analysis of juvenile court referral data from the Court's Case Management System (CMS) and Enterprise Supervision system (ESUP), disaggregated by race/ethnicity, gender, age, offense type, offense level, referral source/location, school, law enforcement

agency, case disposition, program provider, program status, and YASI supervision/risk level.

2. Collection and analysis of school discipline data from Fargo Public Schools and West Fargo Public Schools, including responses to minor and major behavior infractions, SRO involvement, and restorative practice implementation.
3. Focus group interviews with Cass County court personnel, Fargo law enforcement, youth program and service providers, school district administrators, and Black, American Indian, Hispanic, and multiracial youth, to obtain qualitative data on the presence of best practices, lived experiences, strengths, and challenges.
4. Review of YASI risk assessment data, program provider referral patterns, and service matching practices.
5. Analysis of Youth Risk Behavior Survey (YRBS) data from the 2023 CDC survey for Fargo and West Fargo school populations.
6. Review of state statute, including recently enacted HB 1328 (Century Code 27-20.4-05.1), and alignment with evidence-based practices.
7. Review of the CSG Justice Center's 2020 report findings and recommendations for continued relevance.
8. Assessment of CHINS (Children in Need of Services) referral data and service coordination capacity.
9. Evaluation of youth program service providers using the Standardized Program Evaluation Protocol (SPEP), assessing alignment with research-based dosage benchmarks, risk-level matching, program type fit, and quality assurance practices, consistent with CSG Justice Center recommendations to strengthen evidence-based service delivery and accountability.
10. Assessment of law enforcement referral processes, and police-led diversion capacity in Cass County, including interviews with Fargo and West Fargo Police Departments.
11. Review of research literature on police-led diversion effectiveness, including application of the Wilson, Brennan, and Olaghere (2018) Campbell Systematic Review meta-analysis on police-initiated diversion for youth, rated Effective by the National Institute of Justice, to estimate recidivism reduction impact applied to Cass County referral data.
12. Review of School Resource Officer (SRO) Memoranda of Understanding for Fargo Public Schools and West Fargo Public Schools, including assessment of SRO performance evaluation provisions, referral documentation requirements, and alignment with evidence-based SRO practices.
13. Review of the SAG's Reducing Racial and Ethnic Disparities (R/ED) report, Reducing Overrepresentation of Youth within the Cass County Juvenile System, which established the prevention focus and scope of this assessment and the rationale for selecting Cass

County.

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.

1.5 Research Framework

This assessment is guided by the evidence-based frameworks established by Georgetown University's Center for Juvenile Justice Reform (CJJR) through the Juvenile Justice System Improvement Project (JJSIP), and the CSG Justice Center's research on what works to protect public safety and improve outcomes for youth. The JJSIP translates Dr. Mark Lipsey's meta-analysis of effective juvenile justice programs into everyday practice and policy, embedding evidence-based research within Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders. The CSG Justice Center and Georgetown CJJR have jointly published on transforming juvenile justice systems to improve public safety and youth outcomes (2020), providing the research foundation that guides this data-driven approach. Together, these frameworks call for:

1. Use of validated risk and needs screening and assessment tools — such as the YASI (Youth Assessment and Screening Instrument) and the Standardized Program Evaluation Protocol (SPEP) developed at Vanderbilt University's Peabody Research Institute — to match youth with the appropriate level and type of supervision and services.
2. Providing services that are research-based and address individual youth's criminogenic and behavioral health needs, and collecting data on system performance and youth outcomes to guide decisions.
3. Collaborating across systems to assess and address the full range of youth's needs including behavioral health, education, child welfare, and others — reflected in this analysis through the correlation of population-level YRBS survey data with court referral patterns across school districts.
4. Employing a developmentally appropriate approach, including family engagement, restorative justice practices, graduated responses, and ongoing efforts to assess and address racial, ethnic, and other forms of system bias — operationalized in this analysis

through the Reducing Racial and Ethnic Disparities (R.E.D.) framework required under the Juvenile Justice Reform Act (JJRA 2018).

Juvenile Justice System Overview

2.1 How Youth Move Through the System

The following table illustrates how youth move through the Cass County juvenile justice system from initial referral through case closure, identifying decision tools, the role of offense severity and risk level, and the key stakeholders involved at each stage.

System Stage	Process and Decision Tools	Key Stakeholders
1. Referral Received	Law enforcement submits police report/referral; entered into ESUP. Offense level identified (infraction, misdemeanor, or felony). No YASI at this stage. HB 1328 requires schools to exhaust interventions before referring for infractions/misdemeanors.	Law Enforcement; Schools
2. Custody / Detention Decision	Release or detention decision if youth taken into custody. Detention Screening Tool applied; offense seriousness and risk-related factors considered for public safety determination.	Law Enforcement; Juvenile Court
3. Intake Review and Decision	Juvenile Court Officer (JCO)/supervisor reviews referral, offense history, and prior involvement using the Delinquency Intake Matrix. Case routed to Diversion, Informal Adjustment, or State's Attorney. Lower-level referrals and lower-risk youth more eligible for diversion/IA. Deviations from matrix tracked and reported to Director.	JCOs; Supervisors
4a. Diversion	Diversion letter or meeting; brief intervention may occur. YASI pre-screen may be used. Typically limited to lower-level referrals. Diversion does not count toward recidivism.	Juvenile Court; Community Providers
4b. Informal Adjustment	Informal conference; admission required; agreement developed. YASI pre-screen required. Often misdemeanors or select lower-level felonies.	Juvenile Court; Service Providers
4c. Formal Case	Case referred to State's Attorney; formal court process initiated. Court rules and statutory criteria apply. Felony-level and denied IA cases proceed here. Full YASI required for predisposition.	State's Attorney; Juvenile Court
5. Predisposition and Disposition	JCO prepares recommendations using full YASI assessment. Risk level and needs drive recommendations. Court orders supervision or placement using Disposition Matrix (offense severity × YASI risk level); least-restrictive principles apply.	JCOs; Judge
6. Supervision, Services, and Reassessment	Youth receives court-ordered supervision; case plan implemented aligned to YASI risk and needs. Referral level no longer drives intensity. Risk and needs reassessed at intervals and at closure to ensure services remain appropriate.	JCOs; Community Providers

2.2 Key Data Points

Data from the 2025 Cass County court referrals (January–December 2025): 675 unique youth, 997 total referrals. 425 male (63%), 250 female (37%). The average age is 15.5.

Black, American Indian, Hispanic, and multiracial youth = 47% of court youth but 51% of referrals. Black: 18% enrollment → 26.8% court (+8.8 pts). Native American: 3.5% → 11.9% (+8.4 pts). White: 67% → 53% (−14 pts).

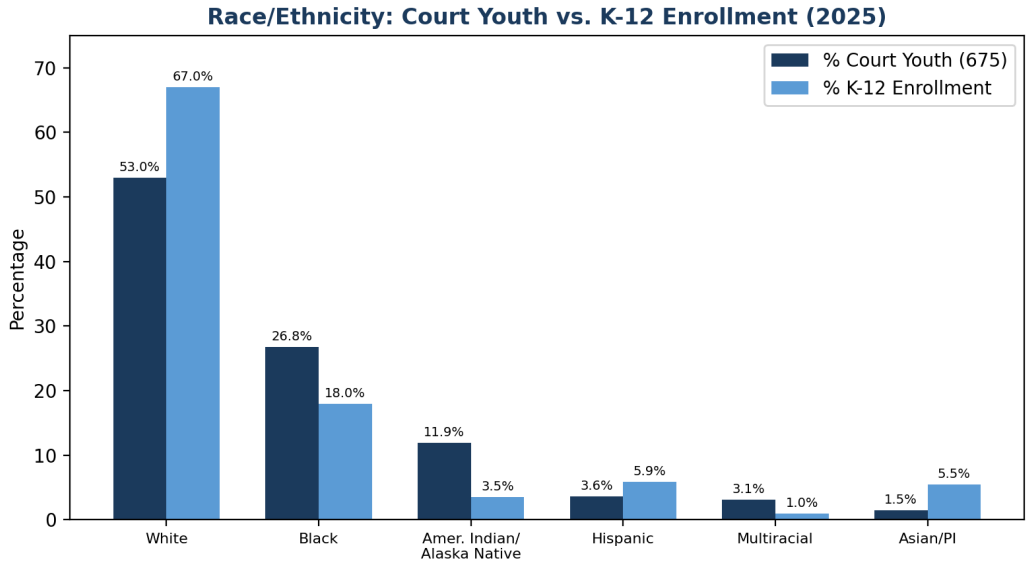


Figure 2: Race/Ethnicity — Court Youth vs. K–12 Enrollment. Enrollment baseline: Fargo and West Fargo districts combined (ND DPI / insights.nd.gov, 2023–24); cf. Figure 13, which uses Fargo secondary enrollment.

163 youth (24.1%) had 2+ referrals. Rates: Multiracial 47.6%, Hispanic 29.2%, Black 28.7%, Native American 24.4%, White 19.8%.

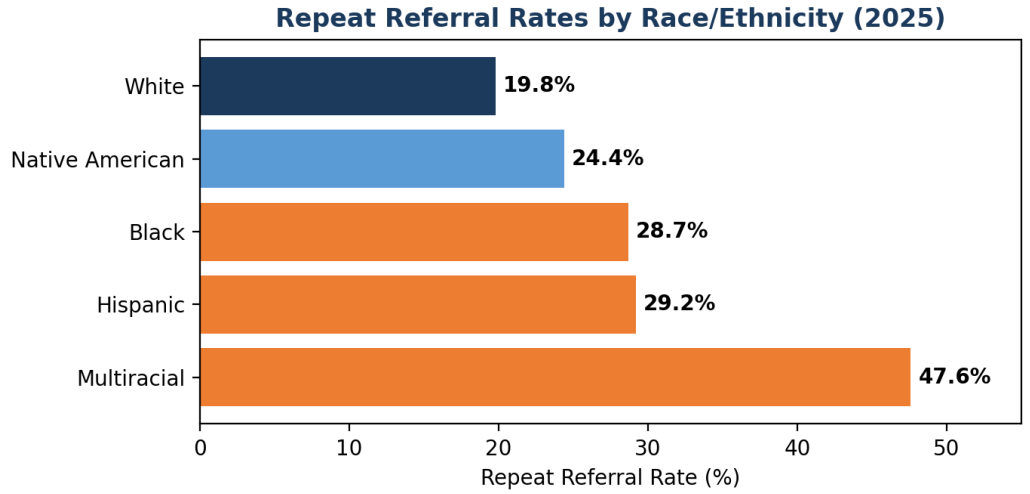


Figure 3: Repeat Referral Rates by Race/Ethnicity

69% of 997 referrals = Misdemeanor B (542) + Infraction (143). Only 4% Felony A/AA/B. By youth: 63% Misdemeanor B/Infraction most serious.

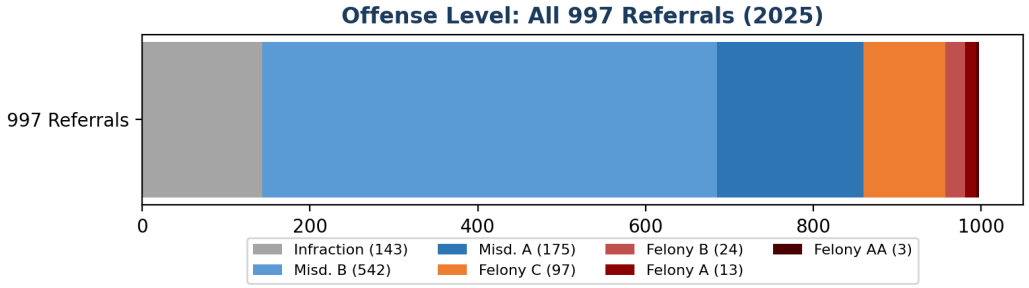


Figure 4: Offense Level — 997 Referrals

Top offenses: assault 219 (32.4%), theft 143 (21.2%), drug 82, alcohol 53, disorderly 45. 202 youth (30%) school-linked.

Outcomes: Diversion 274 (40.6%), NFA 128, Informal 91, Adjudicated 90. 59.6% diverted/dismissed.

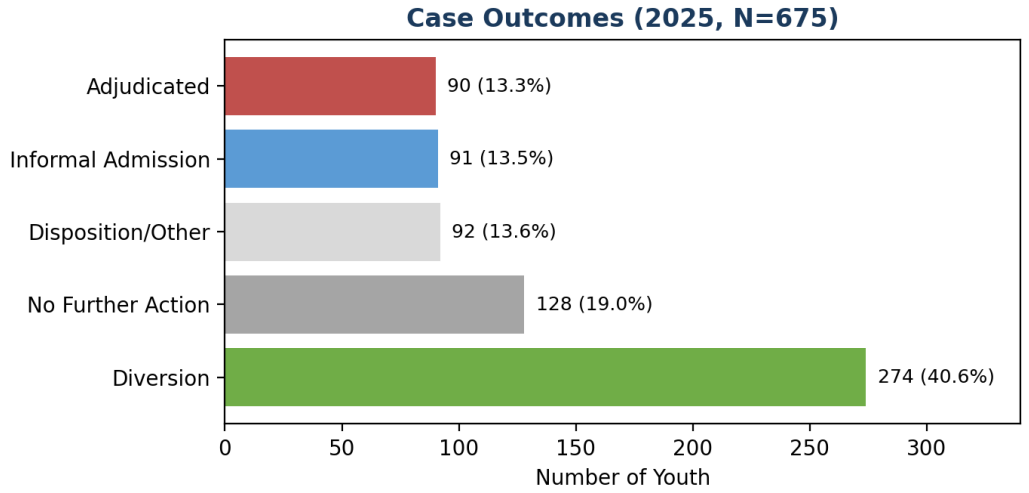


Figure 5: Case Outcomes (N=675)

Source of Referrals:

Fargo PD 500 (74.1%), West Fargo PD 108, Sheriff 37, Hwy Patrol 25.

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.

Location: Community 53.9%, School 26.8 %, Home 12.9%.

REFERRING AGENCY		
Fargo PD	500	74.1%
West Fargo PD	108	16.0%
Cass Co. Sheriff	37	5.5%
ND Hwy Patrol	25	3.7%
Other / Unknown	5	0.7%

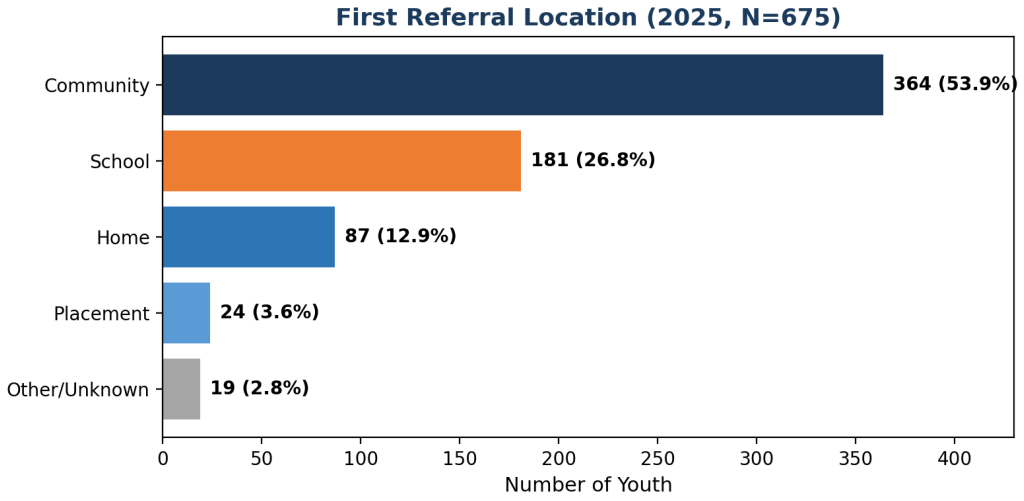


Figure 6: First Referral Location

Age at Referral

The age distribution of court-referred youth in 2025 shows a concentration in the mid-to-late adolescent years, with 15- and 16-year-olds representing the largest share of referrals at 36.7%. The mean age at first referral was 15.5 years and the median was 15.7 years, with the full range spanning 10.4 to 21.0 years. Of the 675 youth referred, 663 (98.2%) were juvenile-age (10–17), while 12 (1.8%) were adult-age (18–21) cases continuing under juvenile court jurisdiction.

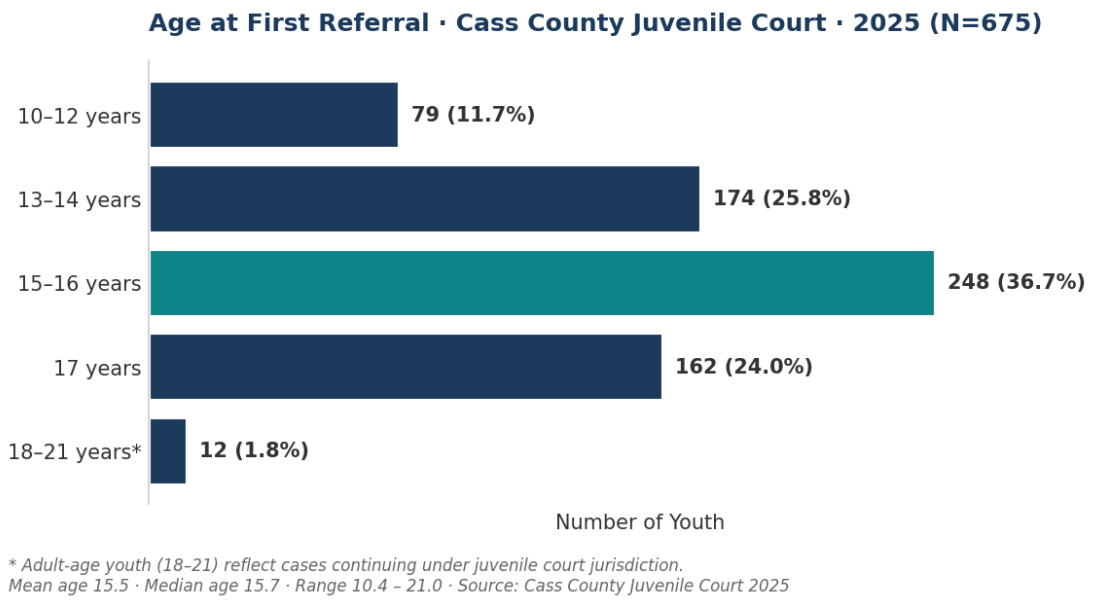


Figure 7: Age at First Referral, Cass County Juvenile Court (2025)

The table below provides the detailed age-group breakdown:

Age Group	Youth (n)	% of 675 Youth
10–12 years	79	11.7%
13–14 years	174	25.8%
15–16 years	248	36.7%
17 years	162	24.0%
18–21 years (continuing jurisdiction)	12	1.8%
TOTAL	**675**	**100.0%**

Table: Age Group Distribution of Youth Referred to Cass County Juvenile Court (2025)

Key Insight. Roughly six in ten youth (60.7%) were 15 or older at first referral, suggesting that prevention efforts directed at the 13–14 age bracket — the second-largest group at 25.8% — could intercept a substantial share of youth before they reach the peak-referral 15–16 age window. The 79 youth referred at ages 10–12 (11.7%) represent a younger cohort for whom developmentally appropriate diversion and family-focused intervention is especially indicated.

Offense Breakdown

Offense profiles can be analyzed two ways: by category of behavior (Assault, Theft/Property, Drug/Substance, Alcohol, Disorderly, or Other) and by offense level under North Dakota Century

Code (Infraction, Misdemeanor B/A, or Felony C/B/A/AA). Both views are summarized below. The category breakdown reflects each youth's first referral offense in 2025.

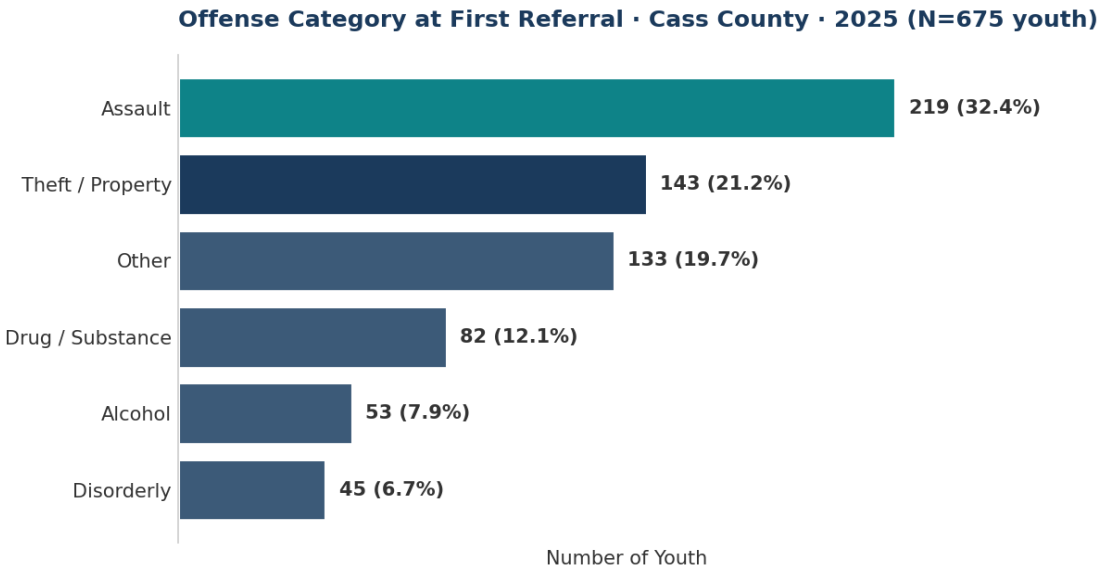


Figure 8: Offense Category at First Referral, Cass County Juvenile Court (2025)

The table below provides offense category counts with the top sub-categories within each:

Category	Youth (n)	% of 675	Top Sub-Categories
Assault	219	32.4%	Simple assault (131), domestic violence (30), sexual assault (15), aggravated assault (12), terrorizing (9), other (22)
Theft / Property	143	21.2%	Shoplifting (97), theft under $500 (17), vehicle entry (7), criminal trespass (5), theft $1K+ (8), burglary (1), other (8)
Other	133	19.7%	Driving offenses (28), criminal mischief (21), obstruction/evasion (21), sexual offenses (18), weapons (16), false info (10), other (19)
Drug / Substance	82	12.1%	Marijuana paraphernalia (37), ingesting controlled substance (27), possession of marijuana (14), delivery/conspiracy (2), other (2)
Alcohol	53	7.9%	Consumption/possession under 21 (52), dispensing to minor (1)
Disorderly	45	6.7%	Harassment (24), fighting behavior (8), offensive condition (6), disturbing school (4), other (3)
TOTAL	**675**	**100.0%**	**Each youth counted once by first referral offense**

Table: Offense Category Breakdown for First Referral, Cass County Juvenile Court (2025)

Most Serious Offense Level. Classified by North Dakota Century Code, the most serious offense level reached by each of the 675 youth in 2025 shows that 62.7% of all youth have a Misdemeanor B or Infraction as their most serious offense — the two lowest offense classifications. Across all 997 referrals, the lowest-level share is even higher at 69%. Only 4% of referrals are Felony A, AA, or B (armed robbery, gross sexual imposition, attempted murder).

Offense Level	Youth (n)	% of 675
Infraction	90	13.3%
Misdemeanor B	334	49.5%
Misdemeanor A	130	19.3%
Felony C	83	12.3%
Felony B	22	3.3%
Felony A	13	1.9%
Felony AA	3	0.4%
TOTAL	**675**	**100.0%**

Table: Most Serious Offense Level per Youth, Cass County Juvenile Court (2025)

Key Insights. Three findings stand out from the offense profile. First, the system is processing a predominantly lower-severity caseload — simple assault alone accounts for 21% of all 997 referrals (208 referrals), and shoplifting accounts for another 11% (112 referrals). Second, the dominance of low-level offenses aligns with the SPEP responsivity framework in Section 5.3 and the prevention pre-referral linkage opportunity documented in Section 8.7: a substantial share of these low-severity cases may be better served by community-based prevention or restorative responses than by formal court referral. Third, 12 of the 13 Felony A referrals involve gross sexual imposition of a victim under 15 — a finding that connects directly to the unmet need for specialized Problematic Sexual Behavior (PSB) programming documented in Sections 3.1 and 7.3 (Theme 4).

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). Even if the modest severity differences were taken to be entirely real and entirely behavioral, they would explain only a small fraction of gaps of that magnitude. 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. What this analysis establishes directly is that offense severity does not explain the disparity; that the residual reflects differential system response is the most plausible reading of the evidence and is consistent with the broader research base, though the precise weight of each contributing factor — discretion, socioeconomic conditions, school practices, and others — cannot be fully isolated from the available data.

Methodology Note. Each youth is counted once by their first referral offense (for category breakdown) or by their most serious offense level reached during 2025 (for offense level breakdown). 997 total referrals were generated by the 675 unique youth, with 163 youth (24%) having two or more referrals on separate dates. Source: Cass County Juvenile Court 2025 referral data, analyzed in the Cass County Referrals Profile Summary (Racial Equity Group, May 2026).

YASI Risk Level Distribution of Assigned Youth

Of the 675 youth referred to Cass County Juvenile Court in 2025, 415 (61%) were assigned to at least one program provider and have a documented YASI risk classification or supervision-level record. The remaining 260 youth (39%) had no program enrollment recorded — a population analyzed in Section 5.2. The table below summarizes the YASI risk distribution for the 415 assigned youth, which is the baseline for the service-matching analysis in Section 3.1 and Section 5.3.

YASI Classification	Youth (n)	% of 415 Assigned Youth
High Risk	148	36%
Moderate Risk	110	27%
Low Risk	16	4%
Diversion	105	25%
Pending / Other	24	6%
No Assessment	12	3%

TOTAL	**415**	**100%**

Table: YASI Risk Level Distribution of 415 Assigned Youth (Cass County Juvenile Court, 2025)

Key Insights. Four findings stand out from the YASI distribution:

1. 36% of assigned youth are High Risk — the largest single risk category and the population for whom intensive evidence-based interventions are most strongly indicated.
2. 63% are High or Moderate Risk combined — nearly two-thirds of assigned youth need substantive intervention rather than minimal contact.
3. Only 4% are Low Risk — a small share that, per the SPEP research base, should be routed to minimal intervention or restorative services rather than into intensive programming (see the responsivity-harm Important Note in Section 5.3).
4. 25% are on Diversion — one in four assigned youth are on the least intensive supervision track. Diversion-track youth are largely unassessed by YASI per the 2024 ND Juvenile Court Best Practice Manual, so their risk is unmeasured rather than confirmed low.

Methodology: Risk = highest YASI classification reached during 2025, capturing the most serious risk level each youth was classified at during the year. YASI is assessed independently of programs — a youth's risk level may have been assessed before, during, or after enrollment with a given provider. Source: Cass County Juvenile Court 2025 referral data, analyzed in the Cass County Youth Program Providers Analysis (Racial Equity Group, May 2026).

Cross-References. Per-provider YASI risk distribution for the top six court-referred providers is documented in Section 5.3 (SPEP Provider Benchmarks); supervision-level and case disposition analysis of the 260 youth without a program assignment is in Section 5.2; the SPEP framework underlying the risk-to-service matching analysis is documented in Section 5.3.

2.3 Geographic and Needs Mapping

A critical component is the development of geographic visualizations revealing neighborhood-level concentrations of risk, program deserts, and service access barriers. Recommended data layers for heat map analysis include:

- Juvenile referral rate by zip code.
- Concentration of poverty / median household income.
- Program locations and capacity (after-school sites, clinics, youth centers).
- Transportation routes and transit stops (barriers to access).
- Crime exposure layer (violent incidents geocoded).
- Behavioral health provider locations and waitlist times.

The following figure shows the geographic concentration of juvenile referrals by Fargo Police Department beat and ZIP code, overlaid with service provider locations. Beat 3 (58103 core) accounts for 329 referrals—the highest concentration—followed by Beat 5/far south (~180), Beat 1/north (~104), and West Fargo/58078 (163, separate jurisdiction). All four physically mapped top

providers (Consensus Council, Juvenile Court, Southeast Human Service Center, and Village Family Services) are located in Beat 3. The two highest-volume providers—The Change Companies (207 youth, 289 enrollments) and Private Providers (100 youth, 148 enrollments)—are not mappable because they are an online vendor based in Nevada and an unidentified bucket with no location on record, respectively.

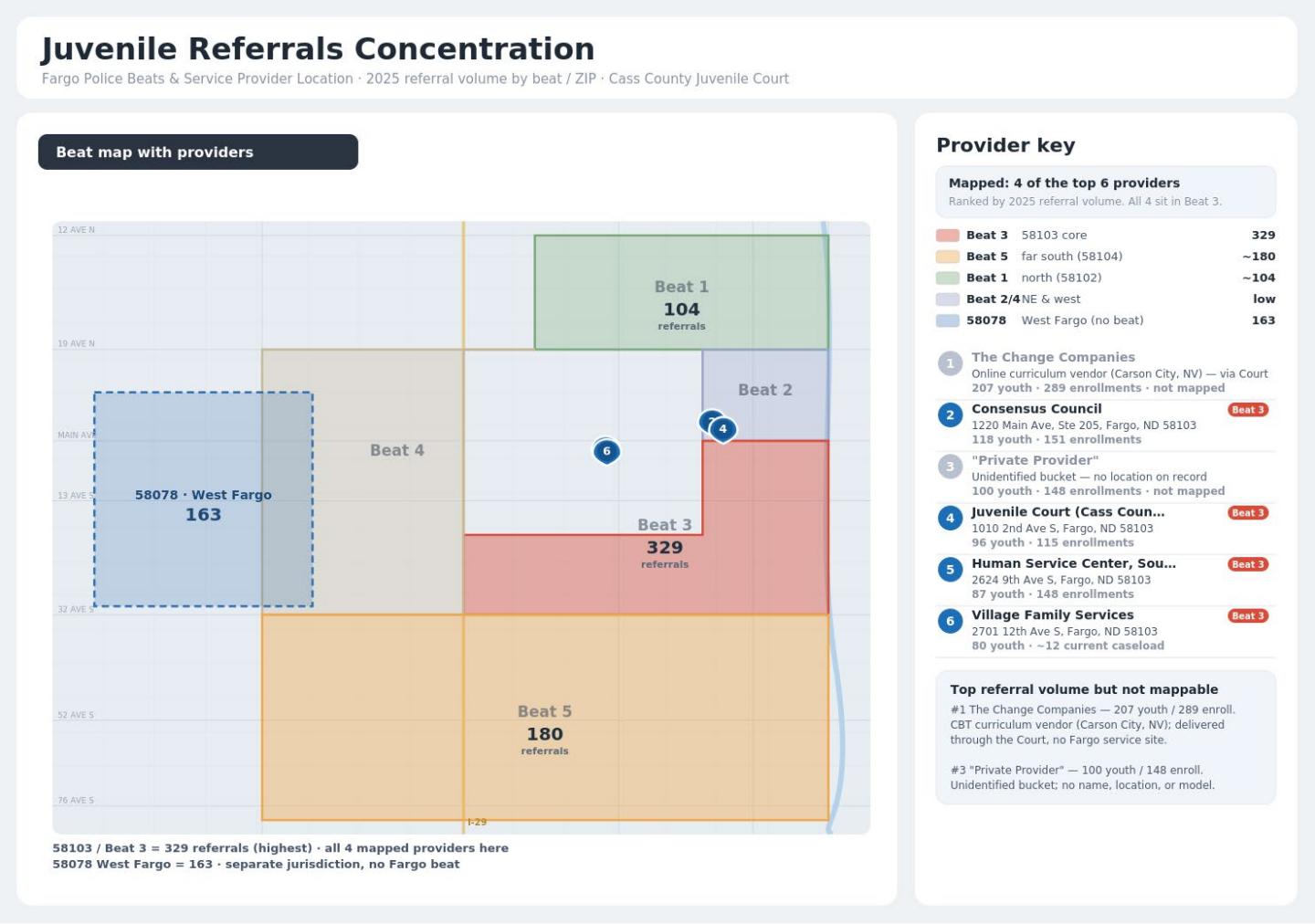


Figure 9: Juvenile Referrals Concentration by Beat/ZIP and Service Provider Locations (2025)

Health, Poverty, and Transportation Context

The juvenile referral concentration in Beat 3 cannot be interpreted in isolation. Three publicly available data sources — the 2025 Essentia Health and 2024 Sanford Health Community Health Needs Assessments, the U.S. Census Bureau American Community Survey, and MATBUS route documentation — reveal overlapping structural conditions in the same geography that produces the highest concentration of juvenile referrals. Integrating these layers with the referral map clarifies which neighborhood-level conditions warrant prevention investment and where transportation, not service availability alone, may be the binding constraint on youth access to programming.

Concentration of Poverty and Household Income. The Fargo-Moorhead MSA reports an overall poverty rate of 11.8% and a median household income of $73,641 (ACS 5-Year Estimates 2022). However, the 2024 Sanford CHNA found that 13% of households in the Fargo area experience severe housing problems (overcrowding, high housing costs, lack of kitchen or plumbing facilities) and 11% spend at least 50% of household income on housing — both rates higher than comparable markets. The 2025 Essentia CHNA specifically identifies Black, Hispanic, and Native American households as experiencing disproportionate housing cost burden, which compounds the 14-percentage-point overrepresentation of Black, American Indian, Hispanic, and multiracial youth already documented in court referrals. ZIP-code-level poverty mapping (using ACS Census tracts within 58102, 58103, 58104, and 58078) overlaid with the referral concentration map would identify whether Beat 3's 329 referrals track to specific high-poverty tracts within the broader 58103 footprint.

Transportation Routes and Transit Stops. MATBUS operates 18 fixed bus routes serving the Fargo-Moorhead-West Fargo-Dilworth metro, with the Ground Transportation Center (GTC) at 502 NP Avenue serving as the primary transfer hub. Routes most relevant to juvenile service access include Route 14 (serving Essentia and Sanford clinics, Essentia Hospital, the Courthouse, the YMCA, and West Acres), Route 15 (Bethany Homes, West Acres, the Courthouse, Job Service), Route 16 (Fargo High Rise, Essentia Clinic, South High School, West Acres), Route 17 (New Life Center homeless shelter, University Manor), Route 18 (Bethany Homes, Avalon West, Essentia Hospital, Walmart), and Route 20 (West Fargo High School, West Fargo High Rise, Southeast Human Services, Cass County Jail, Islamic Center, Somali Business Center). Route 20 is the only fixed route directly connecting West Fargo to Southeast Human Service Center, the third-largest court-referred provider. The 2024 Sanford CHNA reports that Fargo-Moorhead residents rated daily transportation access as 2.98 out of 5 — below the "good" threshold — with respondents specifically noting that bus lines do not reach all neighborhoods or employment locations and that extended evening and weekend hours are limited. For youth without family vehicle access, evening programming and weekend case management visits are largely inaccessible by fixed-route transit.

Crime Exposure Layer. Geocoding violent incident data from Fargo and West Fargo Police Departments at the block-group level would identify the degree to which youth referred from Beat 3 reside in neighborhoods with elevated violent crime exposure. National research links chronic exposure to community violence to elevated YASI risk scores in the Family, Community/Peers, Mental Health, and Attitudes domains. The 2024 Sanford CHNA reports that 38% of all driving deaths in the Fargo area are alcohol-impaired (above the comparison-group average) and that adults in the Fargo market average 4.1 mentally unhealthy days per month — the highest among similar-sized regional markets. Layering geocoded violent incidents over the referral concentration map would distinguish neighborhoods where juvenile referrals reflect community violence exposure (a structural condition requiring prevention investment) from those where referrals reflect school or law enforcement discretion patterns (a policy and practice condition requiring referral-process reform).

Health Care and Behavioral Health Access. The 2024 Sanford CHNA identifies behavioral and mental health services as the top category respondents want offered or improved (72%), followed by addiction treatment (46%). The Fargo area has one mental health provider per 330 people — a ratio similar to comparison markets, but paired with the 72% of respondents wanting behavioral health services improved, this signals a supply-demand gap. Top categories searched on Essentia's Resourceful directory in Cass County during FY 2024 were Housing (936 searches), Nutrition (406 searches), and Healthcare Access (368 searches), confirming that social drivers — not clinical care alone — dominate the unmet-need landscape. This finding directly parallels the YASI risk-domain profile of court-referred youth and supports the case for cross-system data sharing between juvenile court services and Essentia's Community Health Worker program referenced in Section 8.6.

The following table summarizes the recommended data layers for the geographic heat-map analysis described above, with current data sources and the policy question each layer is intended to answer.

Data Layer	Source	Geographic Unit	Policy Question Answered
Juvenile referral concentration	Fargo PD beat data; Cass County ESUP referral data (2025)	Police beat; ZIP code	Where are youth being referred from?
Median household income / poverty rate	ACS 5-Year Estimates 2022 (S1701, B19013)	Census tract; block group	Do referrals concentrate in high-poverty tracts within Beat 3?
Severe housing problems	2024 Sanford CHNA; CHAS 2016–2020	County; tract	Are housing-burdened neighborhoods producing more referrals?
MATBUS fixed-route coverage	MATBUS Routes 01–34 (matbus.com)	Route footprint; stop locations	Which referred youth can reach providers, courts, and programs by transit?
Evening/weekend transit gaps	MATBUS hours of service	Route footprint	Which programs are reachable only during business hours?
Violent incident exposure	Fargo PD / West Fargo PD calls for service (recommended)	Block group; intersection	Do referrals concentrate in neighborhoods with elevated violence exposure?
Mental health provider density	County Health Rankings 2024	County	Is provider capacity adequate to absorb diverted/referred youth?

Resourceful search categories	Essentia Resourceful directory (FY 2024)	County	What unmet social needs are residents searching to address?
Behavioral health unmet need	2024 Sanford CHNA (72% want BH services improved)	MSA	Where is community demand outpacing provider supply?
Disaggregated by race/ethnicity	ACS; CHNA; ESUP	Census tract; ZIP	Are structural risk and system contact aligned, or is contact higher than risk predicts?

Table: Recommended Data Layers for Geographic Heat-Map Analysis

Recommendation. Essentia Health and Sanford Health have each produced standalone CHNAs and Sanford's priorities (Affordable Health Care, Health Care Providers, Healthy Living, Mental Health, Public Transportation, Quality Child Care, Affordable Housing) overlap substantially with the YASI risk domains documented in court data. A coordinated cross-system analysis would avoid duplicate data collection and align prevention investment with documented community need.

Juvenile Court Assessment

3.1 Risk Assessment and Service Matching

Because the central aim of this assessment is to reduce both what brings youth to court and what brings them back, the court's service-matching function is where that aim is won or lost. Matching a youth to the right level and type of service is the primary lever the court controls over recidivism: the risk-need-responsivity research underlying the YASI and SPEP frameworks shows that reoffending falls when service intensity matches assessed risk and rises when low-risk youth are over-served, so a mismatch is not a neutral inefficiency but a driver of repeat referral. The findings in this section should therefore be read together with the recidivism and program-effectiveness measures in Section 3.2 and the provider-level SPEP scoring in Section 5.3: service matching is the mechanism, and recidivism and effectiveness are how its success is measured.

A foundational question for the juvenile court is whether youth are matched effectively to services based on their YASI risk level. According to the 2024 Court Best Practices Manual, children scoring low risk should not be assigned to programming with moderate and high risk youth, while children scoring moderate or high should be referred to programming based on their YASI needs and to more intensive programs.

Key Findings

- The Court contracts with YASI to identify youth risk levels (updated 2023).
- The Court does not have service matching guidelines or matrices for court officers and supervisors. Referrals to services are primarily driven by provider relationships or slot availability.
- Provider-level analysis confirms inconsistent matching: among the six providers serving roughly 81% of referred youth (Section 5.3), only one — Adolescent IOP, at 75% moderate-to-high risk with no low-risk youth — shows a clean match to the higher-risk population it is designed for, while several others carry mixed caseloads in which 30–44% of youth are diversion-track or low-risk. *This is inconsistent with the Risk-Need-Responsivity model, which SPEP applies by treating the over-serving of low-risk youth as an active harm rather than a neutral inefficiency*.
- Youth risk levels and top criminogenic needs are not routinely provided to service providers. Providers have not been trained on YASI levels.

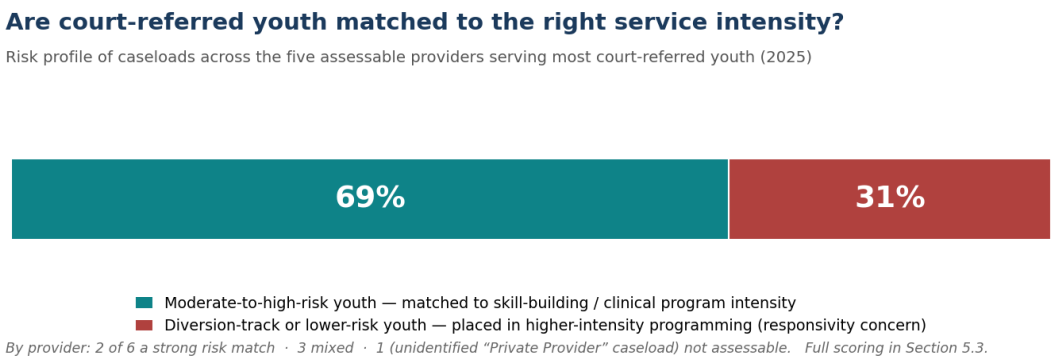


Figure 10: Summary of risk-matching across the providers serving most court-referred youth. Roughly two-thirds of assessed youth are moderate-to-high risk and matched to program intensity; about one-third are diversion-track or lower-risk youth placed in higher-intensity programming, a responsivity concern. Provider-by-provider scoring appears in Section 5.3. Among the 379 assigned youth who carry a usable YASI classification, the share is 258 matched (69%) and 121 mismatched (31%). The one-third mismatch is approximately 121 youth. It is a risk-level finding, not a charge-defined group, and it measures only the over-service direction; the under-service counterpart — higher-risk and serious-offense youth who received too little programming, or none — is documented separately in Sections 5.1 and 5.3.

Note on the mismatched third. This one-third figure is a risk-level finding, not a charge-defined group: it reflects diversion-track and lower-risk youth who are routed into higher-intensity programming, a responsivity concern under the risk-need-responsivity model. It measures only one direction of mismatch — the over-service of lower-risk youth, which the risk principle treats as an active harm. Mismatch also runs the other way: higher-risk or serious-offense youth who receive too little programming, or none at all. That under-service direction is documented separately in this report — in the 260 youth with no provider assignment, of whom 35 were adjudicated and 37 carried a felony-level most-serious offense despite no program enrollment (Section 5.1), and in the below-benchmark dosage findings and YASI override discussion (Sections 5.3 and 9.3). Together the two directions describe the same underlying gap — service intensity that is not calibrated to assessed risk — and neither is captured by the other's figure.

Court-Administered Programs: Structure and Dosage Analysis

The Cass County Juvenile Court directly administers 10 internal programs. An inventory reveals significant gaps in structure, dosage, and evidence-based alignment:

Program	Curriculum	Dosage	Delivered By	Completion
Substance Using Behaviors	Change Company	4 hrs (2x2hr)	Court Officers	All 4 hours
Pathways PSB	Pathways curriculum	6 hrs (4x1.5hr)	Court Officers	All 6 hours
Youth Coordinator	Mentorship (no curriculum)	Varies	Court-hired	Goal-based
Drug Court	Intensive supervision	9 months min.	Court	Not specified
Anger Management	Unclear; Court Solutions separate	Not specified	Not specified	Not specified
Apology	None (letter/meeting)	N/A	Youth	Completed
Written Report	None (varies)	N/A	Youth	Completed
Cognitive Restructuring	Legacy database entry	Unknown	Unknown	Unknown
Assessments	Legacy database entry	Unknown	Unknown	Unknown
Conversion Program	Legacy database entry	Unknown	Unknown	Unknown

Only two programs—Substance Using Behaviors and Pathways PSB—have defined curriculum, dosage, staff, and completion standard. Three (Cognitive Restructuring, Assessments, Conversion Program) are legacy database entries that may not be active. Both structured programs are delivered by court officers rather than licensed clinicians.

Dosage falls far below SPEP thresholds. SPEP research (Lipsey et al., 2010) supports 25–50 hours minimum for cognitive-behavioral interventions with moderate-risk youth. Substance Using Behaviors = 4 hours, Pathways PSB = 6 hours—8–24% of the minimum. With 36% high-risk and 27% moderate-risk youth, 4–6 hour programs are unlikely to produce lasting change.

Court officers delivering CBT curricula raises fidelity concerns. Dual supervision/facilitator roles may limit therapeutic alliance. Recommendations: (1) audit all 10 programs for active vs. legacy; (2) evaluate against SPEP benchmarks; (3) develop formal program directory; (4) consider transitioning to licensed providers or adding clinical supervision.

Beyond these court-administered programs, the large majority of court-referred youth are served by a small set of external providers, and how well each is matched to youth risk and need is central to the court's service-matching function. A detailed, provider-by-provider evaluation of the six programs serving roughly 81% of referred youth — scoring each against the four SPEP criteria of risk match, service type, dosage, and quality — is presented in Section 5.3 (SPEP Gap Analysis).

3.2 Recidivism and Program Effectiveness

The Court is operationalizing recidivism reporting through ESUP (Tyler Technologies, live since May 2023) and has now adopted a statewide measurement standard, the North Dakota Juvenile Probation Recidivism Definition. Formal, ongoing evaluation of service-provider effectiveness based on recidivism and program-completion rates does not yet exist, but the adopted definition provides the foundation on which it can now be built.

Key Findings

- Cass County Court lacks formal, ongoing quality assurance activities to assess service engagement, dosage, completion, and implementation fidelity.
- The system cannot fully evaluate service provider effectiveness, expand strong providers, hold poor performers accountable, or make informed resource allocation decisions.

Recidivism Measurement Framework: The Adopted Definition and the Enhancements Still Needed

Cass County now has an adopted measurement standard. The North Dakota Juvenile Probation Recidivism Definition counts a youth as recidivating if, within three years of supervision closure or termination, the youth (a) admits to, is adjudicated for as a juvenile, or is convicted as an adult of a misdemeanor or felony offense, or (b) receives, on review of probation, a disposition of custody to an agency for placement. It tracks youth under both formal and informal community supervision, measures outcomes at one, two, and three years after closure, and draws on CMS (juvenile

informal admissions, adjudications, and commitments) and Odyssey (juvenile adjudications and commitments; adult misdemeanor-or-higher convictions).

This definition resolves the central problem this assessment identified: it measures from supervision closure rather than referral date, it follows youth across the juvenile-to-adult boundary, and it captures deep-end placement outcomes — and its one-, two-, and three-year windows improve on a single-year measure. Applied to Cass County, it will produce a more accurate, and likely higher, figure than the 24.1% single-year repeat-referral rate used as a proxy throughout this report. To convert the definition into a tool that can be utilized by system stakeholders, the Court should layer the following on top of it:

1. Disaggregate every reported rate by YASI risk level, race/ethnicity, offense type, and service provider. This is essential: the assessment's R/ED findings (Black 28.7%, Hispanic 29.2%, Multiracial 47.6% vs. White 19.8%) and any evaluation of provider effectiveness under SPEP depend on it. A rate that falls overall while the racial gap persists is not progress.

2. Add a rearrest (or re-referral) leading indicator alongside the adjudication-based measure. The adopted definition begins at admission/adjudication and will not capture youth who are rearrested but not adjudicated (charges dropped, re-diverted, or deferred); a rearrest tier provides the earliest signal and should be reported separately, consistent with the CJCA standard of measuring rearrest, readjudication, and reincarceration as distinct events.

3. Confirm that diverted youth are tracked. Youth handled through front-end diversion who are never placed on reporting probation may fall outside the supervised population the definition tracks. Because measuring the outcomes of diverted youth is central to this report's front-end strategy (Section 6.2), the Court should confirm whether diversion-track youth are included and, if not, follow them as a distinct cohort.

4. Set a 2025 baseline and annual public targets. Apply the definition to a named baseline cohort (the 675 youth referred in 2025), and report results annually to the SAG, the courts, and the public against risk-level and R/ED measurable objectives. Benchmarks must be matched to the three-year window, since three-year rates run well above one-year rates.

Recommended benchmarks by YASI risk level:

YASI Level	Youth	Natl Avg	Target	Goal	Note
Diversion	274	20-30%	<15%	10%/yr	Wilson OR 0.77
Low Risk	16	15-25%	15-20%	10%/yr	>25% = over-processing
Moderate	110	35-45%	25-35%	10%/yr	Greatest SPEP impact
High Risk	148	50-65%	40-50%	5-10%/yr	HSC-SE 60% high-risk
R/ED Monitoring (all levels)	Black, American Indian, Hispanic, and multiracial youth: 317 (47%)	1.5-2.4x White	Measure and report annually, disaggregated by race and ethnicity at each decision point	Review whether §9 system changes are associated with gap reduction	Baseline gap; not a numeric objective

Sources: OJJDP (2020), Council of State Governments Justice Center (2014), Georgetown Center for Juvenile Justice Reform (2018), Council of Juvenile Correctional Administrators (2009).

The R/ED Monitoring row is a measurement and reporting standard across all YASI levels. Recidivism must be disaggregated by race within each risk level. Black 28.7%, Hispanic 29.2%, Multiracial 47.6% vs. White 19.8%. Reducing the overall rate without closing the gap does not deliver equal treatment across groups. Consistent with 34 U.S.C. §11133(a)(15), which requires states to reduce racial and ethnic disparities without establishing numerical standards or quotas, this row specifies a monitoring and reporting standard rather than a numeric target.

3.3 Training and Cultural Competence

Cultural competence is a required competency in the 2024 Best Practices Manual. The Court provides training approximately once or twice per year for statewide juvenile court officers, supervisors, and directors. Key assessment questions include whether the Court has provided cultural competence training within the last two years and what training has been offered related to principles of Balanced and Restorative Justice. Qualitative findings from the February 2025 court staff focus group (Section 7.3) substantially extend this baseline picture, identifying both the structural conditions that constrain effective training delivery and specific gaps in cultural competence, professional development, and new-staff onboarding.

Unequal Access to Professional Development. Focus group findings (Theme 7) describe a professional development system that systematically excludes front-line practitioners from the development resources available to administrators and directors. Travel budgets for front-line court staff have been eliminated. Participants with between 14 and 32 years of juvenile justice experience reported attending at most one national conference in their careers, and only then through grant funding rather than court budget support. In-state mandatory training was described as repetitive — a planned session on motivational interviewing (a topic the group has covered multiple times) provoked visible frustration, and a trainer at a prior session told participants they were already ahead of what was being taught. Training topics are assigned top-down with no mechanism for front-line staff to identify or shape content useful in their daily practice. One participant described spending over four years advocating before receiving permission to observe a peer drug court for an afternoon — a basic professional learning activity that required extended administrative approval. Directors and administrators have access to out-of-state conferences and training opportunities that front-line staff do not, creating a professional development divide between those closest to youth and those farthest from them.

> *Give us something more — something that is going to help us on the ground. We are a dedicated group. We are all here for the same purpose, and we are all darn good at our jobs.* — Court staff participant

Cultural Competence in Practice. Focus group participants (Theme 1) consistently identified racial and ethnic disparities — Native American overrepresentation statewide and Black youth

overrepresentation in Cass County — as systemic conditions rooted in poverty, historical trauma, transportation gaps, insurance barriers, and limited culturally responsive programming. Participants explicitly named the lack of culturally responsive programming for Native youth and families as a structural gap. The interpretive lens for cultural competence training is sharpened by the demographic profile of focus group participants themselves: of the twelve participants completing the demographic survey, 100% identified as White and 100% as straight (heterosexual). This homogeneity — alongside an overall court workforce that is racially and culturally less diverse than the youth and families on its caseloads — underscores the value of formal, recurring cultural competence training, supplemented by direct engagement with youth, families, and the communities most affected. The single annual or semi-annual statewide session currently provided is not sufficient to meet this need; annual training at the local court level, with content shaped by Cass County demographic realities, is the minimum standard recommended in Section 9.3.

Onboarding and Role-Specific Training. Court staff new to their positions described receiving no structured orientation. One participant recounted starting in the position to find no training, no referrals, and no direction. Current staff described rebuilding the practice from scratch and attributing measurable youth outcomes — including higher probation completion rates — to that investment. Youth-facing coordinator support positions (Theme 8) lack any formal training curriculum: staff described receiving a computer on their first day with no structured orientation to court processes, the case management system, or the YASI. Specialized court staff serving drug court, PSB cases, and youth-facing support roles have no structured rotation for specialty conference participation.

3.4 Disposition and Intake Deviations

Any deviation from the adopted intake matrix must be noted in the database and emailed to the Director of Juvenile Court. Directors track deviations and review annually. A critical assessment item is to evaluate disposition deviations disaggregated by race/ethnicity to determine whether discretionary decision-making introduces disparities.

3.5 Detention Screening

Law enforcement officers conduct detention screening assessments. If scored inaccurately, the court officer should enter a corrected assessment into ESUP. Comparing law enforcement assessments versus corrected assessments by race/ethnicity is essential to identify patterns in screening accuracy and potential bias.

3.6 Referral Process from Schools

All referrals from schools are currently submitted via police reports from SROs. The only document required by the court is a police report; evidence of prior interventions is not required.

Legislative Update: HB 1328 (Century Code 27-20.4-05.1), adopted March 2025 unanimously, allows school personnel to make delinquency referrals directly effective August 1, 2025. For

infractions and misdemeanors on school property, schools must exhaust all discipline policies and document unsuccessful interventions before referral, qualitative evidence reveals this practice is not present and active among Fargo public school districts

3.7 Court Policy Recommendations

1. Require a documented record of prior interventions before accepting a school-based referral to court. (Under HB 1328 / Century Code 27-20.4-05.1 this documentation requirement applies specifically to schools referring for infractions or misdemeanors on school property; the corresponding school-side recommendation appears in Sections 4.1 and 4.11.)
2. Develop service matching guidelines/matrices for court officers based on YASI risk level and criminogenic needs.
3. Require YASI risk level, top three criminogenic needs, and prior intervention history to be shared with service providers for every referral.
4. Establish formal, ongoing quality assurance for service matching, dosage, fidelity, and youth outcomes.
5. Complete recidivism reporting through ESUP; disaggregate by risk level, race/ethnicity, and provider.
6. Enter location information (zip codes, addresses) on referrals to identify delinquency patterns and community needs.
7. Analyze detention screening accuracy: compare law-enforcement assessments against corrected assessments, disaggregated by race/ethnicity.
8. Track and report disposition deviations from the intake matrix by race/ethnicity at least annually.
9. 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 (51% of court referrals involve Black, American Indian, Hispanic, and multiracial youth) and informed by direct engagement with youth, families, and the communities most affected (Section 3.3).
10. Develop a formal onboarding curriculum for all new court staff, including youth-facing coordinator support positions — shadowing, YASI and case management system orientation, court process, trauma-informed practice, and the local service provider landscape (Section 3.3).
11. Establish the County's actual juvenile recidivism baseline rate and track the outcomes of diverted youth, so diversion effectiveness can be measured locally rather than inferred from national benchmarks (refines the estimate in Section 6.2, Step 2).
12. Verify appropriate disposition and service for the higher-acuity youth among the 260 (39%) with no recorded program enrollment, including the 37 felony-level and 31 adjudicated youth with no program on record (Section 5.5).

13. 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).
14. 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.
15. 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.
16. 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.

Schools Assessment

4.1 School Referral Practices and Compliance

Referrals submitted by schools and SROs do not currently include documentation of exhausting interventions prior to submission, nor does the court require such documentation. The only document required is a police report.

Century Code Requirements

North Dakota Century Code (27-20.4-05.1) establishes that a child who commits an infraction or misdemeanor on school property may not be referred to juvenile court unless school interventions have been unsuccessful and documentation of consultations is included indicating which interventions were attempted. Statutory exceptions exist for drug-related offenses, offenses against a person, sex offenses, and firearm-related offenses.

Illustrative Estimate: Referral-Reduction Potential

The figures below are illustrative scenarios rather than forecasts, built directly from the 2025 referral records; the same method is applied to police-led diversion in Section 6.2. They turn on a stated assumption about how many eligible cases a school would resolve internally once documentation is required.

The 2025 data record 231 referrals for conduct that occurred on school property. (This referral-level count is distinct from the 26.8% of youth whose first referral occurred at school, cited earlier; the two describe different units.) The decisive step is narrowing those 231 to the cases the documentation requirement actually governs. Because Century Code 27-20.4-05.1 exempts drug, person, sex, and firearm offenses, and because school referrals are concentrated in precisely those categories, most school referrals fall outside the requirement. Of the 231, 178 (77%) are exempt by offense type — 86 offenses against a person, almost all simple assault; 84 drug offenses; 5 sex offenses; and 3 firearm offenses. That leaves 51 referrals (22%) that are both non-exempt and a qualifying infraction or misdemeanor — chiefly alcohol, disorderly conduct, disturbing school, petty theft, and trespass. Fifty-one referrals is the eligible pool, about 5% of the 997 total.

A critical point follows from the statute's design: the exemptions are by offense type, not by severity. Simple assault is ordinarily a Class B misdemeanor and most youth drug offenses are Class A misdemeanors, so by severity they would fall within a documentation rule — but the statute removes them anyway because of their category. Applying a range of in-school resolution rates to the 51 eligible referrals yields the following.

In-school resolution (scenario)	Eligible pool	Fewer referrals	Share of 997
Conservative — 20%	51	~10	~1.0%
Moderate — 30%	51	~15	~1.5%
Higher — 45%	51	~23	~2.3%

Illustrative scenarios built from the 2025 referral records; not a forecast. The documentation requirement is therefore a narrow lever on its own: it reaches roughly a fifth of school referrals, because the assault and drug offenses that drive

most school-to-court contact are exempt by type even though they are themselves misdemeanors. The larger school-side opportunity lies in the discretionary practices that can reach the exempt cases — restorative approaches and the disparity audit of discipline and school-resource-officer referral recommended in this report — and, at the point of police contact, in a severity-based diversion program (Section 6.2), which unlike the documentation requirement is not bound by these offense-type exemptions.

Illustrative Estimate: A First-Contact Diversion Model at School

The documentation requirement is not the only way to reduce school-to-court referrals, and it is not the most powerful. A first-contact diversion model — of the kind operated by the Bismarck Police Youth Bureau — routes a young person away from court at the point of contact when the youth has no prior delinquent citation and the offense is an infraction or misdemeanor (status offenses are excluded here, as North Dakota statute directs status offenders to the CHINS unit rather than to delinquency referral). The decisive difference from the documentation requirement is that this model keys on first-time status rather than offense type, so it reaches the simple-assault and drug cases that the documentation requirement exempts.

Applied to the 2025 school-property referrals, the eligible pool is far larger. Of the 231 referrals on school property, 168 (73%) involve a youth with no prior delinquent citation and a qualifying infraction or misdemeanor offense — a pool that includes 63 simple-assault and 61 drug referrals the documentation requirement cannot touch. Diverting a share of those 168 at the point of school contact, rather than forwarding them to court, yields the following.

First-contact diversion (scenario)	Eligible pool	Fewer referrals	Share of 997
Conservative — 25%	168	~42	~4%
Moderate — 40%	168	~67	~7%
Higher — 59%	168	~99	~10%

Illustrative scenarios built from the 2025 referral records; not a forecast. Eligibility follows the Bismarck Police Youth Bureau model — no prior delinquent citation, and an infraction or misdemeanor offense — with final eligibility resting with the program. Because the model is administered by law enforcement at the point of contact, it is properly an extension of the police-led diversion recommendation in Section 6.2 applied to the school setting, and it is distinct from the schools-controlled documentation requirement above. The 59% upper scenario reflects the utilization a mature program reached in Duval County, Florida.

4.2 SRO Memoranda of Understanding

- **Fargo Public Schools:** Has MOU but missing evaluation of SRO performance.
- **West Fargo Public Schools:** Has MOU that includes evaluation of SRO performance.

4.3 Discipline Data Tracking

Fargo Public Schools

Standard district behavior reports track staff responses to the level of infraction for major infractions only, and the “levels” field is not required, so many incidents lack a level association. The analysis below therefore could not be produced from a routine report and required a custom data extract, which Fargo Public Schools provided for the 2024–25 school year. The extract covers 7,286 behavior incident reports across the district’s middle and high schools, disaggregated by race/ethnicity into minor and major infraction tiers, with the school-staff responses recorded for

each infraction. Across 2024–25, the district logged 7,286 behavior incidents that generated 13,095 individual infractions and 16,801 documented staff responses. A single incident may contain multiple infractions, and a single infraction may receive multiple responses, so these three totals are not interchangeable. The distribution of incidents across school levels is shown in Figure 11.

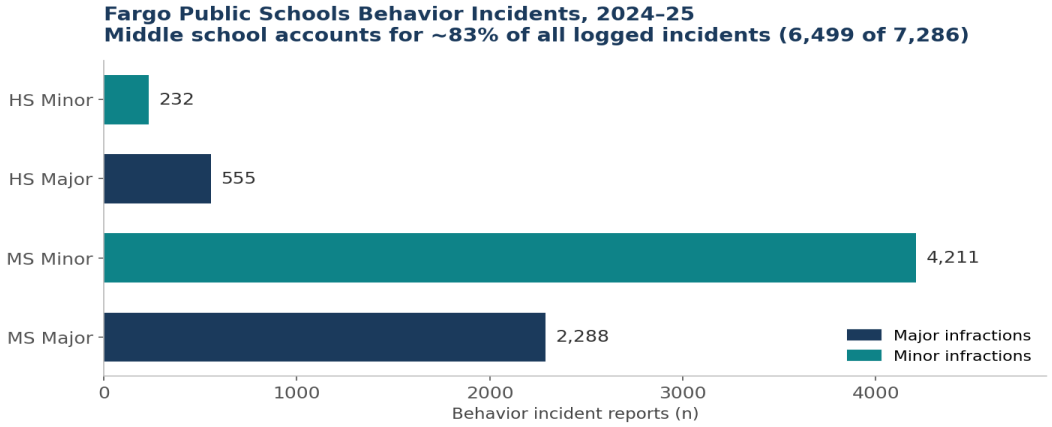


Figure 11: Fargo Public Schools Behavior Incidents by Level and Severity (2024–25)

Key Insight. Middle schools account for approximately 83% of all logged behavior incidents (6,499 of 7,286), against roughly 787 at the high schools. The discipline system's caseload is concentrated in the same early-adolescent window — ages 13–14 — that Section 2.2 identifies as the prevention-interception point before court contact. Whatever produces the racial disparities documented below is operating years before most youth reach the peak-referral 15–16 age band.

Figure 12 ranks the ten largest infraction categories across both severity tiers.

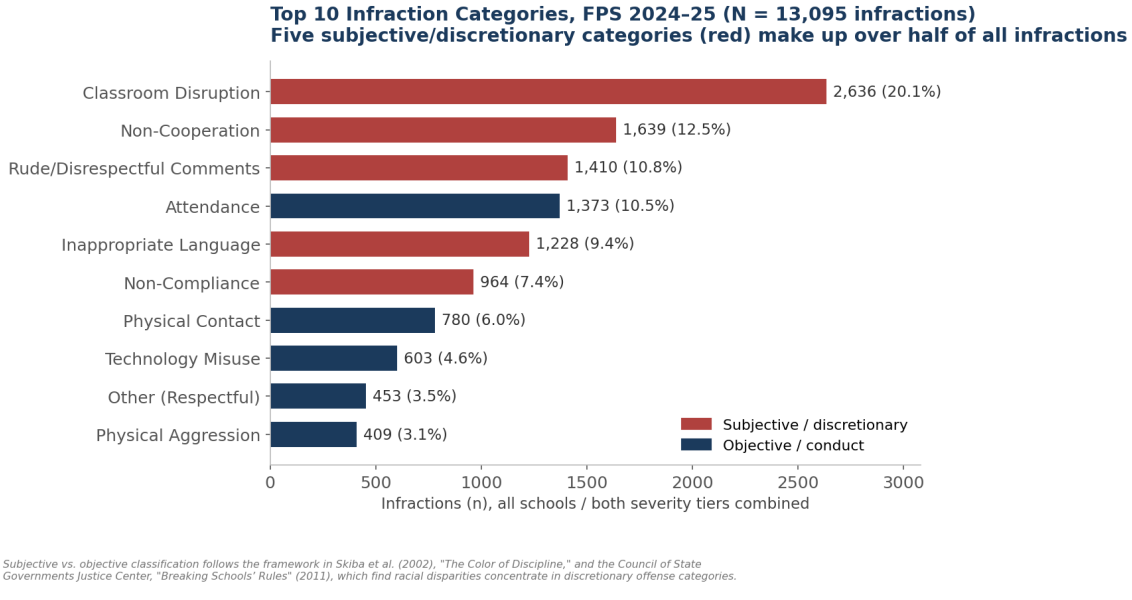
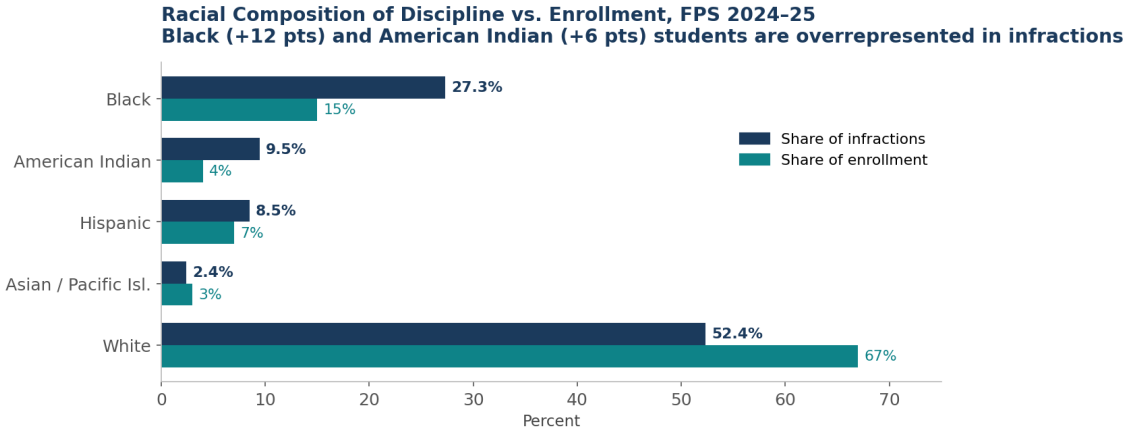


Figure 12: Top Ten Infraction Categories, Fargo Public Schools (2024–25)

Key Insight. The five largest categories — Classroom Disruption (20.1%), Non-Cooperation (12.5%), Rude or Disrespectful Comments (10.8%), Inappropriate Language (9.4%), and Non-Compliance (7.4%) — are all subjective, interpretation-dependent conduct categories, and together they account for roughly 60% of all infractions. Objective, bright-line categories such as Physical Contact (6.0%) and Physical Aggression (3.1%) are comparatively rare. The subjective-versus-objective distinction applied here follows the framework established by Skiba and colleagues (2002) in "The Color of Discipline" and by the Council of State Governments Justice Center in "Breaking Schools' Rules" (2011), both of which find that racial and ethnic disparities concentrate in discretionary "defiance and disrespect" categories precisely because the threshold for documenting a student is set by adult interpretation rather than by a defined act. This is the most likely upstream mechanism behind the disproportionality shown in Figure 13.

Figure 13 compares each group's share of infractions to its share of district enrollment.



Enrollment: ND DPI, insights.nd.gov (2023–24), analyzed Fargo secondary schools — the source used throughout this report. Infraction shares combine Asian and Pacific Islander to match the enrollment categories and exclude a separate multiracial category (4% of enrollment); the behavior data counts multiracial students within each race they selected, modestly inflating single-race infraction shares relative to enrollment.

Figure 13: Racial Composition of Discipline vs. Enrollment, Fargo Public Schools (2024–25). Enrollment baseline: Fargo Public Schools secondary (ND DPI / insights.nd.gov, 2023–24); cf. Figure 2, which uses combined-district K–12 enrollment.

Key Insight. Measured against Fargo Public Schools enrollment (ND DPI, insights.nd.gov, 2023–24), Black students represent 27.3% of all infractions but 15% of enrollment (+12.3 percentage points), and American Indian students 9.5% of infractions but 4% of enrollment (+5.5 points). Hispanic students are close to proportionate (8.5% vs. 7%), Asian and Pacific Islander students are slightly underrepresented (2.4% vs. 3%), and White students are substantially underrepresented (52.4% of infractions vs. 67% of enrollment, −14.6 points). These school-discipline gaps run in the same direction as the court-referral gaps documented in Section 6.2 and Figure 2, where Black and American Indian youth are likewise overrepresented — evidence that the court-referral disparity is substantially inherited from an upstream school-discipline disparity rather than generated at court intake.

Figure 14 examines what happens after a major infraction is recorded, showing the mix of staff responses by race. This analysis is restricted to major infractions; see the Important Note below on why minor-infraction responses cannot be classified by severity.

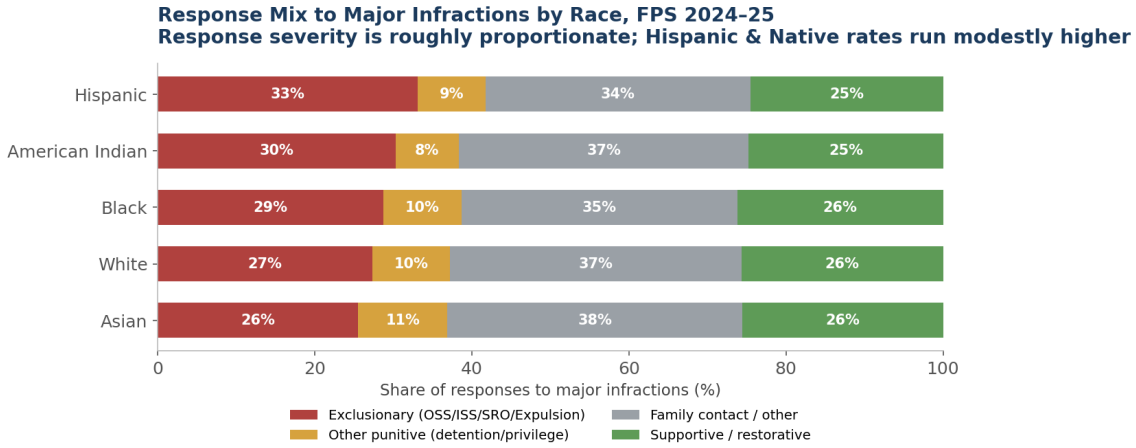


Figure 14: Response Mix to Major Infractions by Race, Fargo Public Schools (2024–25)

Key Insight. Once a major infraction is logged, the type of response is roughly proportionate across racial groups: exclusionary responses (out-of-school suspension, in-school suspension, SRO involvement, and expulsion) range from 27% to 33%, and supportive or restorative responses from 24% to 26%. Hispanic (33%) and American Indian (30%) students see modestly higher exclusionary rates than White students (27%). The central finding is that the disparity is concentrated at the front door — who gets written up — rather than in downstream response severity. This is an important and defensible distinction: it directs intervention toward referral-decision practices and the discretionary categories in Figure 12, rather than toward consequence schedules. The modest elevation in exclusionary responses for Hispanic and American Indian students nonetheless warrants ongoing monitoring.

Important Note: Data Limitations. Three constraints bound the interpretation of this data, each confirmed in May–June 2026 correspondence with Fargo Public Schools. First, a single infraction may receive multiple responses, so response totals (16,801) exceed infraction totals (13,095) and should not be read as one-to-one. Second, in the 2024–25 school year the minor-infraction reporting form did not offer suspension or expulsion as selectable staff responses; any such exclusionary outcomes for minor infractions were recorded under "Other" (16.3% of high-school and 9.9% of middle-school minor responses), alongside actions such as office referral and loss of bussing privileges. For this reason the response-mix analysis in Figure 14 is restricted to major infractions, where out-of-school suspension, in-school suspension, SRO involvement, and expulsion are discrete, selectable fields; the district reports these options are available on the minor-infraction form for the current school year. Third, the enrollment baseline in Figure 13 is drawn from ND DPI (insights.nd.gov, 2023–24), the same source used elsewhere in this report; because the behavior data counts students who selected multiple races within each race they reported, while enrollment reports a separate multiracial category (4%), the single-race infraction

shares are modestly inflated relative to enrollment, and the disparity gaps should be read as close approximations.

Assessment Conclusion. The 2024–25 behavior data confirms that Fargo Public Schools exhibits the same racial and ethnic disparities at the school-discipline stage that this assessment documents at the court-referral stage, and that the disparity is concentrated in who enters the discipline system rather than in how severely students are treated once inside it. Together these findings point to a clear intervention target: the subjective, discretionary infraction categories that drive most documentation, concentrated at the middle-school level. Reducing reliance on "defiance and disrespect" referrals — through the restorative and PBIS investments described in Section 4.4, applied with fidelity and monitored for disaggregated impact — would address the disparity at its documented point of origin. The district should also disaggregate and publish these discipline metrics by race and school annually, consistent with the accountability recommendation in Section 4.11.

West Fargo Public Schools

Principals are not required to complete the "responses" field for behavior infractions. The "consequences" field is not required, with an estimate that less than 50% of entries have an associated consequence.

4.4 Restorative Practices

Restorative practices are school-based prevention strategies and directly aligned with the purpose of this report. They are an evidence-based alternative to exclusionary discipline and court referral, and identified in North Dakota's Three-Year Plan as one of the state's top-three priority needs, and the disparity findings in Section 4.3 point to the discretionary, "defiance and disrespect" conduct that restorative approaches are specifically designed to address. The question for each district is therefore not whether restorative practice is endorsed in policy, but whether it is actually present, resourced, and active at the schools generating the most referrals. The findings below assess that gap.

What the research shows about restorative practices and racial disparities. The evidence shows restorative practices are effective for Black, American Indian, Hispanic, and multiracial youth dependent heavily on implementation quality. Schools serving higher proportions of Black and Hispanic students are less likely to adopt restorative practices in the first place (Payne & Welch, 2015, 2018). Where they are adopted, racial discipline gaps often close only modestly (Anyon et al., 2014, 2016; Gregory, Huang, Anyon, Greer & Downing, 2018; Hashim et al., 2018; Davison et al., 2022), and staff tend to revert to punitive responses in challenging disciplinary moments without explicit critical and cultural training (Lustick, 2017, 2022). Counter-evidence from Chicago Public Schools and the RAND Pittsburgh randomized trial shows that well-implemented restorative practices can produce larger benefits for Black students (Augustine et al., 2018; University of Chicago Consortium on School Research). For the Cass County system — where 47% of referred youth are Black, American Indian, Hispanic, or multiracial and American Indian youth are particularly overrepresented — the implication is that restorative practices must be paired with (1)

implementation-fidelity monitoring, (2) culturally responsive practice training for facilitators, and (3) disaggregated outcome tracking by race/ethnicity to confirm whether restorative interventions are reducing or maintaining disparities at the provider and school level.

West Fargo Public Schools

Despite the district's stated commitment to restorative practices, assessment findings reveal a significant gap between policy language and actual implementation, particularly at the high school level. There is no evidence of restorative practices being present in the two West Fargo high schools with the most court referrals—Sheyenne High School and West Fargo High School. Where restorative practices do exist, they appear to function on an as-needed, reactive basis for intervention rather than as a systematic prevention strategy.

The district's website states that "many of the district's schools have implemented restorative practices within their disciplinary system" and that schools are "incorporating strategies such as Circles, peer mediation, and restorative conversations." However, West Fargo school district acknowledged that the district cannot confirm which schools have implemented restorative practices to any specific threshold, noting that some buildings focus on proactive Community Circles, others use Restorative Conferencing only, and others do not use restorative practices at all.

Key findings on West Fargo restorative practices capacity:

- **Training is optional and infrequent:** The most recent training was in August, reaching only 15–20 staff and administrators in Circles. There is no regular schedule or requirement for staff to attend training on a rotating basis.
- **Consensus Council support has reduced significantly:** Consensus Council is currently active only at Heritage Middle School, and in a limited capacity due to staff turnover. Their presence at Liberty Middle School was recently discontinued. Services are available to all secondary sites only on an as-needed basis—for example, Sheyenne High School recently received restorative support to resolve a specific situation, but this is not ongoing.
- **All dedicated restorative practices positions have been eliminated:** Three restorative practice leader positions (two at West Fargo High School and one at Heritage Middle School), created through ESSER funding, were discontinued when the funding ended. According to West Fargo school district, these were the only positions in the district dedicated to restorative practices. No replacement positions have been established.
- **Behavioral Health and Wellness infrastructure:** In January 2023, West Fargo became the first district in the state to establish a Department of Behavioral Health and Wellness, following a $12 million grant from the Department of Education. The district employs approximately 40 counselors, 14 social workers, and 8 social-emotional behavior interventionists. However, this significant investment in behavioral health infrastructure has not translated into systematic, prevention-oriented restorative practices at the high school level where referral concentrations are highest.

Assessment Conclusion: The disconnect between the district's public messaging on restorative practices and the reality confirmed by district leadership is notable. The two high schools generating the most court referrals have no established restorative practices presence. Restorative support from Consensus Council is limited to as-needed, reactive responses rather than ongoing prevention. With the loss of all dedicated restorative practice positions and optional-only training, West Fargo lacks the infrastructure needed for restorative practices to meaningfully reduce referrals or address racial disparities at the school level.

Fargo Public Schools

Fargo Public Schools is pursuing a multi-layered approach to school climate improvement that integrates restorative practices within a broader framework of Positive Behavioral Interventions and Supports (PBIS), Catalyst coaching, and social-emotional learning. Key strategic metrics and initiatives include:

- **Belonging metric:** The district's Strategic Initiative 2 (Positive School Culture and Safety) aims to annually increase the percentage of students reporting a strong sense of belonging by 2% each year, targeting a 10% overall improvement by the 2029–2030 school year. In spring 2024, 78% of students reported strong belonging, rising to 86% by spring 2025—an 8-percentage point improvement that exceeds the annual target and nearly achieves the end goal. However, this measure was newly adopted in spring 2025, meaning it reflects baseline monitoring rather than a previously established accountability target.
- **Measurement concern with aggregate belonging data:** Because the climate survey respondents were 65–70% White and 13% Black, the aggregate "belonging" score is heavily weighted toward the majority group's experience and may mask significant disparities. YRBS data shows that racial and ethnic discrimination was reported at 40% for middle school and 30% for high school in Fargo—both higher than regional, state, and national averages. The district's positive aggregate trend does not account for the experiences of Black, American Indian, Hispanic, and multiracial students, who report substantially higher rates of racial and ethnic discrimination.
- **Major behavior incidents:** The district aims to reduce major behavioral incidents (Level 3, 4, or 5 per the Code of Conduct) by an average of 3% annually, targeting a 15% reduction by 2029–2030. In spring 2025, 4,557 major behavior reports were recorded compared to 4,638 in spring 2024—a decrease of 81 incidents (1.75%), which shows progress but falls short of the 3% annual goal. This measure was also newly created in spring 2025 and was not an official benchmark during the 2024–2025 school year.
- **Restorative practices integration:** FPS is embedding restorative approaches within a braided system that includes Catalyst coaching for teachers, PBIS-driven culture-building lessons, and a revised Code of Conduct that expands restorative pathways for accountability while reducing reliance on exclusionary discipline. With support from the ND Behavioral Health Grant, the district is increasing teacher coaching to ensure Catalyst Foundational Skills are consistently implemented. Many counselors, PBTs, and administrators have engaged in Circle training and are piloting student-led restorative

approaches. Schools have completed PBIS Tiered Fidelity Inventories to identify strengths and incorporate them into School Improvement Plans, and schools participated in PBIS summer writing sessions to develop lessons on the district's Guidelines for Success.

Assessment Conclusion: Fargo Public Schools demonstrates a more systemic and intentional approach to integrating restorative practices compared to West Fargo, with active investment in PBIS, Catalyst coaching, Code of Conduct revision, and Circle training pilots. However, the district's reliance on aggregate belonging and behavior metrics without disaggregation by race/ethnicity is a significant limitation. The positive trends reported at the district level may conceal persistent disparities in the experiences of Black, American Indian, Hispanic, and multiracial students, particularly given the YRBS data showing elevated rates of student-reported racial and ethnic discrimination. To strengthen accountability, the district should disaggregate all strategic metrics by race/ethnicity at the school level and align its climate improvement efforts with the R/ED objectives of this assessment.

4.5 School-Based Behavioral Health Partnerships

West Fargo Public Schools maintains formal service agreements with several outside behavioral health providers. Its two largest are with Solutions Behavioral Healthcare Professionals — which provides mental health and intensive behavioral services together with indirect and consultative support for planning pre-interventions — and Nexus-PATH Family Healing, which provides therapeutic mental health services and targeted case management (four case managers and two therapists under the 2025–26 agreement). Each of these two providers serves roughly 80 students, a third provider serves about 25, and additional agreements are pending; both lead agreements run through June 30, 2026. The gap this assessment identifies is not the existence of behavioral health partnerships in West Fargo but their structure relative to a tiered, prevention-oriented Interconnected Systems Framework (ISF), and whether the same is true in Fargo Public Schools. Fargo Public Schools maintains comparable agreements. According to the district, its three largest behavioral health partners in 2025–26 are the UND Health Hub (serving roughly 80 students), Empower Counseling (about 60), and Nexus-PATH Family Healing (about 35), with the remaining providers each serving roughly 20 students or fewer. Empower Counseling operates under a co-located services contract through which licensed clinicians deliver on-site clinical services (up to three hours per week per location), billed first to insurance with the district covering the balance; Nexus-PATH operates a mental health therapeutic treatment center at Explorer Academy and provides targeted case management at Carl Ben Eielson Middle School under a 2024–2026 agreement. Additional partners include Solutions Behavioral Healthcare Professionals (2025–26 MOUs) and Full Circle Pediatric Solutions, which provides board-certified behavior-analytic assessment and support planning. The UND Health Hub memorandum of understanding is pending from the Fargo school district office and will be incorporated once received.

West Fargo's agreements are a meaningful foundation, but they are principally purchased-service contracts under which the district pays providers to deliver clinical treatment and case management to identified students, rather than a population-level, prevention-first ISF that embeds clinicians at little or no cost to the district, convenes weekly school-based ISF teams, and

leads with Tier 1 universal prevention. To the degree that Cass County districts lack that tiered structure — Fargo's agreements, like West Fargo's, are treatment-oriented purchased services rather than a population-level ISF — schools still have a weaker formal mechanism for early identification, universal and selective prevention, and shared data between schools and providers. This gap is particularly significant given that 2025 referral data shows Fargo Public Schools and West Fargo Public Schools are major sources of juvenile court referrals, and that the largest offense category driving referrals is assault (32.4%), which often originates on school grounds. Building on both districts' existing provider relationships to organize these services into a tiered, prevention-oriented ISF should be a priority recommendation of this assessment.

A related gap concerns referral accountability. A strong referral process uses a structured form requiring schools to document: (1) all current and past interventions and services in which the youth has been involved, and (2) the specific reasons why current services are no longer appropriate or not meeting the student's needs. This documentation requirement ensures that the behavioral health provider receives a complete intervention history before initiating services, and it creates accountability that schools have in fact exhausted available interventions before escalating to an external referral.

In Cass County, school districts are not currently required by the court to provide details on how they exhausted all interventions prior to a court referral. Typically, all that is needed for a referral is a police report of the incident. While HB 1328 (Century Code 27-20.4-05.1) requires that schools exhaust interventions before referring for infractions and misdemeanors, there is no standardized form or documentation process to verify compliance. The Cass County Juvenile Court should create a referral form that requires schools to list all prior interventions attempted, the duration and outcome of each, and the specific reasons why those interventions were insufficient—before the court will accept a school-based referral. Additionally, the court should consider entering into MOUs with Cass County school districts that establish shared expectations for student data confidentiality, with HIPAA- and FERPA-compliant provisions for release of information, confidentiality, and data-sharing protocols that protect student privacy while enabling coordinated intervention.

4.6 Interventions-to-Referral Ratio

The Interventions-to-Referral Ratio (IRR) measures total school-based interventions divided by total court referrals. When calculated by race/ethnicity, it answers: Are some groups given more chances than others before court involvement? A higher ratio indicates more intervention attempts before referral; a lower ratio indicates faster escalation and unwarranted variation in discretionary decision-making.

This ratio can now be calculated directly. The 2024–25 Fargo Public Schools behavior extract analyzed in Section 4.3 supplies the numerator (total school-based interventions by race), and the 2025 Cass County court referral records supply the denominator (every youth referred to court from a Fargo Public Schools middle or high school, by race). Because the intervention data covers only middle and high schools, the referral denominator is matched to the same scope — the

district's four high schools and three middle schools, 118 referred youth — and Fargo elementary referrals are excluded from both sides. The resulting ratio is shown in Figure 15, indexed to White students at 1.00.

The ratio is expressed as an index relative to White students: each group's interventions-per-referral figure is divided by the White students' figure, so White is set at 1.00 by definition and serves as the reference point, and any value below 1.00 means that group receives proportionally less school intervention before a court referral. In raw terms, White students received roughly 157 documented interventions per referred youth, Black students about 134 (index 0.85), and American Indian students about 102 (index 0.65) — meaning American Indian students received about 65% as much school intervention per referral as White students.

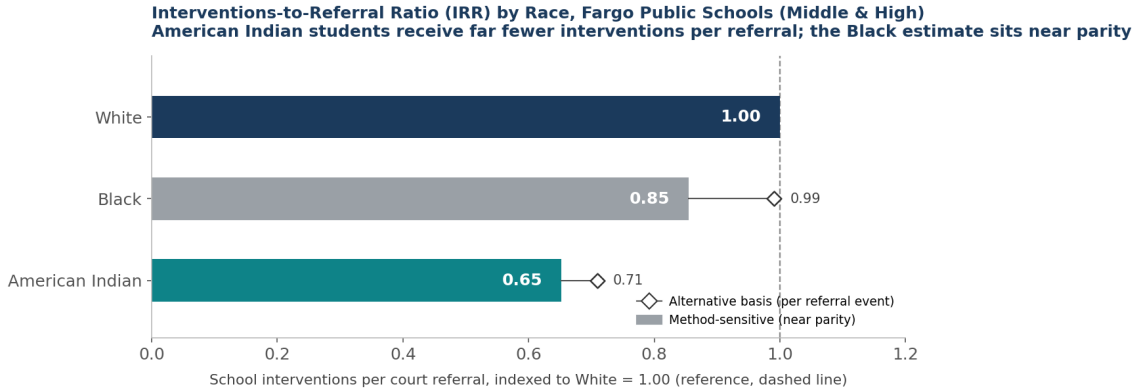


Figure 15: Interventions-to-Referral Ratio by Race, Fargo Public Schools Middle & High Schools (2024–25 interventions vs. 2025 court referrals)

Key Insight. American Indian students receive far fewer school interventions per court referral than White students. Indexed to White students at 1.00, American Indian students stand at 0.65 — roughly one-third fewer intervention attempts before referral — the fastest escalation from school response to court involvement of any group. This gap is robust: it holds whether the denominator is counted by referred youth (0.65) or by referral event (0.71). The Black estimate, by contrast, sits near parity and is sensitive to how referrals are counted (0.85 by referred youth, 0.99 by referral event), so it should not be read as a disparity. The American Indian finding is directionally consistent with the front-door disproportionality in Section 4.3 (Figure 13) and the referral disparities in Section 4.9, and it points to the same intervention target — reducing discretionary referrals and applying restorative responses with fidelity, with particular attention to American Indian students (Sections 4.4 and 4.10).

Important Note: This IRR is best read as an index of relative standing rather than an absolute rate. The denominator is the complete set of Fargo Public Schools middle- and high-school court referrals for 2025 (all four high schools and three middle schools, 118 referred youth), drawn directly from Cass County court records and matched to the middle/high scope of the intervention data; Fargo elementary referrals are excluded from both the numerator and the denominator. Three limitations remain. First, interventions are response-events from the 2024–25 school year while referrals are youth referred during the 2025 calendar year — overlapping but not identical periods.

Second, the Black index is sensitive to whether referrals are counted by youth or by referral event (0.85 vs. 0.99), because referred White youth average more school-property referrals each in this period; the by-youth figure (0.85) is used as the primary basis here, for consistency with the youth-based counting used throughout this report, and only the American Indian gap is robust to that choice. Third, Hispanic (four referred youth) and Multiracial students are too few, or not consistently classified across the two data sources, to support a stable ratio. Dakota High School, the district's alternative/virtual high school, contributes four referred youth and is assumed to be represented in district high-school behavior reporting.

4.7 Youth Risk Behavior Survey (YRBS) Overview

The Youth Risk Behavior Survey (YRBS) is a national surveillance system developed by the Centers for Disease Control and Prevention (CDC) to monitor health behaviors that contribute to the leading causes of death, disability, and social problems among youth in the United States. North Dakota Health and Human Services has conducted the YRBS in partnership with the CDC since 1995. Survey topics include mental health; interpersonal conflict; tobacco, alcohol, and substance misuse; sexual activity; and violence-related behaviors. The high school survey contains 99 questions and the middle school survey contains 56 questions. Data have been collected biennially since 1995 for the high school survey and since 2007 for the middle school survey.

Methodology. The YRBS uses a two-stage cluster sampling design: schools are selected first, then classes or periods are randomly chosen within those schools. Surveys are voluntary and anonymous. Procedures protect student privacy, and local parent permission procedures are followed before administration, including informing parents that their child's participation is voluntary. Results are reported statewide and at regional levels (Region 5 covers the Fargo area) rather than by district, town, or individual student, though school-specific aggregates can be analyzed when sample sizes are sufficient.

Juvenile Justice Relevance. While the YRBS does not use the term "delinquency," it monitors several "priority health-risk behaviors" that are established indicators or precursors of delinquent behavior, including substance abuse, violence-related behaviors (such as carrying weapons or physical fighting), and gang involvement. Cross-sector policymakers use YRBS data to address juvenile justice issues through three primary mechanisms: (1) targeting risk factors that predict delinquency; (2) tracking trends in youth victimization and mental health, as the Council of State Governments (CSG) Justice Center does in its juvenile justice research; and (3) informing local and state policies aimed at reducing structural drivers of justice involvement, including unfair school discipline and student-reported racial and ethnic discrimination that contribute to the school-to-court referral pathway.

How the Data Are Used. YRBS results help policymakers, school administrators, social service workers, and health personnel monitor risk behaviors linked to major causes of mortality and morbidity among youth. Beyond clinical health, the data are used to develop policies; plan and improve youth-based programs; determine existing health needs to support intervention design; document need in grant submissions; and improve classroom curricula aimed at reducing

unhealthy and high-risk behaviors among adolescents. For Cass County's juvenile justice prevention framework (Section 8), YRBS provides the population-level early-warning function that complements the individual-level YASI risk assessment used by the court after referral.

The table below summarizes the YRBS indicators most relevant to juvenile justice prevention in Cass County, the YASI risk domain each indicator maps to, the published benchmark values for Region 5 and the State of North Dakota (2023 YRBS), and the corresponding offense categories observed in 2025 court referral data.

YRBS Indicator	YASI Domain Mapping	Benchmarks (Region 5 / State)	Court Referral Parallel
Bullying at school	Aggression / Violence	HS 20.9 / 20.7 · MS 41.3 / 42.1	Physical assault referrals; school-based incidents
Current marijuana use	Alcohol / Drugs	HS 8.1 / 11.4 · MS 1.3 / 3.7	Drug paraphernalia, ingesting CS, possession referrals
Racial/ethnic discrimination	Attitudes + Community / Peers	HS 23.7 / 25.7 · MS 34.4 / 33.9	Disengagement, peer affiliation, hopelessness about institutions
Sad/hopeless feelings; mental health not good; help-seeking	Mental Health	HS Sad 31/35 · MH-bad 29/31 · Help 22/20	Undetected risk pipeline; later self-harm or substance use
Carrying a weapon; physical fighting	Aggression / Violence	Reported by CDC and ND HHS YRBS modules	Assault, terrorizing, weapon-at-school referrals

Table: YRBS Indicators Mapped to YASI Risk Domains and Cass County Court Referral Categories

4.8 Student-Reported Racial and Ethnic Discrimination (YRBS)

The 2023 National YRBS (CDC) reports student-reported racial and ethnic discrimination was most prevalent among Asian (57%), Multiracial (49%), and Black (46%) students, and least prevalent for White students (17%). Local YRBS data for Fargo shows student-reported racial and ethnic discrimination at 40% for middle school and 30% for high school, both exceeding regional, state, and national averages. Aggregate belonging scores may mask disparities given the student composition of 65–70% White and 13% Black.

4.9 YRBS Findings: School-Level Risk Indicators and Court Referrals

Analysis of 2023 YRBS data combined with 2025 Cass County court referral data identifies eight schools that account for 165 of 202 school-linked youth referrals — approximately 81% of all school-property referrals in the county. This 8-school analysis applies a uniform 4-criterion rubric to test whether elevated YRBS risk indicators align with the dominant offense type in each school's

court referrals, and a fifth criterion (added in revision) testing for elevated mental-health distress and low help-seeking as a signal of undetected upstream risk.

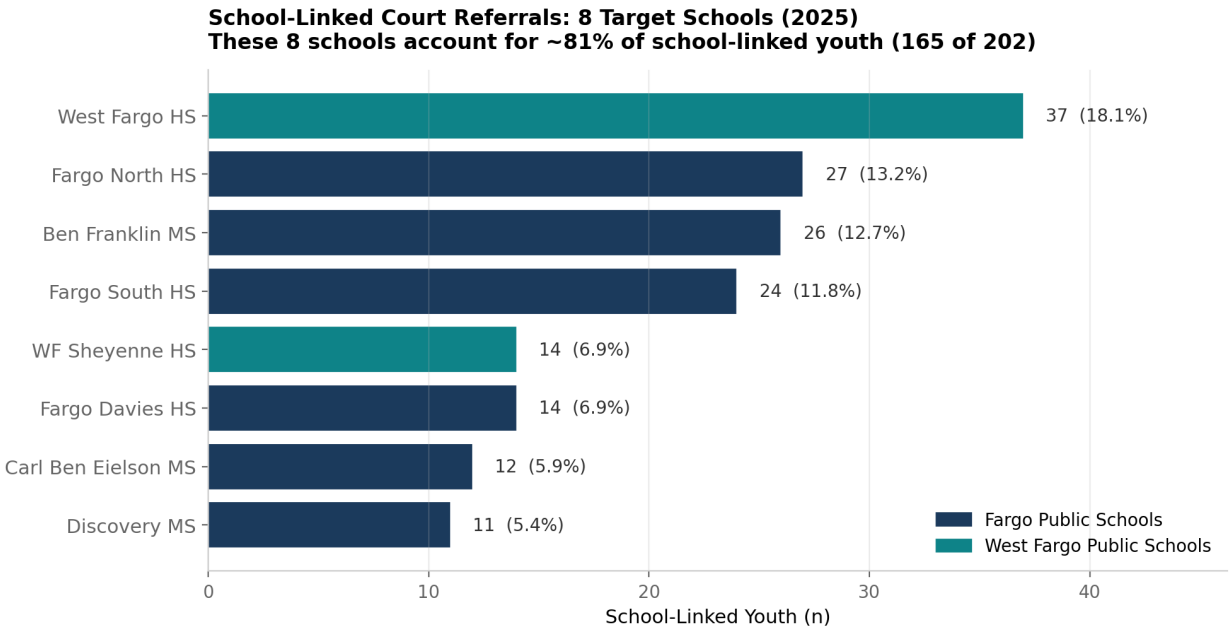


Figure 16: School-Linked Court Referrals by School (2025) — 8 schools account for ~81% of school-linked youth

Referral Concentration. West Fargo HS leads the eight schools with 37 school-linked youth (18.1% of school-referred youth in 2025), followed by Fargo North HS (27 youth, 13.2%), Ben Franklin MS (26 youth, 12.7%), and Fargo South HS (24 youth, 11.8%). Three additional high schools (Fargo Davies, WF Sheyenne) and two middle schools (Carl Ben Eielson, Discovery) round out the top eight. The remaining 37 school-linked youth (19%) are distributed across 18 other schools, suggesting that any targeted school-based prevention investment should begin with the eight schools above.

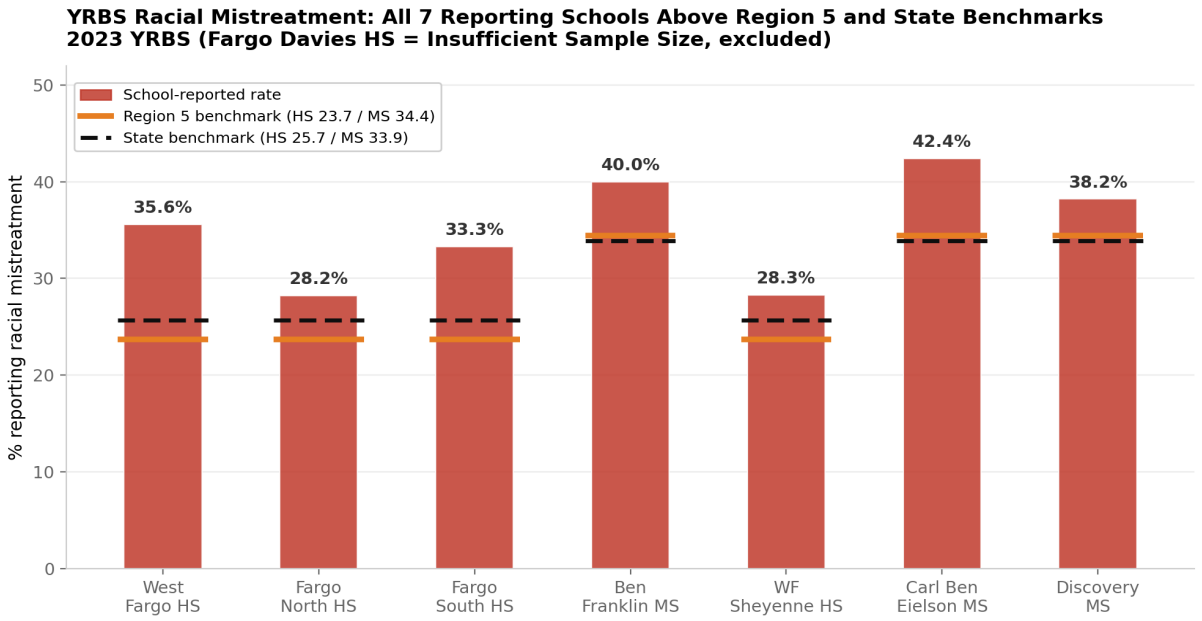


Figure 17: YRBS Student-Reported Racial and Ethnic Discrimination Rate by School vs. Region 5 and State Benchmarks (2023 YRBS)

Universal Elevation in Student-Reported Discrimination. The most striking pattern in the 8-school analysis is that every school with reportable YRBS data shows student-reported racial and ethnic discrimination rates above both the Region 5 and State of North Dakota benchmarks. Rates range from 28.2% (Fargo North HS) to 42.4% (Carl Ben Eielson MS), compared to Region 5 benchmarks of 23.7% (HS) and 34.4% (MS), and State benchmarks of 25.7% (HS) and 33.9% (MS). Fargo Davies HS could not be assessed due to insufficient sample size (ISS). In YASI terms, this universal elevation signals elevated Attitudes and Community/Peers domain risk across the entire Cass County school population sampled — not isolated to specific schools or specific neighborhoods. This finding directly parallels the +14-percentage-point overrepresentation of Black, American Indian, Hispanic, and multiracial youth in court referrals documented in Section 2.2.

The table below summarizes the rubric outcome for each of the eight schools. Symbols ▲ (above both R5 and State benchmarks), ▼ (below both benchmarks), and ISS (insufficient sample size) indicate the YRBS direction relative to published benchmarks. The final column reports the overall alignment between elevated YRBS indicators and the dominant offense type observed in court referrals.

School	Referrals	Top 2 Offense Categories	Key YRBS Indicators (vs. R5 / State)	YRBS→Court Alignment
West Fargo HS	37 (18.1%)	Drug 49% / Assault 38%	Marijuana 7.3% ▼; Bullying 15.3% ▼; RM 35.6% ▲	No — R.E.D./enforcement likely driving

Fargo North HS	27 (13.2%)	Drug 44% / Assault 26%	Marijuana 16.4% ▲; Bullying 23.9% ▲; RM 28.2% ▲	Yes — YRBS predicts referral type
Fargo South HS	24 (11.8%)	Drug 46% / Assault 21%	Marijuana 9.2% mixed; Sadness 38% ▲; Help-seeking low	Partial — undetected MH pipeline
Ben Franklin MS	26 (12.7%)	Assault 54% / Drug 12%	Bullying 54% ▲; Marijuana 2.9% mixed; RM 40.0% ▲	Yes — strongest YRBS-to-court match
Fargo Davies HS	14 (6.9%)	Drug 29% / Assault 36%	ISS — sample size too small to report	ISS; 67% Black youth in referrals
WF Sheyenne HS	14 (6.9%)	Assault 50% / Drug 14%	Bullying 14.6% ▼; Marijuana 7.6% ▼; RM 28.3% ▲	No — YRBS does not predict pattern
Carl Ben Eielson MS	12 (5.9%)	Assault 50% / Drug 33%	RM 42.4% ▲ (highest); Bullying 39.5% ▼; MH elevated	Partial — strongest RM signal; MH risk
Discovery MS	11 (5.4%)	Drug 45% / Assault 9%	Marijuana 0.0% ▼; Bullying 40.4% ▼; RM 38.2% ▲	No — drug-dominant pattern unexplained

Table: 8-School YRBS-to-Court Alignment Summary (2023 YRBS · 2025 Court Data)

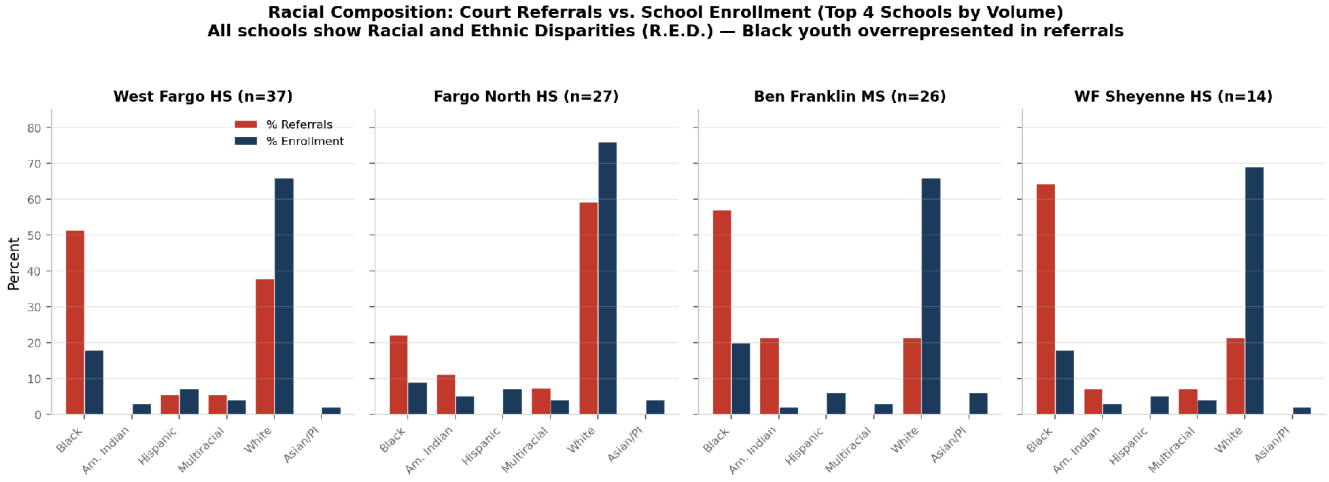


Figure 18: Racial Composition of Court Referrals vs. School Enrollment (Top 4 Schools by Volume)

Racial and Ethnic Disparities (R.E.D.) Are Universal. All eight schools show R.E.D. — the racial composition of court referrals does not match the racial composition of school enrollment. Black youth are overrepresented in referrals at every school. At West Fargo HS, Black students are 18% of enrollment but 51.4% of referrals (a +33.4 percentage-point gap). At WF Sheyenne HS, Black students are 18% of enrollment but 64.3% of referrals (+46.3 pts). At Ben Franklin MS, Black students are 20% of enrollment but 57.1% of referrals (+37.1 pts). American Indian youth are also

overrepresented at several schools (notably Ben Franklin MS, where they are 2% of enrollment but 21.4% of referrals, +19.4 pts). White youth are correspondingly underrepresented at every school. These disparities are reported by the Juvenile Justice Reform Act (JJRA 2018) as R.E.D. and trigger federal monitoring requirements.

Interpretive Categories. Combining the YRBS-court alignment with R.E.D. patterns produces four interpretive categories for the eight schools. (1) YRBS predicts the referral pattern: Fargo North HS and Ben Franklin MS show elevated bullying and/or marijuana use directly matching assault and drug referrals. (2) Undetected mental-health pipeline: Fargo South HS and Carl Ben Eielson MS show elevated sadness/hopelessness and low help-seeking, suggesting the YASI Mental Health domain is the actionable risk factor rather than the offense categories themselves. (3) YRBS does not predict: West Fargo HS, WF Sheyenne HS, and Discovery MS show YRBS risk indicators below or mixed against benchmarks but referrals remain concentrated — suggesting enforcement discretion or structural factors not captured by survey data are driving referrals. (4) Insufficient data: Fargo Davies HS (ISS) cannot be assessed by YRBS, but 67% of its referrals are of Black youth, indicating a clear R.E.D. signal independent of YRBS.

Implications for Prevention Investment. Schools where YRBS predicts the referral pattern (Fargo North HS, Ben Franklin MS) warrant evidence-based investments in bullying prevention and substance-use education — interventions in the YASI Aggression/Violence and Alcohol/Drugs domains. Schools showing the undetected mental-health pipeline (Fargo South HS, Carl Ben Eielson MS) warrant immediate investment in school-based behavioral health partnerships of the type described in Section 4.5, with structured help-seeking pathways and clinician access. Schools where YRBS does not predict the referral pattern (West Fargo HS, WF Sheyenne HS, Discovery MS) require examination of school discipline policies, SRO discretion, and the Interventions-to-Referral Ratio described in Section 4.6 — the cause of elevated referrals is likely institutional rather than behavioral. R.E.D. findings across all eight schools indicate that cultural-competence training, restorative practices restoration (Section 4.4), and pre-referral linkage to community providers (Section 8.7) are needed at the district level rather than at individual schools.

4.10 The North Dakota MTSS Framework

The school-side findings in this section map directly onto a framework North Dakota schools already have: the state's Multi-Tiered System of Support (ND MTSS). ND MTSS is the state's framework for organizing academic, behavioral, and social-emotional supports into three tiers — universal supports for all students (Tier 1), targeted supports for groups showing elevated need (Tier 2), and intensive, individualized supports for students showing early warning signs (Tier 3) — using data to decide where to place resources. It is the same public-health prevention architecture this report's prevention model uses in Section 8.3.

Read through an ND MTSS lens, the findings in this section are not a set of disconnected gaps but a single message: the tiers are uneven where referrals concentrate. The discipline-disparity analysis (Section 4.3) shows that most documentation is driven by subjective, discretionary conduct categories at the middle-school level — a Tier 1 climate-and-expectations problem. The

restorative-practice findings (Section 4.4) show that the Tier 1 and Tier 2 responses that should resolve that conduct in school have contracted or been eliminated at the highest-referral buildings. The behavioral-health-partnership findings (Section 4.5) show that Tier 3 clinical supports exist but are organized as purchased treatment rather than as a tiered, prevention-first system. And the school-level YRBS analysis (Section 4.9) shows that elevated risk and student-reported racial and ethnic discrimination are concentrated in identifiable schools where Tier 2 and Tier 3 investment is warranted. ND MTSS is the structure that ties these together.

Analysis and recommendation. Cass County districts do not need to adopt a new framework to act on this report; they need to operate ND MTSS with fidelity and aim it specifically at referral prevention. In practice this means: (1) using disaggregated discipline and YRBS data (Sections 4.3 and 4.9) as the ND MTSS screening layer to identify which schools and student groups need Tier 2 and Tier 3 investment; (2) restoring Tier 1 and Tier 2 restorative capacity at the highest-referral schools (Section 4.4); (3) organizing the behavioral-health partnerships in Section 4.5 into the Tier 3 layer of ND MTSS rather than as standalone purchased services; and (4) measuring fidelity and disaggregated outcomes at each tier so the framework is accountable for closing, not masking, the racial disparities documented here. This aligns the schools' existing ND MTSS work with the pre-referral prevention tiering model in Section 8.3.

4.11 School District Policy Recommendations

1. Comply with Century Code 27-20.4-05.1: exhaust all discipline policies and document unsuccessful interventions before juvenile court referral.
2. Require collection of data on responses to minor and major infractions by race/ethnicity; eliminate optional data fields.
3. Fargo PS should add SRO performance evaluation to its MOU, matching West Fargo's practice.
4. Make school YRBS data public to all stakeholders for accountability.
5. Disaggregate school climate and belonging surveys by race/ethnicity at the school level.
6. Restore or establish dedicated restorative practices positions, particularly after loss of ESSER-funded positions.
7. Prioritize restorative-practice capacity at the highest-referral schools first, as the default alternative to referral (Section 4.4): deploy new or restored positions and training to the schools generating the most referrals (Section 4.9) — beginning with West Fargo High and Sheyenne, where the assessment found no systematic restorative practice — where discipline disparities are also greatest (Figures 13 and 15), and track implementation against each school's referral and infraction data, so that low-level conduct is resolved in school rather than routed to court.
8. Operate the North Dakota MTSS framework with fidelity and aim it explicitly at referral prevention: use disaggregated discipline and YRBS data as the screening layer to target Tier

2 and Tier 3 investment, organize behavioral-health partnerships (Section 4.5) into the Tier 3 layer, and measure disaggregated outcomes at each tier (Section 4.10).

9. 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).
10. 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.
11. 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.
12. Develop standardized process for documenting interventions prior to referral, creating an auditable compliance record.

13. 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.
14. 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.

Service Providers Assessment

5.1 Current Service Referral Landscape

In 2025, 415 of 675 referred youth (61%) were assigned to at least one program provider, while 260 youth (39%) had no program enrollment on record.

The top six providers serve 81% of all youth-provider assignments: The Change Companies (207 youth, 30.7%), Consensus Council (118 youth, 17.5%), Private Providers (100 youth, 14.8%), Juvenile Court (96 youth, 14.2%), Southeast Human Service Center (87 youth, 12.9%), and Village Family Services (80 youth, 11.9%). Youthworks, previously reported to receive 60–70% of all juvenile court referrals, served only 16 youth (2.4%) in 2025. Among the 260 youth with no provider assignment, 73% were diverted (47%) or had no further action (26%), and 75% had a most serious offense of Misdemeanor B or Infraction. A smaller group, however, carried more serious markers despite no program enrollment: 31 (12%) were adjudicated and 37 had a felony-level most-serious offense. This is the under-service counterpart to the over-service mismatch described in Section 3.1: where that finding concerns lower-risk youth placed in too-intensive programming, this one concerns higher-risk and serious-offense youth who received too little programming, or none — warranting further review of whether services were offered and declined or simply not available.

Only 8% of unassigned youth (18 youth) reached High, Moderate, or Low risk classification on YASI, suggesting most were appropriately handled without formal program enrollment. However, 31 unassigned youth (13%) were adjudicated, and 37 carried a felony-level most-serious offense, despite no program enrollment — warranting further review of whether program services were offered and declined or simply not available. This is the under-service counterpart to the over-service mismatch described in Section 3.1: where that finding concerns lower-risk youth placed in too-intensive programming, this one concerns higher-risk and serious-offense youth who received too little, or none.

5.2 YASI Risk Information Sharing

Service providers do not receive formal YASI risk assessment data with referrals. Providers receive a referral form with contact information, demographics, offense type, case status (diversion, informal adjustment, or adjudicated), and a police report. Without YASI data, providers estimate risk based on offense seriousness alone, which research shows is unreliable. A youth charged with the same offense could be low, moderate, or high risk depending on their overall circumstances.

The 2025 program assignment data reveals that 63% of assigned youth are High Risk (148 youth, 36%) or Moderate Risk (110 youth, 27%), while only 4% are Low Risk (16 youth) and 25% are on Diversion (105 youth). This supervision-track count is distinct from the 274 youth (40.6% of all 675 referred) whose case disposition was diversion, reported in Section 2.2: the former is a supervision classification among youth assigned to a program, the latter a post-referral outcome across the full referred population. Yet providers serving these youth do not know their YASI classification. Southeast Human Service Center carries a caseload that is 60% High Risk, Village Family Services 55% High Risk, and Private Providers 46% High Risk—all higher than the Juvenile Court's own programs (35% High Risk).

Without YASI data, these providers cannot calibrate service intensity to risk level, which is a core requirement of the Risk-Needs-Responsivity (RNR) model and the SPEP framework. Additionally, 163 youth (24.1% of all referred youth) had repeat referrals, with Black, Hispanic, and multiracial youth returning at significantly higher rates (28.7%, 29.2%, and 47.6% respectively, vs. White 19.8%), suggesting that current service matching without YASI data may not be effectively addressing the needs of the youth most likely to recidivate.

A further gap concerns the 260 youth — 39% of the 675 referred — who had no program enrollment on record in 2025. Most appear to have been handled appropriately without a formal program: roughly three-quarters had a most-serious offense at the Misdemeanor B or Infraction level, and the majority were diverted or received no further action. A smaller group, however, carried more serious markers despite no service-program enrollment: 37 had a felony-level most-serious offense and 31 were adjudicated. Because YASI risk and supervision level are recorded only through the program-enrollment process, these 260 youth also have no documented risk classification on record. The information-sharing gap is thus most acute for the youth who received no service — particularly the felony-level and adjudicated youth among them, for whom the court has neither matched a program nor recorded a risk assessment that would indicate whether one was warranted. Some adjudicated youth may be on probation or court supervision not captured here as a service-program enrollment; the court should confirm whether these youth received any structured intervention.

5.3 SPEP Gap Analysis

This assessment recommends evaluating service providers against the four Standardized Program Evaluation Protocol (SPEP) criteria:

SPEP Criterion	What It Requires	Assessment Question

1. Risk Correctly Assessed	Provider uses validated risk tool; can report risk distribution.	Does the provider receive YASI risk levels with referrals?
2. Program Type Fits Needs	Service type clearly defined; model/modalities documented.	Is the program evidence-based and matched to criminogenic needs?
3. Dosage Sufficient	Dosage defined and tracked; attendance captured.	Does the provider track whether youth receive intended service amount?
4. Quality High & Consistent	Quality system exists with training, supervision, fidelity/QA checks.	Does the provider conduct fidelity monitoring and QA reviews?

The 2025 program outcome data provides a baseline for evaluating provider effectiveness against these SPEP criteria. Among the top six providers, completion rates ranged from 44% (Private Providers) to 68% (Village Family Services). Village Family Services achieved the highest completion rate despite serving a caseload that was 55% High Risk, suggesting strong program quality. Southeast Human Service Center completed 57% of cases despite the highest-risk caseload (60% High Risk). The Change Companies, the highest-volume provider (207 youth), completed 58% of cases with 14% unsuccessful. Consensus Council completed 66% with only 8% active, indicating efficient case processing. Private Providers had the lowest completion rate (44%) and highest active rate (33%), which may reflect longer treatment timelines or cases still in progress. These outcome variations across providers with different risk-level compositions highlight the need for standardized SPEP evaluation to determine whether completion rates reflect program quality, appropriate risk matching, or differences in service type and duration.

SPEP Provider Benchmarks for the Top Six Court-Referred Providers

Completion rates alone cannot distinguish those explanations, so this section scores the six providers against SPEP directly — the field standard for gauging whether juvenile justice programs deliver the type, dosage, and quality of service most likely to reduce reoffending. Developed by Dr. Mark Lipsey at Vanderbilt's Peabody Research Institute and based on a meta-analysis of 500+ studies over 30 years, SPEP has been adopted statewide in Pennsylvania, Virginia, Florida, and North Carolina; at the state-county hybrid level in Iowa; and at the county level in Milwaukee County, Wisconsin. North Dakota has not yet adopted SPEP statewide; the analysis below represents a regional first in applying the framework to Cass County's top six court-referred providers.

SPEP evaluates each program on four dimensions: (1) Service Type — whether the program category matches what the evidence base supports for the target population; (2) Service Dosage — scored as two independent line items, weeks of duration and direct contact hours with youth, each carrying 10 points and not interchangeable; (3) Service Quality — protocol fidelity, staff training, supervision, and implementation consistency; and (4) Youth Risk Level — the percentage of youth served who are moderate-to-high risk as assessed by YASI or an equivalent validated tool. Research shows the strongest reductions in reoffending (15–20 percentage points) occur when all

four dimensions align; missing any single dimension drops the expected effect to 8–12 percentage points, and poor alignment on multiple dimensions can produce zero benefit or even net harm — particularly when low-risk youth are placed into intensive programming.

Data Quality Finding: The StartDTE and StatusDTE fields in the Cass County juvenile court referral file are not reliably capturing case duration for any provider evaluated. A significant proportion of closed records have an end date BEFORE the start date — 17.3% for Consensus Council, 39.1% for The Change Companies, and 47.4% for Village Family Services — which is logically impossible. Median valid durations (5.3 to 10.9 weeks across providers) are rough proxies at best, not confirmed durations. The benchmarks below score Dimension 2 (Duration) from provider-confirmed session data wherever available and flag it as Unscoreable where it is not. A separate juvenile court Evidence-Based Services module pull, capturing encounter-level date and contact-hour data, is required before Dimension 2 can be fully scored for any provider.

How to Read the Table. The table below presents SPEP scoring across all four SPEP dimensions for the six providers serving 81% of all court-referred youth in 2025. The ten columns are: (1) Provider — the name of the program provider. (2) Youth Served — the number of distinct youth who received a service from that provider during 2025, with the percentage of all 675 referred youth in parentheses. (3) Mod+High Risk — the percentage of that provider's youth caseload classified as Moderate Risk or High Risk on the YASI risk assessment. (4) Low Risk — the percentage of that provider's youth caseload classified as Low Risk on the YASI. The remaining percentage in each row consists of Diversion-track youth (largely unassessed by YASI) and a small share of unclassified cases. Where the source data combined Low Risk with "other" or unclassified cases, the value shown is the combined ceiling with a leading "≤" and an asterisk noting the data limitation. (5) Service Type — a brief description of the service models the provider delivers and the SPEP service category they map to (for example, "CBT Skill-Building (Group 5)" refers to SPEP Service Category 5 in the Lipsey classification). Columns (6) through (10) are the four SPEP dimension scores. (6) Type Match — whether the service models the provider delivers fit a recognized SPEP service category (SPEP Dimension 1). (7) Dosage (Duration) — whether the program duration in weeks meets the SPEP benchmark for that service category (the Duration half of SPEP Dimension 2). (8) Dosage (Contact Hrs) — whether the total direct contact hours between staff and youth meet the SPEP benchmark for that service category (the Contact Hours half of SPEP Dimension 2; Duration and Contact Hours are scored independently and are not interchangeable). (9) Quality — whether the program is delivered with documented protocol fidelity, appropriate staff training, supervision, and implementation consistency (SPEP Dimension 3). (10) Risk Match — whether the risk-level distribution of the youth served by that provider (columns 3 and 4 together) matches the risk level the SPEP framework recommends for that service category (SPEP Dimension 4; columns 3 and 4 are the underlying data, while column 10 is the SPEP scoring judgment about whether that distribution is an appropriate match for the service being delivered).

Indicator Definitions. Each SPEP dimension score uses one of seven indicators, color-coded in the table for scanning. STRONG (green) = meets or exceeds the SPEP benchmark for that service

category. PARTIAL (orange) = meets some but not all requirements for that dimension. BELOW (red) = correct service type but confirmed dosage falls measurably short of the benchmark. INSUFFICIENT (purple) = not enough confirmed data exists to score, or the delivery model definitively cannot meet the target as structured. UNKNOWN (gray) = dimension cannot be evaluated in either direction with current data. MIXED (amber) = elements scoring well and elements scoring poorly that cannot be collapsed into a single rating. N/A (light gray) = dimension genuinely does not apply by design.

Acronym Glossary for the Provider Narratives. The per-provider narratives that follow use a number of clinical and program acronyms. The glossary below defines those acronyms in the order in which they appear in the table and per-provider narratives. SPEP and YASI are defined earlier in this report (at the start of this section and in Section 3.1, respectively); the focus here is on the service-specific acronyms.

Acronym	Definition
CBT	Cognitive-Behavioral Therapy — a structured therapeutic approach focused on the link between thoughts, feelings, and behavior. In SPEP, CBT-style programming is classified as Skill-Building (Group 5).
Group 1–5	SPEP Service Categories from the Lipsey classification: Group 1 = Individual Counseling; Group 2 = Restorative / Mediation; Group 3 = Family Counseling; Group 4 = Mentoring; Group 5 = Skill-Building (including CBT, behavior management, and structured group work).
PSB	Problematic Sexual Behavior — a category of juvenile offense and a program focus. Pathways PSB is a cognitive-restructuring curriculum for youth with PSB-related charges.
MST	Multisystemic Therapy — an evidence-based, in-home, family-focused treatment for youth at risk of out-of-home placement. SPEP classifies MST as a Skill-Building Group 5 intervention. Title IV-E funded at Southeast Behavioral Health Clinic at no cost to families.
IOP	Intensive Outpatient Program — a structured group treatment delivered multiple days per week. Village Family Services delivers an adolescent IOP for substance use through First Step Recovery; ASAM classifies it as Level 2.1 care.
ASAM	American Society of Addiction Medicine — the standard framework for categorizing substance use treatment intensity. Level 1 = standard outpatient; Level 2.1 = intensive outpatient; Level 3+ = residential and higher.
SU	Substance Use — used as shorthand for substance use treatment (alcohol, drug, and other addiction services).
FCE	Family-Centered Engagement — a single-session family meeting model delivered by Village Family Services as a brief restorative intervention.
BBBS	Big Brothers Big Sisters — the long-standing youth mentoring program. Delivered locally by Village Family Services and classified as SPEP Mentoring (Group 4).
VES	Victim Empathy Seminars — a structured four-hour group accountability session delivered by Consensus Council, paired with an apology letter follow-up.
LPC	Licensed Professional Counselor — a state-licensed mental health clinician. All Village Family Services therapy is delivered by LPCs.
LCSW	Licensed Clinical Social Worker — a state-licensed mental health clinician with clinical supervision authority at Southeast Behavioral Health Clinic is an LCSW.

TF-CBT	Trauma-Focused Cognitive-Behavioral Therapy — an evidence-based therapy for children and adolescents who have experienced trauma.
DBT	Dialectical Behavior Therapy — an evidence-based therapy combining CBT with mindfulness, used for emotional regulation and self-harm risk.
EMDR	Eye Movement Desensitization and Reprocessing — an evidence-based trauma therapy.
CPT	Cognitive Processing Therapy — an evidence-based CBT-based therapy for PTSD.
PCIT	Parent-Child Interaction Therapy — an evidence-based therapy for behavioral and emotional problems in young children, focused on the caregiver-child relationship.
ABC	Attachment and Biobehavioral Catch-up — an evidence-based intervention focused on caregiver responsiveness for young children at risk.
CPP	Child-Parent Psychotherapy — an evidence-based dyadic trauma therapy for young children and their caregivers.
MDCC	Multi-Disciplinary Case Conferencing — a team-based case review involving clinicians, supervisors, and consultants. Routine at Southeast Behavioral Health Clinic.
TAMS	Therapist Adherence Measure — the formal fidelity-monitoring instrument used to assess whether MST therapists are delivering the model as designed. Southeast Behavioral Health Clinic uses TAMS plus an MST expert with twice-yearly review.

Table: Acronym Glossary for the SPEP Provider Benchmarks Section

Provider	Youth Served	Mod+High Risk	Low Risk	Service Type	Type Match	Dosage (Duration)	Dosage (Contact Hrs)	Quality	Risk Match
The Change Companies	207 (30.7%)	68%	4%	CBT Skill-Building (Group 5)	STRONG	INSUFFICIENT	INSUFFICIENT	UNKNOWN	MIXED
Consensus Council	118 (17.5%)	53%	2%	Restorative (Group 2)	STRONG	BELOW	BELOW	PARTIAL	MIXED
"Private Provider" bucket	100 (14.8%)	82%	unknown	Unidentified — cannot score	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
Juvenile Court (in-house)	96 (14.2%)	67%	≤8%*	CBT + Mentoring + Supervision	STRONG	PARTIAL	BELOW	PARTIAL	MIXED
Southeast HSC (Behavioral Health Clinic)	87 (12.9%)	87%	≤4%*	MST + Counseling + SU	STRONG	PARTIAL	UNKNOWN	STRONG	STRONG
Village Family Services	80 (11.9%)	75%	0%	IOP + Outpatient + BBBS + FCE	STRONG	MIXED	MIXED	STRONG	STRONG

Table: SPEP Provider Benchmarks for the Top Six Cass County Court-Referred Providers (2025).

Important Note: The SPEP research base treats over-dosing low-risk youth as a primary harm vector — not just a missed opportunity. Placing low-risk youth into programs designed for moderate-to-high-risk youth can increase reoffending through peer contamination, system exposure, and labeling effects, with the harm outweighing any potential benefit (Lipsey &

Chapman, 2014; PA EPISCenter Benchcard, 2023). Reading the low-risk percentages in the table above against the service intensity each provider delivers reveals three patterns. Village Family Services serves 0% Low Risk youth — the cleanest responsivity match in the system and a model worth replicating. The Change Companies serves 4% Low Risk (9 youth) on CBT-style workbook programming; the SPEP deck flags this as a wrong-match (responsivity) concern, but notes that Forward Thinking workbooks are low-dose rather than intensive CBT, so the harm potential is moderate rather than severe. Southeast Behavioral Health Clinic and Juvenile Court in-house warrant the closest attention: Southeast's 4% Low Risk or other share (combined) sits alongside the highest-intensity intervention in the system (Multisystemic Therapy is the deepest end of the SPEP intervention spectrum), and Juvenile Court's 8% Low Risk or other share is paired with court-administered CBT classes and intensive Drug Court supervision. The source data for both providers combined Low Risk with unclassified cases, so the precise harm-risk count cannot yet be confirmed. Resolving this requires pulling each provider's YASI-by-program data to confirm whether any Low Risk youth are being routed to MST, Drug Court, or other moderate-to-high intensity programming — and if so, rerouting those youth to restorative services or minimal intervention. This action item is added as bullet (5) in the Provider-Specific Recommendations for both Southeast and Juvenile Court in-house below.

Per-Provider Findings. The narrative below documents the specific scoring rationale for each provider, drawing on direct correspondence with provider representatives and confirmed program documentation. Recommendations specific to each provider are summarized at the end of each subsection and integrated into the consolidated court and service-provider recommendations in Sections 9.3 and 9.4.

The Change Companies (Provider #1) — 207 youth, 289 enrollments

The Change Companies is the highest-volume court-referred provider in Cass County, serving 30.7% of all 675 youth referred in 2025. The provider operates a hybrid delivery model confirmed by Juvenile Court Services: the court purchases Forward Thinking workbooks from the vendor, youth complete journal pages independently between supervision visits, and the assigned court officer reviews and discusses workbook content during supervision contact. Per North Carolina Department of Public Safety's SPEP definition (which was co-developed with Dr. Lipsey when NC served as the founding SPEP pilot state), only direct officer contact time "engaging in an intervention with the juvenile" counts toward SPEP contact hours. Independent journaling at home does not count.

Service Type — STRONG. All 20 Forward Thinking modules (How We Think, Anger Management, Self-Control, and others) map cleanly to CBT Skill-Building Group 5 in the Lipsey classification. Officers have completed process training with the vendor; no formal certification is required for workbook facilitation.

Service Dosage — INSUFFICIENT. The CBT target is 15 weeks duration and 45 direct contact hours. The Change Companies publishes no dosage standard for Forward Thinking modules — delivery intensity is set by each individual court officer, with monthly supervision visits estimated at

approximately 8 hours total across the typical engagement. That estimate cannot be scored without a juvenile court Evidence-Based Services module pull capturing actual officer-youth contact hours, but even at the optimistic interpretation it falls far below the 45-hour CBT target.

Service Quality — UNKNOWN. Structured facilitator guides are provided by the vendor and confirmed in use. Process training with the vendor is confirmed. However, no formal certification is required for workbook facilitation; clinical supervision is not in place (court management only); and fidelity monitoring is not documented.

Youth Risk Level — MIXED. Among the 207 youth served, 68% are Moderate-to-High risk (35% High, 33% Moderate), which is appropriate for CBT Skill-Building. However, approximately 30% of the caseload is Diversion-track (26%) or Low-Risk (4%) youth. The 2024 ND Juvenile Court Best Practice Manual specifies that diversion is an intake track, not a YASI risk level — diversion-to-program youth are largely unassessed, so their risk is unmeasured rather than confirmed low. SPEP flags this pattern as a responsivity concern: youth who do not require CBT-intensity programming are nonetheless being routed into the highest-volume CBT provider in the system.

Provider-Specific Recommendations. (1) Document process-training records and facilitator-guide adherence for the SPEP evidence file. (2) Pull contact hours from the juvenile court Evidence-Based Services module so Dimension 2 can be scored against the 45-hour CBT target. (3) Establish a visit frequency protocol — monthly contact estimated at approximately 8 hours is far below target. (4) Route Diversion-track and Low-Risk youth to restorative services rather than CBT workbooks. (5) Add fidelity monitoring that tracks cognitive change, not just module completion.

Consensus Council (Provider #2) — 118 youth, 151 enrollments

Consensus Council is a statewide provider of restorative justice services (formerly housed at Lutheran Social Services of North Dakota from 1998 to 2021, transitioned to Consensus Council in 2021); restorative justice is one of its service lines rather than its sole organizational mission. Scoring is based on direct correspondence with Consensus Council across October 2025 – January 2026, supplemented by Cass County 2025 referral data. The provider delivers three programs: Restorative Conferencing, Victim Empathy Seminars (VES), and Peacemaking Circles.

Service Type — STRONG. All three programs map cleanly to SPEP Restorative Services Group 2 (Mediation / Victim–Offender Conferencing). Restorative Conferencing follows the standard pre-meeting plus full-group conference structure. VES delivers a structured 4-hour group offender accountability session plus an apology letter follow-up. Peacemaking Circles use the community restorative-circle model and are referred from schools.

Service Dosage — BELOW (contact hours and duration). The SPEP Mediation target is 4 weeks duration and 8 contact hours. Restorative Conferencing averages approximately 3 total contact hours per case (1–2 pre-meetings of 30–90 minutes per party plus a 1–2 hour conference). VES delivers 4 hours in a single session — half the 8-hour SPEP target. Peacemaking Circles average approximately 2 hours (45–90 minute circle plus pre-meetings). Duration in weeks is scored BELOW because Consensus Council's restorative programs are delivered in compressed formats

— most cases occur within a single sitting or two — against a 4-week SPEP target for restorative services. Consensus Council does not formally track time across cases by design, but the structural delivery format itself does not meet the SPEP duration target regardless of how it would be measured. Importantly, the SPEP 8-hour restorative target was designed for sustained programs, not single-session models, and the 4-week duration target carries the same design assumption. The BELOW rating therefore reflects a design-level dosage gap shared across all three Consensus Council programs (Restorative Conferencing, VES, and Peacemaking Circles) rather than a delivery failure or a tracking gap unique to this provider.

Service Quality — PARTIAL. Confirmed strengths: 2.5–3 day initial training with an 8-section manual based on the Minnesota Department of Corrections Restorative Group Conferencing model (2000, updated 2003); leadership consultation required before borderline case decisions; new facilitators shadow experienced staff before taking their own cases. Gaps: written policies and procedures are still being developed ("only JUST NOW beginning to compile" per Consensus Council); facilitators use clinical judgment ("gut") to assess youth readiness, which introduces implementation variability risk; no formal credential is required beyond Consensus Council's own in-house training; no recidivism tracking is currently in place (court portal access pending).

Youth Risk Level — MIXED. Among the 118 youth served, 53% are Moderate-to-High risk (25% High, 28% Moderate), 42% are on Diversion track (largely unassessed), and 2% are Low Risk. SPEP positions restorative services as best matched to low-risk youth and accountability goals — Consensus Council's 53% Moderate-to-High caseload may require supplemental CBT or counseling alongside the restorative work, because restorative services alone are not sufficient for higher-risk youth.

Provider-Specific Recommendations. (1) Establish formal time tracking so SPEP Dimension 2 can be scored. (2) Finalize the written policies and procedures already in progress. (3) Document screening criteria to replace informal "gut" readiness checks. (4) Coordinate with the court and other providers to add CBT or counseling for the 53% of the caseload that is Moderate-to-High risk. (5) Explore extending VES dosage toward the full 8-hour SPEP target.

"Private Provider" Bucket (Provider #3) — 100 youth, 148 enrollments

The third-largest provider in 2025 is not actually a single provider — it is an unidentified bucket recorded in the court's referral file as "Private Provider." This bucket serves 14.8% of all 675 youth and the highest-acuity caseload in the system at 82% Moderate-to-High risk (44% High, 38% Moderate). The services delivered — Individual Therapy (62 enrollments), Psychological services (20), Substance Use Evaluation (12), and Psychiatric services (5) — are clinical in nature, but no provider names, locations, models, credentials, or fidelity evidence are recorded in the juvenile court referral file.

Why It Cannot Be Scored — UNKNOWN on all dimensions. SPEP requires knowing the specific program: its service type classification, dosage, quality elements, and risk match. None of that information exists for an anonymous bucket. Per Juvenile Court correspondence, this absence is intentional: "lists get too long to put in every provider name, so we only record the most utilized

providers." The result is that the largest unidentified slice of youth services in Cass County — high-acuity and substantial — is invisible to SPEP evaluation and to any quality monitoring.

Missed Opportunity. The Private Provider bucket carries the highest risk-acuity caseload in the system. If the court were to record provider identity at intake, the county could benchmark these programs against SPEP standards and direct high-risk youth to those that demonstrably reduce reoffending. Without provider identity, neither benchmarking nor evidence-informed referral steering is possible.

Provider-Specific Recommendations. (1) Modify the juvenile court referral entry workflow to capture provider name at intake for all referrals, including those currently routed to small-volume private providers. (2) Reconstruct the 2025 Private Provider bucket retroactively by working with court officers to identify which specific providers received those 148 enrollments. (3) Apply SPEP evaluation to the reconstructed list and prioritize high-risk youth for providers that score STRONG on service type and quality.

Juvenile Court (In-House Direct Services) (Provider #4) — 96 youth, 115 enrollments

Juvenile Court delivers in-house programming through its own court officers, serving 14.2% of all referred youth in 2025. Scoring is based on Juvenile Court Services responses. Programs included in the analysis are Substance Using Behaviors Class (n=44, Change Companies CBT curriculum), Pathways PSB (n=4, Pathways cognitive-restructuring), Drug Court (n=4, intensive supervision with Seeking Safety curriculum), and Youth Coordinator (n=19, court-hired mentorship). Anger Management, Court Solutions, and several legacy categories (Cognitive Restructuring, Assessments, Conversion) are not separately scoreable.

Service Type — STRONG. All four primary in-house programs map to recognized SPEP categories: Substance Using Behaviors and Pathways PSB are Behavioral CBT (Group 5), Drug Court combines intensive supervision with the Seeking Safety curriculum, and Youth Coordinator is Mentoring (Group 4).

Service Dosage — BELOW (dosed CBT classes); PARTIAL (Drug Court); N/A (Youth Coordinator). The CBT target is approximately 45 contact hours. Substance Using Behaviors Class delivers 2 sessions of 2 hours each — 4 contact hours total, approximately 9% of the SPEP target. Pathways PSB delivers 4 sessions of 1.5 hours each — 6 contact hours total, approximately 13% of the SPEP target. Drug Court runs for a minimum of 9 months of intensive supervision with the Seeking Safety curriculum; sustained duration is strong but contact-hour totals are not reported, so scoring is PARTIAL. Youth Coordinator is goal-based mentorship with dosage that varies by youth and no set dose — not a dosed program.

Service Quality — PARTIAL. Court officers deliver the in-house classes; they are not licensed clinicians. Established evidence-based curricula are in use (Change Companies, Pathways, Seeking Safety) and officers are process-trained on the Change Companies curriculum. However, fidelity monitoring is not in place, quality audits are not reported, and no clinical licensure is required for class delivery.

Youth Risk Level — MIXED. Among the 96 youth served, 67% are Moderate-to-High risk (30% High, 36% Moderate), 25% are on Diversion track, and 8% are Low Risk or other. The Moderate-to-High share is appropriate for CBT-intensity programming, but the 25% Diversion share raises the same responsivity concern documented for The Change Companies.

Provider-Specific Recommendations. (1) Audit all 10 in-house programs to distinguish active from legacy categories (per the existing recommendation in Section 3.1). (2) Increase the dosage of Substance Using Behaviors Class and Pathways PSB toward the 45-hour CBT target, or reclassify them as introductory rather than full CBT interventions. (3) Add clinical supervision or fidelity monitoring for officer-delivered curricula. (4) Track Drug Court contact hours so Dimension 2 can be fully scored against the SPEP benchmark. (5) Request the YASI-by-program risk distribution for Drug Court and the in-house CBT classes to confirm whether any of the "8% Low Risk or other" share is composed of confirmed Low Risk youth; if so, reroute those youth to less-intensive programming such as restorative services or community-prevention provider linkage (Section 8.7), per the SPEP responsivity-harm warning documented in the Important Note above.

Southeast Behavioral Health Clinic (Provider #5) — 87 youth, 148 enrollments

Southeast Behavioral Health Clinic (formerly Southeast Human Service Center) is Cass County's public regional behavioral health clinic, serving 12.9% of all referred youth in 2025 and carrying the highest-acuity caseload among scoreable providers at 87% Moderate-to-High risk. Scoring is based on the HSC-SE Youth Service Provider Inquiry Form completed by Southeast.

Service Type — STRONG. Southeast operates the strongest clinical service mix among the top six providers, all licensed-delivered: Multisystemic Therapy (MST) for youth at risk of out-of-home placement (Skill-Building Group 5, top tier in the SPEP framework, Title IV-E funded at no cost to families); Individual and Family Therapy (Counseling Groups 1–3); Substance Use Level 1 Outpatient (ASAM-based); plus Integrated Assessment, Psychiatric services, and Psychological testing as clinical support.

Service Dosage — PARTIAL (described but contact-hour totals not yet reported). MST is a high-dose model meeting at least the duration benchmark (3–4 months, several appointments per week, in-home, 24/7 crisis contact). Individual Therapy runs weekly to twice-weekly at 1 hour per session; Psychiatric services run a 90-minute initial appointment followed by 60-minute follow-ups over approximately a 6-month episode of care. Substance Use Level 1 Outpatient dosage is individualized to the youth's ASAM level of care. However, the inquiry form described session frequency and duration per program but did not report contact-hour totals or 12-month dosage data — so Dimension 2 cannot be fully scored until program-level dose data is supplied.

Service Quality — STRONG. Southeast delivers all services through terminally licensed clinicians, including a psychiatrist (MD) and a licensed psychologist. MST runs fidelity monitoring through TAMS (the Therapist Adherence Measure) plus an MST expert, with twice-yearly review. Supervision is provided both individually and in group format; multi-disciplinary case conferencing (MDCC) is in place; chart audits and peer review with supervisor sign-off are routine. Evidence documents (manuals, fidelity tools, training logs) were referenced but not attached to the inquiry form.

Youth Risk Level — STRONG. Among the 87 youth served, 87% are Moderate-to-High risk (59% High, 29% Moderate), 8% are on Diversion track, and 4% are Low Risk or other. This is the highest-acuity caseload of any scoreable provider in the system and the strongest match for intensive clinical services in the SPEP framework.

Strength: Southeast Behavioral Health Clinic posts STRONG ratings on Service Type, Quality, and Risk Level — the strongest overall SPEP profile among the top six providers. The Dimension 2 dosage gap is reporting, not delivery: program structure described in the inquiry form is consistent with SPEP targets, but the formal contact-hour totals and 12-month program data needed to confirm scoring have not yet been provided.

Important Note: Stakeholder Concern and Need for Independent Verification. The STRONG ratings above reflect the formal SPEP scoring possible from documentation and the provider inquiry form. However, anecdotal feedback from system stakeholders engaged during this assessment indicates that Southeast Behavioral Health Clinic programming may not be as strong in practice as the formal credentials and program structure suggest. These concerns were not formally documented in the focus groups (Section 7.3) or the Southeast administrator interview (Section 7.5), but were raised informally and consistently enough by court staff and other system stakeholders to warrant independent verification before the STRONG rating is treated as a confirmed evaluation. The Racial Equity Group confirmed in May 2026 correspondence with Southeast, confirmed that the clinic captures formal client satisfaction surveys, disaggregated by youth (under 18) versus adult (over 18), with no other identifying information aggregated into the disaggregation categories. Evaluating these surveys — particularly the youth-disaggregated results across the five top programs by enrollment (Integrated Assessment, Youth and Family Community Behavioral Health, Multisystemic Therapy, Substance Use Level 1 Outpatient, and Psychological Services) — would provide an independent youth-voice verification of program quality that the formal SPEP framework does not currently incorporate.

Important Note: Anecdotal stakeholder feedback raises concerns about Southeast Behavioral Health Clinic programming quality that the formal SPEP scoring does not capture. The client satisfaction surveys that Southeast already captures, disaggregated by youth versus adult, are the most direct evidence base for verifying or refuting these stakeholder concerns. The SAG should consider requesting these surveys for evaluation before the STRONG SPEP rating is treated as a confirmed program-quality finding.

Provider-Specific Recommendations. (1) Request 12-month program dosage data and contact-hour totals to complete Dimension 2 scoring. (2) Attach the evidence documents (program manuals, MST fidelity tools, training logs) referenced on the inquiry form. (3) Coordinate with the

court to increase referral volume to MST for the highest-risk youth, given that MST is Title IV-E funded at no cost to families and produces some of the largest effect sizes in the SPEP framework. (4) Request and evaluate Southeast Behavioral Health Clinic's client satisfaction surveys, disaggregated by youth (under 18) versus adult (over 18), across the top five programs by enrollment, to provide independent youth-voice verification of program quality and either confirm or refute the anecdotal stakeholder concerns documented in the Important Note above. (5) Request Southeast's YASI-by-program risk distribution data to confirm whether any of the "4% Low Risk or other" share of the MST caseload is composed of confirmed Low Risk youth; if so, reroute those youth to less-intensive programming, as MST is the deepest-end intervention in the SPEP framework and over-dosing Low Risk youth into MST is the harm pattern the SPEP research base warns against most strongly.

Village Family Services (Provider #6) — 80 youth

Village Family Services is a private nonprofit serving 11.9% of all referred youth in 2025. Scoring is based on the village-programs-summary.pdf and The Village General Brochure 2026 (Parts 1 and 2), with juvenile court date fields excluded due to the 47.4% negative-date rate documented above. Village delivers four scoreable program types: Outpatient Mental Health, Family-Centered Engagement (FCE), Adolescent IOP (First Step Recovery), and Big Brothers Big Sisters (BBBS) mentoring — the broadest single-provider program mix among the top six.

Service Type — STRONG. Four confirmed SPEP service types, all delivered by Licensed Professional Counselors (LPCs): Outpatient MH → Individual Counseling (Group 1); FCE → Restorative / Mediation (Group 2); Adolescent IOP → Behavioral CBT / Group (Skill-Building Group 5); BBBS → Mentoring (Group 4).

Service Dosage — MIXED across programs. Adolescent IOP scores STRONG: confirmed dosage of 3 hours per day, 3 days per week, for 9–10 weeks equals 81–90 contact hours, exceeding the 72-hour Behavioral CBT Group 5 target. Outpatient MH is INSUFFICIENT to BELOW depending on visit frequency: weekly visits of 45–60 minutes approximate 25 hours over a 25-week episode (just at target), while monthly visits would produce approximately 6 hours (far below). Confirming actual visit frequency (weekly versus monthly) is the key data gap and would change the dosage estimate fivefold. FCE scores BELOW: one meeting of one hour confirmed against an 8-hour SPEP restorative target, with FCE completion rate of 38/40 meetings (95%) suggesting the brief format is being delivered as designed, but the design itself does not meet SPEP minimums. BBBS dosage cannot be scored without additional Village confirmation.

Service Quality — STRONG. All services delivered by Licensed Professional Counselors under state-licensed supervision. Staff trained in evidence-based modalities including CBT, TF-CBT, DBT, EMDR, CPT, PCIT, Brainspotting, ABC, and CPP. Adolescent IOP uses a structured group CBT protocol with evidence-based relapse prevention components. The FCE single-meeting format warrants verification against the multi-session standard, and juvenile-justice-specific fidelity monitoring is not separately confirmed.

Youth Risk Level — STRONG. Among the 80 youth served, 75% are Moderate-to-High risk (55% High, 20% Moderate), 15% are on Diversion track, and 10% are other. Zero percent are Low Risk — the cleanest risk-match in the system. Adolescent IOP targets drug court and high-risk youth specifically, and the program's case mix reflects that focus.

Strength: Village Family Services posts the strongest provider-specific result in the system: STRONG on Service Type, Quality, and Risk Level; Adolescent IOP exceeds the SPEP Behavioral CBT contact-hour target (81–90 hours vs. 72-hour benchmark); 75% Moderate-to-High risk caseload with 0% Low Risk indicates clean responsivity match. Adolescent IOP is also Cass County's newest Level 2.1 substance use program (approximately two months old at the time of the focus group engagement; see Section 7.5) and represents the first new adolescent Level 2 substance use service to come online in Cass County in years.

Provider-Specific Recommendations. (1) Confirm Outpatient MH visit frequency (weekly versus monthly) so the Dimension 2 dosage estimate can be finalized. (2) Reassess FCE design against SPEP restorative minimums; consider whether the one-hour single-meeting format is meeting the intended therapeutic purpose or should be extended toward the 8-hour SPEP target. (3) Provide BBBS session-by-session dosage data so Dimension 2 can be scored for the mentoring component. (4) Expand Adolescent IOP capacity — the program is the highest-scoring SPEP-aligned intervention currently operating in Cass County.

Synthesis and Cross-References

Four Cross-Cutting Findings. First, Service Type is STRONG across five of the six top providers: Cass County is referring youth to providers that deliver service models recognized in the SPEP evidence base. The exception is the unidentified Private Provider bucket. Second, Service Dosage is the system-wide gap: the juvenile court data infrastructure does not reliably capture duration, contact-hour totals are largely absent from provider reporting, and four of the six providers fall measurably short of SPEP dosage targets where dosage can be scored at all. Third, Risk Level matching is strongest at the two licensed-clinician providers (Southeast Behavioral Health Clinic, 87% Moderate-to-High — with the Important Note on stakeholder concerns in the Southeast subsection above; Village Family Services, 75% Moderate-to-High with 0% Low Risk), and weakest where high-volume CBT-style programming is reaching Diversion and Low-Risk youth who do not need it (The Change Companies, approximately 30% Diversion/Low-Risk routed to CBT workbooks). Fourth, the low-risk responsivity-harm pattern — the SPEP research base's strongest harm warning — cannot yet be confirmed at the provider level because Low Risk youth are combined with other unclassified cases in the source data for both Southeast (≤4% Low Risk or other) and Juvenile Court in-house (≤8% Low Risk or other), the two providers operating the system's most intensive interventions (MST and intensive court supervision respectively). Confirming or refuting low-risk placement into intensive programming is the highest-priority data request emerging from the SPEP analysis and is documented as a provider-specific recommendation for Southeast and Juvenile Court in-house above.

Connection to Sections 9.3 and 9.4. These SPEP benchmarks operationalize the four SPEP criteria framework described at the start of this section by applying them to specific providers with confirmed program detail. The provider-specific recommendations above feed directly into the consolidated Court Recommendations in Section 9.3 (particularly the recommendation to require provider quality standards, SPEP-aligned dosage tracking, and provider name capture at intake) and the Service Provider Recommendations in Section 9.4. The data quality finding above is a prerequisite to any meaningful scoring of Dimension 2 for any provider and should be addressed before the next SPEP evaluation cycle. Together with the qualitative findings on treatment quality and access documented in Section 7.3 (Theme 4) and Section 7.5 (Southeast Behavioral Health Clinic interview), the SPEP benchmark provides the evidence base for the prioritized investments and provider-quality reforms recommended in Sections 5.5 and 9.

5.4 CHINS Assessment

The statewide CHINS Unit (operational August 2022, 8 team members) received 2,491 referrals in year one and 2,117 in 2024. CHINS Specialists serve as navigators completing assessments and connecting families to services.

Disparity Analysis

- White: 72% school enrollment vs. 58% CHINS referrals.
- American Indian: 10% school enrollment vs. 18% CHINS referrals.
- Black: 7% school enrollment vs. 13% CHINS referrals.
- Hispanic: 8% enrollment vs. 5% referrals; Asian: 3% enrollment vs. 1% referrals.

An estimated 50%+ of parents refuse CHINS connection to services. There is no centralized service dashboard for parents, youth, and stakeholders. Such a dashboard would need a designated owner; the most likely candidates are the county, the Department of Health and Human Services, or the CHINS unit, which already functions as a navigation point for families. Comparable models exist in other states — for example, Connecticut's 211 Child Development Infoline and North Carolina's NCcareLink/NCCARE360 platform — that consolidate youth and family services into a single maintained directory.

5.5 Service Provider Policy Recommendations

The following recommendations address the service-delivery system as a whole. Court-side referral, data-entry, and service-matching actions are consolidated in Section 3.7; the recommendations below focus on the providers and the county's service infrastructure.

1. Standardize service-dosage reporting across all contracted providers. Require each provider to report program duration in weeks and direct youth contact hours in a uniform

format; dosage is the system-wide SPEP gap — largely uncaptured today — and cannot be evaluated against evidence-based targets until it is reported consistently.

2. Calibrate services to risk. Using the YASI risk level and top three criminogenic needs provided with each referral (Section 3.7), match service intensity to need, and report back the risk distribution of the youth served so matching can be monitored over time.
3. Expand restorative and low-intensity service capacity so diversion-track and low-risk youth are not routed into CBT-workbook or other higher-intensity programming — a pattern SPEP identifies as an active harm, affecting roughly one-third of youth at the assessed providers (Figure 10) — and deliver that capacity with implementation-fidelity monitoring and culturally responsive facilitation so restorative practices reduce rather than maintain racial disparities (Sections 4.4 and 5.5). The corresponding referral-side change appears in Section 3.7.
4. Resolve the highest-priority data question from the SPEP analysis: obtain disaggregated risk data from Southeast Behavioral Health Clinic and the court's in-house programs to confirm or refute whether low-risk youth are being placed into the system's most intensive interventions (MST and intensive court supervision).
5. Make documented quality assurance a condition of referral — staff training, clinical supervision, and program-fidelity monitoring. Quality could not be confirmed for most providers; only the two licensed-clinician providers scored strong, and one of those (Southeast) carries a stakeholder concern that warrants independent verification.
6. Ensure provider identity is recorded for every referral and enrollment. One hundred youth (14.8% of referrals, 82% moderate-to-high risk) are routed to an anonymous "Private Provider" bucket that is invisible to any risk-match or quality review; providers should be identifiable in enrollment records, and the court captures provider identity at intake (Section 3.7), so these high-acuity youth can be benchmarked.
7. Submit and keep current each provider's service, eligibility, and capacity information for a centralized county service directory (the directory itself is built under the system-wide recommendations). Section 5.4 found no centralized directory, which constrains both court referrals and CHINS service linkage.
8. Require contracted providers to report on youth outcomes, including completion rates and program outcomes.
9. 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.
10. Collect and disaggregate intervention impact data across youth populations.

11. 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).
12. 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).

Law Enforcement Assessment

6.1 Current Referral Process

The Fargo Police Department is the source of nearly three-quarters of the county's juvenile referrals (500 of 997, or 74.1%, in 2025), followed by the West Fargo Police Department (108), the Cass County Sheriff (37), and the Highway Patrol (25). As noted in Section 2.2, this distribution largely tracks the relative populations the agencies serve, so the Fargo Police Department's share reflects in part the size of the population it covers rather than differences in practice alone. Because that agency accounts for the great majority of referrals, its front-end practices shape most of what reaches the court.

Juveniles who violate the law in Cass County are processed at juvenile court through the State's Attorney's office via police reports. As confirmed by the Fargo Police Department, law enforcement does not issue citations to juveniles for criminal or delinquent acts; all such offenses are state charges sent to juvenile court in the form of a police report. Citations apply only to noncriminal, driving-related offenses, and those follow a different path: a licensed juvenile cited for a noncriminal moving violation such as speeding is processed through city municipal court, whereas a criminal driving offense such as reckless driving (a Class B misdemeanor) is sent to juvenile court as a police report. Even when an illegal act is alleged, the child is left in the care of a parent in the majority of cases; it is then the juvenile court, not the officer, that determines whether charges are sought or diversion is recommended. The immediate custody decision at the point of contact (release to a parent, attendant care, or detention) is made by patrol officers approximately 90% of the time, and release to a parent is by far the most common outcome.

6.2 Police-led Diversion Capacity

In 2018, the Fargo Police Department created a police-led juvenile diversion program — similar in concept to the Bismarck Police Youth Bureau — through which officers could connect a young person to services directly from the department rather than generating a formal juvenile court referral. The department reports it "no longer has the current capacity to divert… as we did in the past," citing staffing shortages and a major increase in calls for service. This represents a significant loss of police-led diversion capacity at the front end of the juvenile justice system. In addition, West Fargo Police Department has never initiated a police-led diversion program.

Research Basis: Campbell Systematic Review on Police-Initiated Diversion

The Campbell Systematic Review on police-initiated diversion (Wilson, Brennan, and Olaghere, 2018) is a rigorous meta-analysis published in Campbell Systematic Reviews, a peer-reviewed, open-access journal of the Campbell Collaboration. Unlike earlier reviews that examined diversion broadly, this review focused specifically on pre-charge, police-initiated diversion prior to the imposition of formal charges. The review analyzed 31 studies and found that police-led diversion interventions led to a statistically significant reduction in future delinquent behavior of low-risk youth compared to youth processed traditionally. The review produced a mean odds ratio of 0.77,

meaning diverted youth had approximately 23% lower odds of reoffending compared to formally processed youth. The National Institute of Justice's CrimeSolutions rated police-initiated diversion as an "Effective" practice based on this evidence. The objective of the review was to synthesize the evidence on the effectiveness of pre-court interventions involving police warning, reprimand, and cautioning schemes in reducing delinquent behavior.

Step 1: Illustrative Impact Applied to 2025 Cass County Data

Using the Wilson et al. (2018) Campbell Systematic Review methodology, the following analysis demonstrates how police-led diversion reduces reoffending when applied to Cass County's 2025 referral data. The analysis uses a 50% baseline recidivism rate, which is consistent with national juvenile recidivism data. According to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), a review of state studies found that rearrest rates for youth within one year of release averaged 55%, making 50% a reasonable and slightly conservative benchmark.

Standard Example: If 1,000 youth are processed through the traditional court system, approximately 500 reoffend (50% baseline). With police-led diversion, approximately 435 reoffend (43.5%). That is 65 fewer youth reoffending. The math: the odds ratio of 0.77 converts a 50% recidivism probability (odds = 1.0) to diversion odds of 0.77, which equals a 43.5% probability (0.77 / 1.77 = 43.5%).

Applied to 2025 Cass County: In 2025, Cass County recorded 675 unique youth and 997 total referrals (January–December). Applying the same methodology with a 50% baseline: traditional processing → approximately 338 youth reoffend; with police-led diversion → approximately 294 youth reoffend. That is an estimated 44 fewer youth reoffending annually.

Of the 675 youth referred in 2025, 424 (62.8%) had a most serious offense of Misdemeanor B (334 youth, 49.5%) or Infraction (90 youth, 13.3%)—the offense categories most appropriate for police-led diversion or civil citation. An additional 274 youth (40.6%) were already diverted post-referral by the court, indicating these cases could have been diverted by police, avoiding the referral entirely.

Significance of the Estimated Impact

While 44 fewer youth reoffending may appear modest in isolation, several factors make this estimate both conservative and significant when considered in full context:

First, the estimate is conservative. The 50% baseline used in this analysis is already below the national average of 55% (OJJDP). If Cass County's actual recidivism rate is at or above the national average, the number of youth prevented from reoffending would be higher. Additionally, the odds ratio of 0.77 represents an average effect across all studies in the Wilson et al. review; well-implemented police-led diversion programs with structured community-based interventions have demonstrated even stronger effects.

Second, the cumulative impact is substantial. At 44 fewer youth per year, the effect compounds: over five years, approximately 220 fewer youth would reoffend; over a decade, more than 440. Each of these youth represents a trajectory redirected away from deeper system involvement, potential out-of-home placement, and the long-term consequences of a juvenile record.

Third, the recidivism reduction is only part of the argument. The more immediate system impact is that 402 youth (59.6%) entered the court system in 2025 only to be diverted or dismissed post-referral. Police-led diversion would prevent these youth from generating a court referral at all—eliminating 402 sets of intake processing, ESUP data entries, JCO case reviews, and supervisory oversight. This frees court resources to focus on the 181 cases (90 adjudicated + 91 informal admission) that require substantive intervention. An additional 260 youth (39%) had no program provider assigned, meaning they consumed system resources without receiving services.

Fourth, formal processing itself causes harm to low-risk youth. The Campbell Collaboration research consistently finds that court contact increases delinquency for low-risk youth—meaning the current system, by processing 424 low-level offenders through court intake, may be actively increasing their likelihood of future offending. Police-led diversion does not simply reduce reoffending by 44 youth; it also prevents the criminogenic effects of unnecessary system contact for the hundreds of low-risk youth who should never have been referred in the first place.

Fifth, the cost implications are significant. National estimates place the cost of formal juvenile court processing at $5,000 to $10,000 per youth, with out-of-home placements exceeding $100,000 per year. Even using the lower-bound processing cost, diverting 400+ youth through police-led diversion could avoid $2 million or more in annual system costs, while the 44 fewer reoffending youth represent additional downstream savings in re-processing, supervision, and potential placement.

The racial composition of referred youth further underscores the urgency of diversion. Black, American Indian, Hispanic, and multiracial youth make up only about 33% of K–12 enrollment in the Fargo and West Fargo school districts combined (Insights.nd.gov, 2023–24) but 47% of youth referred to court — a 14-percentage-point overrepresentation before any in-system disparities are considered. Black youth are 18% of enrollment but 27% of referred youth (+9 pts), and American Indian youth are 3.5% of enrollment but 12% of referred youth (+8.5 pts). Once inside the system, the disparity compounds: these youth are 47% of referred youth but account for 51% of all 997 referrals, and repeat referral rates are significantly higher for Black, Hispanic, and multiracial youth (28.7%, 29.2%, and 47.6%) than for White youth (19.8%). A police-led diversion program targeting low-level, first-time offenses would disproportionately benefit the populations currently cycling through the system at the highest rates.

System Efficiency Impact: Beyond recidivism reduction, police-led diversion would significantly reduce system burden. In 2025, 274 youth (40.6%) were already diverted post-referral by the court, and an additional 128 (19.0%) received no further action—meaning 402 youth (59.6%) entered the court system only to be diverted or dismissed. If these youth had been diverted by police, they would never have generated a court referral, freeing intake, processing, and supervisory resources for the 90 adjudicated cases (13.3%) and 91 informal admission cases (13.5%) that require substantive court involvement. Additionally, 260 youth (39%) had no program provider assigned, many of whom consumed system resources without receiving services.

Step 2: Refined Estimate (Pending Court Data)

Once the Court provides the actual recidivism rate for Cass County, the estimate above can be refined by applying the Wilson et al. (2018) odds ratio of 0.77 to the baseline county recidivism rate. In addition, the refined analysis should identify the total number of low-risk referrals (based on YASI pre-screen data) and estimate the specific impact of police-led diversion on that population. Research consistently shows that diversion has the strongest positive effect on low-risk youth and that formal processing of low-risk youth can actually increase their likelihood of reoffending.

National Model: Duval County, Florida (Police-Led Diversion)

Beyond the meta-analytic evidence, Duval County (Jacksonville), Florida offers a concrete operational model of police-led diversion. In a juvenile civil citation program, an officer issues a civil citation and refers an eligible young person into a structured diversion program — community service, counseling, restitution, and similar interventions — instead of generating a formal arrest record, with the case referred for arrest only if the youth does not complete the program.

Duval County specifically became a recognized best practice because it sharply increased how often officers used diversion instead of arrest. Under new state-attorney leadership, Duval County's police-led diversion utilization rose to 59% from 27%, resulting in fewer youth arrests — a turnaround documented in the ACLU of Florida's 2018 "Stepping Up" study. For context on scale, more than 86,000 Florida youth have received a civil citation or similar police-led diversion since 2011, and statewide utilization reached 59 percent in FY 2020–21.

Illustrative Estimate: Referral-Reduction Potential

The figures below are illustrative scenarios, not forecasts. They translate the 2025 referral data into an order-of-magnitude estimate of how many court referrals a police-led, pre-court diversion program might prevent in a year, and they turn on a stated assumption about how often officers would choose diversion over a referral.

The starting point is the 997 referrals recorded in 2025. The first step identifies the eligible pool: because diversion applies to lower-level conduct rather than serious offenses, the pool is the share of cases whose most serious offense is an infraction or a Misdemeanor B — 62.8% of cases, or roughly 626 referrals. The second step applies a utilization rate: the share of that pool an officer routes to a civil citation or diversion program instead of a court referral. The table reports three scenarios, from a cautious 25% to the roughly 59% utilization that Duval County, Florida reached.

Diversion utilization (scenario)	Eligible pool	Fewer referrals	Share of 997
Conservative — 25%	~626	~157	16%
Moderate — 40%	~626	~250	25%
Duval-level — 59%	~626	~369	37%

Illustrative scenarios based on 2025 referral data; not a forecast. Each figure assumes diversion replaces a court referral rather than adding a new point of contact. Applied uniformly across racial and ethnic groups, the reduction would fall most heavily on the groups now most overrepresented at referral, which is the arithmetic consequence of applying a uniform diversion standard.

The same first-contact diversion model can be applied at the point of school contact, where it reaches the simple-assault and drug referrals that the school documentation requirement exempts by offense type. That school-specific application is estimated separately in Section 4.1.

6.3 Non-Law Enforcement Referrals

Non-law enforcement referrals may come from parents, schools, and CHINS. Effective August 1, 2025, school personnel may submit referrals directly.

6.4 Law Enforcement Policy Recommendations

The recommendations below address the law-enforcement front end of the system — the points of police contact, custody, and referral. Court-side processing and detention-screening actions appear in Section 3.7.

1. 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.

2. Require officers to document why diversion was not appropriate when choosing to arrest a youth.
3. 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.
4. Collect and share location data on delinquent acts by zip code for heat map analysis.

Qualitative Findings from Focus Groups

7.1 Methodology and Participant Demographics

This section presents qualitative findings from two complementary focus group efforts conducted by Racial Equity Group as part of the broader SAG juvenile justice assessment. Court staff perspectives were collected through two structured focus group sessions in February 2025 with thirteen juvenile court staff across Cass County, Burleigh County, and Stark County. Youth and community-stakeholder perspectives were collected through a separate focus group engagement in Fargo. Findings are presented in aggregate and de-identified; no responses are attributed to any individual participant, role group, specific session, or county.

Court Staff Sessions. Thirteen juvenile court staff — court officers, supervisors, and youth coordinators — participated across two focus group sessions in February 2025, drawn from the Cass, Burleigh, and Stark County juvenile court offices. Gender was evenly split (50% male / 50% female), and participants had between 3 and 32 years of juvenile-justice experience. Sessions used a consistent structured interview protocol covering racial and ethnic disparities, evidence-based programming, cross-system collaboration, pre-diversion opportunities, service effectiveness, gaps, YASI use, professional development, and what participants would change about practice in their counties.

Demographic Context. Among the twelve participants who completed the demographic survey, 100% identified as White and 100% identified as straight (heterosexual). This homogeneity is an important lens through which to interpret staff perspectives on racial and ethnic disparities and is a core reason the broader assessment design pairs court staff focus groups with direct youth, family, and community-of-color engagement.

The table below summarizes participant demographics aggregated across both court staff sessions.

Characteristic	n	%	Notes
All participants	13	100.0%	Two sessions (February 17 and 18, 2025); Cass, Burleigh, and Stark counties
White race/ethnicity	12	100.0%	Limits perspective on racial disparities
Straight (heterosexual)	12	100.0%	
Age 35–54	9	75.0%	Majority mid-career staff

Table: Court Staff Focus Group Participant Demographics (February 2025)

Complementary Stakeholder Engagement. In addition to the two formal court staff focus group sessions described above, the Racial Equity Group conducted complementary stakeholder engagement through individual and small-group interviews with 21 additional participants representing four stakeholder groups directly involved with Cass County juvenile justice operations and the youth they serve. These engagements occurred during 2024 and 2025 alongside the formal focus group work and provide perspectives from voices not represented (or underrepresented) in the formal court staff sessions — most importantly, the youth themselves, frontline law enforcement, CHINS representation, and four service providers engaged with court-referred youth in Cass County. These engagements complement, rather than duplicate, the 13-person formal court staff focus group; participants here are distinct individuals from those in the focus group sessions.

The table below summarizes the complementary stakeholder engagement totals.

Stakeholder Group	Participants	Detail
Youth	10	Black male youth from West Fargo and Fargo school districts (Fargo focus group session)
CHINS Representative	1	Children in Need of Services system representation
Law Enforcement (Police)	5	Fargo PD and West Fargo PD personnel across patrol and youth-services roles
Juvenile Court Staff (Cass County)	1	Distinct from the 13-person formal court staff focus group; provided extended interview context on Cass County operations
Service Providers	4	Youthworks; Consensus Council; Southeast Behavioral Health Clinic (formerly Southeast Human Service Center); The Village Family Service Center
TOTAL	21	Stakeholders engaged through complementary interview-based engagement

Table: Complementary Stakeholder Engagement — Interview-Based Participants (Cass County, 2024–2025)

Youth and Community-Stakeholder Sessions. Youth and community-stakeholder voices were collected through a separate focus group engagement in Fargo. Quotes attributed to youth participants in the findings below were drawn from a session that included Black male youth from West Fargo and Fargo school districts, supplemented by adult-stakeholder voices speaking to parent engagement, CHINS access, and service navigation. The youth and stakeholder findings are organized around three themes: lack of youth development opportunities, parental engagement and development, and access and trust to engage in services.

7.2 Themes and Cross-System Implications

Eight themes emerged across the combined court staff discussions. Themes are summarized in the table below; full narrative follows in Sections 7.3 (court staff perspectives) and 7.4 (youth and community-stakeholder perspectives).

#	Theme	Cross-System Implication
1	Racial and Ethnic Disparities — Structural Roots Recognized	Aligns with Section 2.2 overrepresentation findings; supports upstream prevention investment
2	Evidence-Based Program Commitment — Strength Undermined by Access Barriers	Confirms Section 5.3 dosage and provider-mix findings; access is the binding constraint
3	Cross-System Collaboration — Strong with Law Enforcement, Fragile with Schools	Reinforces Section 4.1–4.6 referral-process gaps and supports the Interventions-to-Referral Ratio recommendation

4	Treatment Provider Quality and Access — A Systemic Challenge	Validates Section 5.1 limited-provider-mix finding; documents specific quality issues
5	Service Overload Produces Compliance Without Change	Supports the sequenced case-planning recommendation in Section 9.1
6	Risk Assessment Limitations and Judicial Inconsistency	Confirms PSB and firearm YASI override pattern; supports YASI CQI in Section 9.1
7	Unequal Access to Professional Development Between Front-Line Staff and Administration	New finding; underlies Section 9.3 training recommendations
8	Structural and Systemic Concerns (Youth-Facing Roles, SOR, Transportation, Cross-Border)	Cross-cuts Section 2.3 (transportation), Section 9.5 (system-wide), and Section 9.6

Table: Eight Court Staff Focus Group Themes Mapped to Report Sections

7.3 Court Staff Findings

Theme 1: Racial and Ethnic Disparities — Structural Roots Recognized

Participants across all roles and within both Cass and Burleigh counties identified the overrepresentation of Native American youth as the most visible racial disparity in their daily work, particularly in Burleigh County. In Cass County, Black youth were also identified as overrepresented relative to their share of the general population. Participants identified the same core constraint: the barrier to effective programming is not program quality or court commitment — it is access. At this general level, the access problem takes two forms: structural barriers that affect a family's ability to reach any service — transportation to appointments, and the absence of a centralized way to find out what programming exists — and capacity barriers in the external treatment system specifically. The treatment-side barriers (months-long wait lists, insurance and prior-authorization delays, and thin provider options for specialized care) are the binding constraint on this theme, but because they are properly a question of treatment quality and capacity, they are documented in detail under Theme 4.

Theme 2: Evidence-Based Program Commitment — Strength Undermined by Access Barriers

Participants expressed strong confidence in the court's commitment to evidence-based programming. Referrals are made exclusively to programs vetted for effectiveness, and judicial referees have demonstrated active interest in understanding recommended programs — asking questions outside of hearings and engaging court officers about program content. A frequently cited strength was that court staff have developed and facilitate their own in-house programming — including anger management groups and substance abuse education classes — to fill provider gaps and connect youth to structured support more quickly than external wait times allow. The Juvenile Drug Court was highlighted as a positive example of coordinated, multi-provider programming. Participants from multiple roles and counties identified the same core constraint: the barrier to effective programming is not program quality or court commitment — it is access. Specific access barriers included wait lists at external treatment providers often measured in

months rather than weeks; insurance coverage gaps and prior authorization delays extending six months or longer for substance abuse treatment; transportation barriers preventing families from attending appointments; and limited provider options, particularly for specialized treatment categories.

Strength: Strong evidence-based commitment, practitioner-developed in-house programming, and engaged judicial culture. The limiting factor is systemic access, not program quality.

Theme 3: Cross-System Collaboration — Strong with Law Enforcement, Fragile with Schools

Collaboration with law enforcement was described as generally strong and functional. The Bismarck Police Youth Bureau was highlighted as a meaningful pre-court pathway providing informal diversion before youth enter the formal system — a resource participants acknowledged is not available in all jurisdictions and is notably absent in Cass County. School collaboration generated the most consistently critical discussion across all participants. Schools routinely send referrals to juvenile court without documenting prior school-based interventions; when court staff request this documentation, they are sometimes redirected through legal channels or met with resistance. School staff in some cases appear to use juvenile court referrals as a mechanism to remove difficult students rather than as a last resort after exhausting available in-school supports — with one participant describing the dynamic as schools "just don't want that kid in the school anymore." Chronic absenteeism is a persistent and documented pattern with minimal school-side response — court staff described cases of youth attending as little as one hour and fifteen minutes of school per day for multiple years, with schools providing minimal intervention before escalating to court involvement. Requests from court staff to provide in-school prevention education — particularly around the legal consequences of problematic sexual behavior, digital conduct, and firearm use — have been repeatedly declined due to scheduling or institutional constraints. In Cass County, some school staff have been receptive, while Fargo Public Schools were described as having erected new information-sharing barriers that delay even basic case coordination. In smaller communities, individual school relationships with SROs provide some informal bridge — but this varies significantly across jurisdictions. Court staff serving as youth-facing workers also described receiving task-specific referrals from court officers without consistent updates on what the school is observing or doing for a particular youth, limiting their ability to provide coordinated support.

> *Schools don't always have time for us. We've always had the door shut on us when it comes to prevention education.* — Cass County court staff participant

Gap: No standardized referral protocol requiring documentation of prior school-based interventions. Inconsistent school engagement across districts. Prevention education access blocked. Weak information-sharing infrastructure between schools and court staff.

Theme 4: Treatment Provider Quality and Access — A Systemic Challenge

Treatment provider quality and access generated the most sustained and energized discussion across both court staff sessions. This theme extends Theme 2: where Theme 2 identifies access as the binding constraint on evidence-based programming in general, Theme 4 documents the specific provider-quality and treatment-capacity failures — wait times, undisclosed modules, and provider competition — that drive that access gap. Participants independently arrived at the same conclusions: treatment services in both counties fall significantly short of what youth need, and the gap between youth need and available care is measured in months. Treatment sessions at some providers have consisted of trips to the gym, Starbucks, or gas stations rather than structured clinical work — with these contacts counted as billable treatment. Providers routinely decline to disclose what treatment modules they are using, preventing court staff from assessing whether a youth's clinical needs are actually being addressed. Wait lists for specialized treatment — particularly problematic sexual behavior (PSB) programs and adolescent inpatient substance abuse services — can extend six months or more before a youth can begin. A participant shared a case in which a youth with two counts of gross sexual imposition had been waiting six months for PSB treatment, which West Central Human Services does not offer. PSB treatment is available from more than one provider in the region: the court's 2025 enrollment data record PSB referrals to a children's advocacy center, and the Red River Children's Advocacy Center in Fargo offers Problematic Sexual Behavior Cognitive Behavioral Therapy (PSB-CBT) for children. The referral records do not consistently identify these providers by name — the PSB and sex-offender-treatment placements within the unidentified "Private Provider" category (Section 5.1) may include Red River referrals that cannot currently be confirmed — and capacity remains limited relative to need, with lengthy wait times reported. Established providers have actively resisted the entry of new providers offering needed services; a recently opened CDIOP program was described as facing active interference from Southeast Human Services, despite the fact that Southeast does not offer CDIOP itself — a pattern participants identified as provider competition directly harming youth access to appropriate levels of care. The COVID-era shift to Zoom-based service delivery has persisted, with youth treating virtual programming as "busy work" with no meaningful clinical value, and participants identifying the loss of in-person therapeutic relationships as a direct clinical harm. For youth with Minnesota-based insurance coverage, accessing treatment in North Dakota adds a cross-border layer of complexity that can delay or block care entirely. Prior authorizations can take six months; bed availability adds another six. During that time, youth continue using.

> *These facilities either want their money, or they don't take the insurance. So these kids are just sitting at home, still using, while we wait six months for a prior authorization and another six months for a bed to open.* — Court staff participant

Gap: Treatment infrastructure is inadequate in both Cass and Burleigh Counties (the two counties whose court staff described their treatment landscapes in the focus groups). Provider quality oversight is absent. Wait times are measured in months. Provider competition is actively harming youth access. Virtual delivery has replaced in-person care without evidence of equivalent effectiveness.

Theme 5: Service Overload Produces Compliance Without Change

Participants across all roles described a consistent pattern: youth are simultaneously required to fulfill multiple service obligations from the first day of formal court involvement — treatment, school attendance, court appearances, community service, and regular check-ins with multiple court-assigned staff. Rather than producing genuine behavioral change, this accumulation of requirements generates surface compliance. Youth participate to fulfill probation conditions, not because they believe the services are helping them. Youth themselves described required services as "just a checklist" — meeting attendance, workbook completion, and treatment contacts described as rote performances rather than engaged participation. Family therapy was described as counterproductive in multiple cases, particularly when parents and youth who are already in open conflict are placed together in sessions from the outset; individual stabilization — separate therapy for the youth and separate support for the parent — was identified as a more effective approach. Court-assigned youth-facing workers noted that youth who complete their required hours with minimal engagement receive little to no consequence, because the position lacks formal authority connected to probation outcomes. The drug court model was acknowledged as producing some positive outcomes, but participants noted that youth frequently return to substance use after graduation because the external structure disappears. One participant described monitoring drug levels over months that remained elevated, with the system continuing to count marginal reductions as progress. Participants advocated for a sequenced model of service delivery — addressing one priority area at a time, and adding obligations only after earlier goals have been achieved — rather than front-loading all requirements simultaneously.

> *When we get a referral, it could just be one specific area, and once that is complete, maybe moving on to something else — instead of: here are five things you could do with this kid and they have fifteen hours to complete with you, so just do something with them.* — Court staff participant

Gap: No sequenced case planning framework. Cumulative, non-prioritized service requirements produce compliance theater. Court-assigned support staff lack the formal authority to make their requirements enforceable.

Theme 6: Risk Assessment Limitations and Judicial Inconsistency

Participants identified significant limitations in the current risk assessment tool (YASI) for certain offense categories, and expressed strong frustration with inconsistency in judicial decision-making around detention and placement. Youth with problematic sexual behavior (PSB) offenses routinely score as low risk on the YASI despite the severity of their offenses and the intensive treatment and supervision contact those cases require; staff are trained to manually override these scores to moderate, creating a documented mismatch between formal risk classification and actual supervision intensity. Youth charged with gun-related offenses — who may be appearing in juvenile court for the first time — can also score as low risk despite significant community safety concerns; staff described discussions about reviewing the YASI section by section to identify whether something was scored incorrectly, as the low score seemed inconsistent with the seriousness of

the case. Participants described a recurring pattern of unpredictable outcomes for youth with serious offenses, including a referenced case where three youth with serious gun-related charges were released on supervised probation rather than ordered into the Division of Juvenile Services because the referee could not bring himself to order detention over the holiday season. Staff described an office culture of uncertainty about judicial responses — not knowing "which side of the referee they're going to get" on a given day — as a significant operational challenge. Detention capacity constraints compound this problem: when all available detention beds are occupied, youth who warrant detention may be released regardless of clinical or legal appropriateness. These detention decisions are governed by the Detention Screening Tool (Sections 2.1 and 3.5); the inconsistency participants described suggests the tool's results are being overridden or applied unevenly, and its accuracy should be analyzed alongside the YASI override pattern (Section 9.3).

Gap: YASI limitations for PSB and firearm cases; judicial inconsistency in placement decisions; detention capacity constraints that prevent appropriate responses to serious juvenile offending.

Theme 7: Unequal Access to Professional Development Between Front-Line Staff and Administration

Professional development was one of the most consistently and passionately raised concerns across participants at all experience levels. The core grievance was not a lack of desire to learn, but a system that systematically excludes front-line practitioners from the development resources available to administrators and directors. Travel budgets for front-line court staff have been eliminated; participants with between 14 and 32 years of experience described attending at most one national conference in their careers, and only then through grant funding rather than court budget support. In-state mandatory training is described as repetitive — the announcement that an upcoming training would focus on motivational interviewing (a topic the group has covered multiple times) provoked visible frustration, and a trainer at a prior session had told participants they were already ahead of what was being taught. Training topics are assigned top-down with no mechanism for front-line staff to identify or shape content that would be useful in their daily practice. One participant described spending over four years advocating before receiving permission to observe a peer drug court for an afternoon — a basic professional learning activity that required extended administrative approval. Court staff new to their positions described receiving no structured orientation: one recounted starting in a youth-facing role to find no training, no referrals, and no direction, with predecessors in the same role having essentially not performed the job. Current staff described rebuilding their practice from scratch and attributing measurable youth outcomes — including higher probation completion rates — to that investment. Participants noted that directors and administrators have access to out-of-state conferences and training opportunities that front-line staff do not, creating a professional development divide between those closest to youth and those farthest from them.

> *Give us something more — something that is going to help us on the ground. We are a dedicated group. We are all here for the same purpose, and we are all darn good at our jobs.* — Court staff participant

Gap: Systematic unequal access to professional development between front-line staff and administrators. Training is not practitioner-driven. New staff receive no formal onboarding. The most experienced practitioners have the least access to new knowledge.

Theme 8: Structural and Systemic Concerns

Participants surfaced several structural issues that affect their ability to serve youth effectively and that require attention at the policy and systems level. These issues are summarized below in four areas.

Youth-Facing Coordinator Support Roles: Capacity, Authority, and Integration. Court-assigned youth-facing coordinator support positions face compounding constraints with significant unrealized potential. These positions are grant-funded and temporary, with year-to-year funding uncertainty dependent on continued legislative appropriation — position continuity cannot be assumed. Staff are capped at 20 hours per week with caseloads of approximately 12 youth, and a significant portion of available hours is consumed by scheduling, tracking non-responsive youth, and administrative follow-up rather than direct service delivery. No formal training curriculum exists; staff described receiving a computer on their first day with no structured orientation to court processes, case management systems, or the YASI. These positions lack formal authority connected to probation consequences. Youth who do not engage meaningfully face no consequence beyond a note in the case file, and court officers are not always notified in a timely way when youth are non-responsive — one participant documented 29 contact attempts over eight months before a court officer escalated the case. In at least one county, these staff members are excluded from team staff meetings, limiting their integration into case decision-making. Despite these constraints, participants described measurable positive outcomes — including higher rates of youth completing probation — attributed directly to proactive staff investment in rebuilding and professionalizing these roles after predecessor staff did not fulfill them.

> *A youth coordinator has absolutely no say, no pull on their probation. They just have hours they need to complete, and as long as they complete the hours, they don't really take us seriously.* — Court staff participant

Sex Offender Registration for Juveniles. Court staff described a persistent and serious conflict with the State's Attorney's Office, which has sought sex offender registration for youth as young as 13. North Dakota's registration requirement carries a minimum of 15 years, meaning a 13-year-old adjudicated and required to register would remain on the registry until age 28. Court officers have testified in opposition to these petitions, citing developmental research and the long-term collateral consequences of placing juveniles on registries alongside adults. Negotiations have not produced a resolution.

Gang-Related and Firearm Programming Gap. No specialized programming currently exists for youth involved in gang activity or inappropriate firearm conduct. Participants from multiple counties described a visible uptick in gang-related social media activity, firearm possession, and threatening behavior among youth on their caseloads during the current school year. The only

available referral option for firearm-related conduct — hunter safety — does not address the behavioral dynamics of gang involvement or threatening use of weapons.

Transportation as a Structural Barrier. Families in both counties frequently cannot transport youth to court, probation, treatment, or other required appointments due to lack of vehicle access. Youth receive sanctions for non-compliance that stem from structural access barriers rather than disengagement or unwillingness to participate. This pattern disproportionately affects lower-income families, including many Native American and Hispanic families, and directly parallels the MATBUS transit-access findings in Section 2.3.

Cross-Border Complexity. Cass County's proximity to the Minnesota border creates jurisdictional and insurance complexity for youth with charges or coverage across both states. Families describe confusion about which state governs their youth's requirements; insurance coverage on the Minnesota side can require cross-border travel for services that are not available on the North Dakota side. This logistical burden slows access and adds stress for families already navigating multiple systems.

7.4 Youth and Community-Stakeholder Findings

Youth and community-stakeholder voices were collected through a separate Fargo focus group engagement that included Black male youth from West Fargo and Fargo school districts alongside adult stakeholders speaking to parent engagement, CHINS service access, and service navigation. Three themes emerged.

Theme 1: Lack of Youth Development Opportunities

When asked what would prevent youth from becoming involved in the juvenile justice system, participants emphasized the lack of programs available to effectively engage and develop youth — especially for youth transplanting from larger inner cities (e.g. Philadelphia, Los Angeles) and internationally (e.g. African countries) escaping crime and danger. Nearly all of the ten Black male youth in the session stated that White students frequently used the n-word in all schools in West Fargo and Fargo school districts, including some school administrators (e.g. principals). This finding directly parallels the universal elevation in YRBS student-reported discrimination rates documented in Section 4.9 (all seven reporting schools above Region 5 and State benchmarks).

> *Kids have nowhere to go with free time. In the Arbors there is a concentration of poverty, unemployment. You don't have nothing to do plus poverty, and parents may work the night shift.* — Youth participant
>
> *If you're not involved in sports, but not everybody got the skill for sports so ain't nothing for us to do.* — Youth participant
>
> *The YMCA used to be $5 now its like $15, so I don't go anymore.* — Youth participant
>
> *Schools don't prepare us for real life like building credit and starting a business and making money. Like schools should show you how to start music studio or something like that something to give us to do if you ain't in sports.* — Youth participant

> *No resources in Fargo for struggling youth dealing with poverty. If resources are put into Fargo, they will stop at some point.* — Youth participant

Gap: Youth experience a developmental-opportunity desert outside of competitive sports. Cost barriers (e.g. YMCA pricing) exclude lower-income youth from existing options. Schools are perceived as not preparing youth for real-life economic skills. Discrimination against Black students in school environments is named directly by youth and is consistent with quantitative YRBS findings.

Theme 2: Improve Parental Engagement and Development

When asked what they thought was the most important reason youth become involved in the juvenile system in Fargo, participants identified parenting and family culture, alongside poverty and limited access to resources, as significant drivers. A recurring theme was the absence of a centralized way for parents to discover available services. Stakeholders described struggling to engage parents who themselves had never been parented and were navigating rent, food security, and parenting simultaneously.

> *There is no centralized dashboard of available services and programs for parents and youth and other stakeholders.* — Community stakeholder participant
>
> *We struggle to get parent engagement. We need early intervention and parent education for everybody instead of a stigma for bad parents. We are dealing with parents that have never parented and dealing with how they pay rent and feed children.* — Community stakeholder participant
>
> *There is no system for parents to find out about services. No central hub that shows these services are available to you. You might hear about Youthworks through a grassroots effort.* — Community stakeholder participant

Gap: No centralized service dashboard for parents and youth (directly parallels the Section 8.1 recommendation for a centralized service dashboard in the Service Provider domain). Universal parent-education access is needed without the stigma of being singled out as “bad parents.” Discovery of existing services depends on grassroots word-of-mouth rather than a system-level navigation function.

Theme 3: Lack of Access and Trust to Engage in Services

When asked whether currently available services in Fargo are effective in preventing youth involvement in the juvenile system, participants were nearly split. Some identified a sufficient amount of services available; others identified limitations and a need for more. A consistent thread across both views was that trust — not just availability — determines whether services are engaged. Approximately half of the focus group quotes converge on the same insight: parents and

youth are not rejecting services because they don't want help, but because they don't trust the agencies offering it, or because the structural conditions of their lives (work, transportation) make engagement impossible. Mental health needs were identified as the highest-acuity, highest-recidivism category, followed by chemical dependency — with very limited adolescent capacity.

> *A lot of services, but not a lot of trust to engage in services.* — Community stakeholder participant
>
> *Parents are rejecting services not because they don't want them, but they have to work and give up income, or don't have transportation.* — Community stakeholder participant
>
> *I would estimate that more than 50% of parents refuse CHINS connection to services. Parents don't want them (i.e. the State, juvenile court, CHINS, CPS) in their business, due to lack of trust in agencies.* — Community stakeholder participant
>
> *Youth with mental health issues is the highest need and has the highest level of recidivism, then its chemical dependency youth. And chemical dependency services are far. Only one or two accept juveniles.* — Community stakeholder participant
>
> *No tutors, no mentors, no program for a kid of color struggling where I can connect this kid with this resource and I know they got them; with food, resources and somewhere to go.* — Community stakeholder participant

Gap: Trust — not service availability — is the binding constraint for many families. Over 50% of parents reportedly refuse CHINS connection to services. The structural conditions of low-income family life (work hours, transportation) make engagement impossible regardless of trust. Adolescent chemical dependency capacity is functionally absent. Mentors, tutors, and connection points for Black, American Indian, Hispanic, and multiracial youth are scarce.

7.5 Service Provider Findings

Findings in this subsection are drawn from interviews with representatives of four service providers engaged with Cass County court-referred youth: Southeast Behavioral Health Clinic (formerly Southeast Human Service Center), Youthworks, Consensus Council, and The Village Family Service Center. Three of these — Southeast, Consensus Council, and Village Family — are among the county's six highest-volume providers; Youthworks served a smaller share in 2025 (see Section 5.1). The most extensive engagement was a structured interview with the administrator overseeing all youth services at Southeast Behavioral Health Clinic; findings from that interview are presented first and in greatest depth.

Southeast Behavioral Health Clinic (formerly Southeast Human Service Center)

Organizational Context. Southeast Behavioral Health Clinic is one of three regional human service center-affiliated behavioral health clinics in North Dakota, alongside West Central (Bismarck region) and the Bismarck clinic. The state recently rebranded these facilities from "human service centers" to "behavioral health clinics," though the Southeast, West Central, and Bismarck names remain in use. The clinic provides region-wide services to Region 5, which encompasses Cass

County and the broader Fargo-Moorhead area. The administrator interviewed has 20 years of tenure at Southeast, including roles as case manager, clinician, youth team lead, and (for the past 1.5–2 years) administrator over all four youth teams.

Access and Referral Pathway. A formal court referral is not required to access services. Youth and families can walk in during business hours and request an assessment, and the clinic explicitly describes itself as a "safety net" service that fills gaps when families have not succeeded with private providers. However, when juvenile court is involved, court officers typically provide a referral so that prior service history and current concerns are known before the family arrives. Judges can also court-order 48-hour assessments for youth held in detention; those assessments are accommodated at Southeast within the 48-hour window. A central assessment department triage team determines whether a youth and family can be linked with a community service or whether Southeast is the most appropriate provider before the formal assessment is scheduled.

Service Continuum. Southeast operates two community-based youth and family teams, each comprising a clinical team lead, team clinician, skills trainer, skills integrators, addiction counselors, case managers, and a newly added parent/caregiver peer support role. Cases are assigned to the team rather than to an individual clinician, providing continuity of care if any single staff member is unavailable. The highest-intensity outpatient service is Multi-Systemic Therapy (MST): four therapists each capped at 4–5 families, with 24/7 crisis contact and multiple in-home family therapy sessions per week. MST is funded through the Families First Prevention Services Act (Title IV-E) and is provided at no cost to families. Families may move between the youth and family teams and MST as clinical intensity needs change. Southeast also delivers Level 1 outpatient substance use treatment, individual and family therapy, psychiatric medication services, and psychological testing (including sexual offender evaluations for youth, conducted by the psychology department rather than the youth department).

First Episode Psychosis (HELP) Program. Southeast operates the only First Episode Psychosis (FEP) program in Region 5, locally branded "HELP." The program serves individuals ages 15–28 with suspected or confirmed early psychosis and aims to intervene early to reduce the severity of psychotic illness as the person ages. A second FEP program is starting in Jamestown (South Central region). The Southeast administrator described the program as needing greater visibility, noting that even within the Cass County service ecosystem the program is not widely known.

Strength: Southeast Behavioral Health Clinic delivers an evidence-based, team-based service continuum that includes Multi-Systemic Therapy (Title IV-E funded, no cost to families), Level 1 outpatient substance use treatment, psychiatric medication and psychological services, walk-in access without a referral requirement, and the only First Episode Psychosis program in Region 5. The new parent/caregiver peer support role directly addresses the parent-disengagement pattern documented in both the court staff focus group findings and the youth and community-stakeholder findings.

Parent Refusal of Services. Echoing findings from the court staff focus group (Theme 5) and the youth and community-stakeholder findings (Theme 3), the Southeast administrator reported that parent refusal of services is increasing and is observed even within structured court mandates. The juvenile drug court program, which requires parent involvement, now sees parents who flatly refuse to participate — some explicitly stating "it's not my problem, it's my kid's problem." Drug court has begun making exceptions to serve youth alone when parents refuse outright. Southeast's youth teams can serve youth independently of the parent if the service is voluntary, but MST cannot proceed without caregiver participation because the model is caregiver-focused by design. The newly added parent/caregiver peer support role was created specifically to address this engagement gap.

> *Even within the juvenile drug court program, where parent involvement is required, we are seeing parents who absolutely refuse. They are telling us 'I'm washing my hands of this — it's not my problem, it's my kid's problem.'* — Southeast Behavioral Health Clinic Administrator

Adolescent Substance Use Treatment Capacity. Southeast provides Level 1 outpatient substance use treatment with a single adolescent addiction counselor. Volume of court-referred youth substantially exceeds what one counselor can deliver at Level 2 intensity. To address this gap, Southeast has partnered with The Village Family Service Center, which opened a Level 2.1 adolescent substance use program approximately two months before this interview (located literally across the parking lot from Southeast). The Village Level 2.1 program is the first new adolescent substance use service to come online in Cass County in years.

Residential Substance Use Treatment — The State's Most Acute Gap. Adolescent residential substance use treatment is the single most acute gap identified in the interview. Fargo previously had an adolescent residential program; it closed. Bismarck previously had one; it closed. The only remaining adolescent residential substance use program in North Dakota is operated by Eckert Youth Homes in Williston — a six-hour drive from Fargo across the entire state. Eckert was formerly contracted through the state; the state contract has since ended, but Eckert remains in operation as a private provider that accepts the state substance use voucher for uninsured youth. Distance, not insurance coverage, is the binding constraint. To transport Cass County youth to Eckert, Southeast has used buses, contracted with law enforcement for transport, and met Eckert staff partway across the state. The Southeast administrator expressed surprise that no Eastern North Dakota private provider has stepped in to fill the gap, attributing the absence to a combination of state contract requirements and insurance reimbursement rates that make the service financially difficult to sustain.

> *We used to have an adolescent residential program here in Fargo. That went away. There was one in Bismarck. That's gone. The only one in the state is out in Williston — it's a six-hour drive. We've sent youth by bus, we've sent them by law enforcement, we've met staff halfway across the state. The insurance isn't the barrier. The distance is the barrier.* — Southeast Behavioral Health Clinic Administrator

Gap: North Dakota currently operates only one adolescent residential substance use treatment facility (Eckert Youth Homes, Williston, ~6 hours from Fargo). The previous Fargo and Bismarck programs have both closed. Distance is the binding constraint rather than insurance coverage. No Eastern North Dakota private provider has emerged to fill the gap. This finding directly corroborates the court staff focus group Theme 4 finding on systemic treatment failure and the wait-time pattern (six months for prior authorization, six months for a bed) documented in the same theme.

The Village Family Service Center

The Village Family Service Center is a private nonprofit provider located directly across the parking lot from Southeast Behavioral Health Clinic. Historically focused on adult programming, The Village opened its first adolescent Level 2.1 substance use treatment program approximately two months before the Southeast interview. This is the first new adolescent Level 2 substance use service to come online in Cass County in years and represents an immediate near-term capacity expansion for Cass County youth who need intensive outpatient substance use treatment but do not meet residential criteria. The Village is also listed in Section 5.1 among the top-six providers of court-referred services.

Youthworks

In 2025, Youthworks served 16 youth (2.4% of referred youth), as documented in Section 5.1 — among the lowest-volume of the providers listed there. The Change Companies was the single largest provider (207 youth, 30.7%). The court-administered Youthworks programming is addressed in Sections 3.1 and 5.1. The community-facing arm of Youthworks, Beyond the Game, has dissolved due to the founder relocating and was previously included in the prevention provider inventory in Section 8.7 as a Tier 1/Tier 2 skill-building program.

Consensus Council

Consensus Council is a statewide restorative-practices organization that provides facilitated dialogue and restorative justice programming for court-referred youth in Cass County and across North Dakota. As documented in Section 4.4, however, Consensus Council's school-based footprint has contracted sharply: its only ongoing school presence is at Heritage Middle School, in limited capacity due to staff turnover; its presence at Liberty Middle School was recently discontinued; and support to other secondary sites is now available only on an as-needed basis. This footprint is mismatched to where referrals concentrate — Heritage Middle School generated just 2 court referrals in 2025, while the eight schools that account for roughly 81% of school-linked referrals (165 of 202), led by West Fargo High School (40 referrals) which lost its two ESSER-funded restorative positions, have no ongoing restorative presence — underscoring the recommendation to prioritize restorative-practice capacity at the highest-referral schools first (Section 4.9). Brief interview engagement confirmed that Consensus Council is positioned to expand into a statewide restorative practices council coordinating function, as identified in Section 9.5 of this report, but would require dedicated funding and statutory authority. As the research reviewed in Section 4.4 indicates, the benefits of restorative practices for Black, American Indian, Hispanic, and

multiracial youth depend on implementation quality — fidelity, culturally responsive facilitation, and disaggregated outcome tracking — a design requirement that applies to any provider delivering restorative services, including Consensus Council.

7.6 Combined Themes and Recommendations Across All Stakeholders

Findings from the court staff focus group (n=13), the youth and community-stakeholder focus group (n=11 quoted directly), and the complementary stakeholder engagement interviews with service providers (n=4), law enforcement (n=5), CHINS (n=1), and additional Cass County court staff (n=1) converge on five cross-cutting themes and a consolidated set of recommendations. Each theme below integrates the perspectives of multiple stakeholder groups; the "Voices Confirming" column identifies which groups raised the same concern independently. Themes are presented in order of the number of stakeholder groups that named them.

Combined Theme	Voices Confirming	Detail
1. Parent disengagement is increasing and undermines every level of service	Court staff; Service providers; CHINS; Youth/community	Informal estimates reveal about 50% of parents refuse CHINS connection; juvenile drug court now sees parents flatly refusing despite court mandate; MST cannot proceed without caregiver participation; youth-facing staff lack authority to compel engagement. Southeast added a parent/caregiver peer support role specifically to address this.
2. Systemic treatment access failure — wait times, distance, residential SUD gap	Court staff; Service providers; CHINS; Law enforcement	Six months for prior authorization, six months for residential beds; only adolescent residential SUD facility is in Williston (6 hours from Fargo); Fargo and Bismarck adolescent residential programs both closed; The Village just opened Level 2.1 (2 months old). Insurance is not the barrier — distance and provider capacity are.
3. School-to-court referral pipeline lacks documentation and intervention thresholds	Court staff; Service providers; Law enforcement; Youth	Schools route referrals to court without documenting prior interventions (Theme 3); chronic absenteeism with minimal school-side response (Theme 3); Fargo Public Schools created new information-sharing barriers; Black male youth report n-word use by both peers and school administrators across West Fargo and Fargo districts (Section 4.8 and 7.4).
4. Service-overload and compliance-without-change pattern	Court staff; Youth; Service providers	Youth required to fulfill 5+ simultaneous service obligations on day one of court involvement; treated as "just a checklist;" family therapy counterproductive when parents and youth in active conflict are placed in joint sessions; youth-facing support staff lack authority to enforce engagement

		(Theme 5); youth describe rote performance rather than meaningful change.
5. Transportation and structural access — not service availability — are the binding constraints	Court staff; Service providers; CHINS; Youth/community	MATBUS lines do not reach all neighborhoods; evening/weekend service limited (Section 2.3); families cannot transport to court, treatment, or probation appointments; cross-border insurance for Cass County youth with Minnesota coverage adds 6+ months of delay; sanctions for non-compliance often stem from structural barriers, not unwillingness.
6. R.E.D. is universal and not predicted by YRBS at every school	Court staff; Youth; Service providers	Black youth overrepresented in referrals at every school examined (Section 4.9); Native American youth overrepresented in court caseloads (Theme 1); restorative practices benefit Black, American Indian, Hispanic, and multiracial youth only when implemented with fidelity and culturally responsive facilitation (Section 4.4); 100% of formal court staff focus group participants were White and straight, limiting the perspective on racial disparities and reinforcing the value of direct engagement with youth from the overrepresented groups.
7. Limited specialized programming for PSB, firearm, and gang-involved youth	Court staff; Service providers; Law enforcement	YASI low-scores PSB and gun-related offense youth despite intensive supervision needs (Theme 6); the only firearm-related referral option is hunter safety; no specialized programming exists for gang-involved youth; PSB wait list at Southeast can exceed six months; West Central Human Services does not offer PSB at all.
8. Pre-court diversion capacity is uneven across jurisdictions	Court staff; Service providers; Law enforcement	Bismarck Police Youth Bureau provides informal pre-court diversion that is highly valued by Burleigh County court staff (Theme 3); equivalent capacity does not exist in Cass County; Fargo PD's 2018 diversion program was discontinued due to staffing and call-volume pressures (Section 6.2); West Fargo PD has never operated a diversion program.

Table: Eight Combined Themes Across All Stakeholder Engagement (Court Staff, Youth, Service Providers, Law Enforcement, CHINS)

Combined Stakeholder Recommendations

The following consolidated recommendations integrate proposals raised across the four stakeholder groups. Where a recommendation is supported by multiple groups, the supporting

voices are noted in parentheses. Full recommendation text is integrated into the consolidated policy recommendations in Section 9.

Recommendation Area	Stakeholder Groups Supporting	Consolidated Recommendation
Parent and Caregiver Engagement	Court staff; Service providers; CHINS	Fund and expand the recently added parent/caregiver peer support role at Southeast Behavioral Health Clinic; integrate caregiver peer support across court-referred providers; establish universal parent education as a default offering (not stigma-coded as "bad parent" intervention); create a centralized service dashboard for parents (also raised by youth/community).
Treatment Capacity and the Residential SUD Gap	Court staff; Service providers; Law enforcement	Pursue Eastern North Dakota adolescent residential SUD capacity through state contract incentives, capital grants, or partnership with Eckert Youth Homes; expand The Village Level 2.1 program; expand Southeast adolescent addiction counselor capacity beyond the single position currently funded; coordinate cross-border insurance prior authorization for Cass County youth with Minnesota coverage.
School-to-Court Referral Standardization	Court staff; Service providers; Youth; Law enforcement	Mandate documented prior interventions before schools may submit court referrals (Section 9.2); restore court access to schools for prevention education; create a shared school-court attendance and engagement tracking mechanism; commission a R.E.D. audit of school discipline and SRO discretion across Fargo and West Fargo Public Schools that includes both quantitative IRR analysis (Section 4.6) and direct youth voice (Theme 1 from youth and community-stakeholder findings); and pursue a statutory change clarifying FERPA-compliant information sharing between schools and the juvenile court, so prior-intervention and engagement records can be exchanged without the delays court staff described.
Sequenced Case Planning	Court staff; Youth; Service providers	Replace front-loaded simultaneous service requirements with sequenced case planning that prioritizes one or two service goals at a time, with additional obligations added only after earlier goals are completed; establish formal authority for youth-facing support staff so their hour requirements have probation consequence weight.

Transportation and Structural Access	Court staff; Service providers; CHINS; Youth/community	Establish a Cass County transportation assistance fund or partnership for youth and families attending court, treatment, and probation appointments; coordinate with MATBUS on evening/weekend service for youth programming routes (Section 2.3); develop a cross-border insurance coordination protocol with Minnesota for youth with cross-border coverage.
R.E.D. and Cultural Competence	Court staff; Youth; Service providers	Annual cultural competence training across all court-referred providers (Section 9.4); restore dedicated restorative practices positions (Section 4.4); position Consensus Council to lead a statewide restorative practices council with focus on equal access for minority youth (Section 9.5); ensure youth-of-color voices are formally represented in any R.E.D. monitoring committee.
Specialized Programming for PSB, Firearm, and Gang-Involved Youth	Court staff; Service providers; Law enforcement	YASI override protocol for PSB and firearm cases (Section 9.3); expand PSB capacity beyond Southeast, drawing on additional community providers that offer PSB treatment — including the Red River Children's Advocacy Center (PSB-CBT for children) — and confirm which providers currently receive court PSB referrals; develop firearm conduct programming beyond hunter safety; establish gang-involved youth specialized programming — none currently exists in Cass County or statewide.
Pre-Court Diversion Capacity	Court staff; Service providers; Law enforcement	Establish a Cass County equivalent to the Bismarck Police Youth Bureau; restore and expand Fargo PD's 2018 diversion program; extend pre-court diversion authority to West Fargo PD; develop a pre-referral linkage protocol to the Section 8.7 community prevention provider inventory.

Table: Combined Stakeholder Recommendations Across All Engagement (mapped to Section 9 consolidated policy recommendations)

Closing Synthesis. The qualitative findings across all stakeholder groups triangulate the quantitative findings documented elsewhere in this report. Three convergent observations stand out: (1) schools are the most-named site of structural harm by court staff, providers, and youth alike, supporting the Section 4.6 Interventions-to-Referral Ratio analysis, the Section 4.9 universal-R.E.D. finding, and the Section 9.2 school recommendations; (2) transportation, trust, and structural access — not service availability — are the binding constraints on engagement, validating the Section 2.3 MATBUS analysis, the Section 8.6 CHNA cross-sector indicators, and the Section 9.5 and 9.6 recommendations; and (3) compliance theater (services completed without

behavioral change) is producing measurable harm across both court-administered and community-provider programming, supporting the sequenced case-planning recommendation and the SPEP-aligned dosage standards in Section 9.4.

Prevention Framework

This section sets out the prevention framework that is the central purpose of this assessment. Where the preceding sections evaluate how youth are handled once they contact the system, this section turns to the question the SAG's R/ED report asked first: what would keep youth — and disproportionately Black, American Indian, Hispanic, and multiracial youth — from being referred to court at all. It defines the core prevention principles (8.1), aligns the population-level YRBS indicators with the YASI risk domains the court uses (8.2), lays out a pre-referral prevention tiering model schools and partners can act on (8.3), specifies the assessment domains that measure a community's prevention capacity (8.4), assigns prevention roles to each stakeholder (8.5), connects community health data to juvenile-risk indicators (8.6), and inventories the community-based prevention providers available in Cass County (8.7). Together these subsections translate the report's findings into an upstream, prevention-first agenda.

8.1 Core Principles

Prevention is population-level, operates before referral, focuses on conditions and policies, uses anonymous data, and seeks to reduce exposure. Intervention is individual-level, happens after referral, focuses on behavior change, and seeks to reduce reoffending. YRBS serves as a population-level early warning system; YASI serves as an individual justice-system risk tool. They can be aligned at the domain and pattern level without scoring individual students.

8.2 YRBS and YASI Domain Alignment

The following matrix shows how population-level YRBS indicators align with individual-level YASI risk domains for prevention-focused resource deployment:

YASI Domain	What YASI Assesses	Related YRBS Indicators	How YRBS Is Used for Prevention
Family	Parenting, supervision, stability	Food insecurity; housing instability; adult support	Target family supports, caregiver mentoring, basic needs assistance
School	Attendance, performance, behavior	Bullying; feeling unsafe; unfair treatment	Improve school climate, safety, and consistency before referrals
Community / Peers	Peer delinquency, neighborhood risk	Dating violence; bullying; discrimination	Expand mentoring, pro-social peer activities, restorative practices
Alcohol / Drugs	Substance use patterns	Alcohol and marijuana use; early initiation	Direct prevention and education to early-use patterns

Mental Health	Emotional regulation and distress	Sad/hopeless feelings; anxiety; self-harm	Expand school-based mental health and SEL supports
Attitudes	Pro-social vs. anti-social beliefs	Feelings of unfair treatment; hopelessness	Address disengagement and strengthen belonging
Skills	Decision-making and problem-solving	Coping skills; help-seeking behaviors	Invest in SEL and cognitive skill-building programs
Employment / Free Time	Structured activities and supervision	After-school risk indicators	Expand after-school and supervised activities

8.3 Pre-Referral Prevention Tiering Model

This tiering model is, in structure, an application of North Dakota's Multi-Tiered System of Support (ND 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.

Tier	Who It's For	Primary Goal	How YRBS Is Used	What Schools/Community Do
Tier 1: Universal	All students / all schools	Reduce baseline risk; strengthen protective factors	Identify district/school trends to	Schoolwide SEL, positive climate, anti-bullying,

			prioritize strategies	family engagement, after-school supports
Tier 2: Selective	Groups/schools with elevated risk	Prevent escalation and first referrals	Use subgroup/school patterns to prioritize supports	Targeted small-group skill building, mentoring, attendance supports; coordinate with providers
Tier 3: Indicated	Students showing early patterns	Prevent first system contact; stabilize needs	Justify capacity where need is high	Student support teams; individualized plans; rapid linkage to services; document attempts

8.4 Prevention Assessment Domains

A comprehensive prevention assessment for the Fargo area should examine:

Domain	What Is Examined	Key Question	Data Sources	Why It Matters
Community Conditions	Poverty; housing instability; violence exposure; transit access	Are neighborhoods exposed to higher baseline risk before offenses?	Census; housing; public health data	Identifies structural risk drivers
School Climate	Belonging; suspension patterns; discipline by race; SRO deployment	Are schools protective environments or early justice gateways?	Discipline records; climate surveys	Detects institutional practices increasing exposure
Youth Risk Exposure	Mental health; victimization; substance initiation; discrimination	Which youth carry highest risk burden without system contact?	YRBS; community assessments	Identifies unmet risk burden
Racial/Geographic Patterns	Risk prevalence vs. system contact; school-police-court pipeline	Are some groups experiencing higher contact than risk predicts?	YRBS + court data; mapping	Identifies structural bias
Policy & Practice Scan	Referral requirements; truancy enforcement; diversion eligibility	Which rules increase justice involvement for low-level behavior?	Policy review; legal analysis	Reveals policy-driven exposure
Protective Factors	Youth-adult connectedness; mentorship; cultural supports; recreation	Where are protective factors strong and where missing?	Youth surveys; program inventory	Strengthens protective factors

8.5 Stakeholder Prevention Roles

Each stakeholder's role in prevention, using the right information at the right time while complying with North Dakota law:

Stakeholder	Primary Role	What They Should Do	What They Should Not Do	Key Tools
Public Health Planners	Data stewardship & prevention	Analyze YRBS; identify priorities; monitor trends/disparities	Identify individual students; share raw YRBS with law enforcement	YRBS (aggregate), disaggregated R/ED analyses
Schools	Frontline prevention	Implement prevention; exhaust interventions before referral; document	Use YRBS to label students; prematurely refer low-level behaviors	Discipline policies, documentation
Service Providers	Prevention & early support	Deliver mentoring, SEL, counseling; accept pre-court referrals	Receive YRBS microdata; act as enforcement entities	Evidence-based models
Law Enforcement	Limited, supportive role	Use discretion; support diversion; follow ND statutes	Use prevention data for surveillance; bypass school interventions	Diversion policies, MOUs
Juvenile Court	Intervention after referral	Use YASI post-referral; match services to risk	Use YRBS for individual decisions	YASI, disposition matrix
CHINS / Human Services	Family & safety support	Address instability; coordinate services; stabilize families	Default to justice involvement for family needs	Family assessments, service coord.

8.6 Cross-Sector Risk Indicators from Community Health Data

Cass County's prevention framework does not need to be built from scratch. The 2025 Essentia Health-Fargo Community Health Needs Assessment (CHNA) and the 2024 Sanford Health Fargo CHNA each independently identified priority community health needs that map directly onto YASI risk domains. Because both assessments draw on overlapping data sources (ACS, County Health Rankings, BRFSS, and resident surveys with combined sample sizes exceeding 1,800 respondents), they constitute a publicly available, externally validated indicator set that can anchor the prevention assessment described in Section 8.4. The Essentia CHNA prioritized Social Drivers of Health, Nutrition and Physical Activity, and Housing. The Sanford CHNA identified Affordable Health Care, Health Care Provider Access, Healthy Living, Mental Health, Public Transportation, Quality Child Care, and Affordable Housing. Seven of these ten priority areas align with a YASI risk domain.

YASI Risk Domain	Aligned CHNA Priority	Population-Level Indicator	Cass County / Fargo MSA Value
Family	Affordable Housing; Social Drivers	Cost-burdened renter rate; severe housing problems rate	41% cost-burdened renters (ACS 2022); 13% severe housing problems
Family	Quality Child Care	Child care cost as % of median household income	31% of median income in Cass County (CHR 2022–2023)
School	Healthy Living	Adult obesity; physical inactivity (proxy for school recess/activity)	35% adult obesity in Cass County (BRFSS 2021); 21% physical inactivity
Community / Peers	Public Transportation	Daily transportation access rating (1–5 scale)	2.98 / 5 (2024 Sanford CHNA survey, n=1,865)
Community / Peers	Affordable Health Care	% who needed care but did not receive it	22% in past 12 months (2024 Sanford CHNA)
Alcohol / Drugs	Healthy Living	Excessive drinking; alcohol-impaired driving deaths	22% excessive drinking; 43% of driving deaths alcohol-impaired (CHR)
Mental Health	Mental Health	Poor mental health days per month; provider ratio	3.8 days/month in Cass County; 1 provider per 310 people (CHR)
Mental Health	Mental Health	% want behavioral/mental health services improved	72% of survey respondents (2024 Sanford CHNA)
Attitudes	Social Drivers	Unmet social need rate (Essentia screening)	11.5% in 2024 (up from 10.3% in 2020)
Skills	Quality Child Care	Pre-K and early-childhood program access	5 child care centers per 1,000 children under 5 (CHR 2022)
Employment / Free Time	Affordable Health Care	Labor force participation; uninsured rate	74.7% LFP; 8% uninsured in Cass County

Table: YASI Risk Domains Mapped to Existing CHNA Indicators (Essentia 2025, Sanford 2024)

Operational Implication. Because Essentia Health and Sanford Health both publish CHNAs on three-year cycles and are required by IRS rules to track implementation, juvenile prevention planning can use their indicator dashboards as a no-cost data infrastructure for the population-level early warning function described in Section 8.1. The SAG should formally request that Essentia and Sanford disaggregate the next CHNA cycle's priority indicators by Census tract or ZIP code where sample sizes permit. This would allow juvenile justice prevention investment to be targeted to the same neighborhoods where the hospitals are already investing in Community Health Worker outreach, eviction prevention (High Plains Fair Housing Center, Legal Services of

Northwest Minnesota), and food security (Red River Market SNAP Double Bucks, Growing Together Community Gardens). Aligning investment by geography rather than by sector multiplies impact without duplicating infrastructure.

Recommendation. Establish a standing data-sharing memorandum between the Cass County Juvenile Court, Fargo Cass Public Health, Clay County Public Health, Essentia Health Community Health Department, and Sanford Health Community Health to (1) coordinate CHNA and YRBS data releases on aligned timelines, (2) produce a joint annual community-health-and-justice report disaggregating key indicators by Census tract and race/ethnicity, and (3) share non-identifying aggregate data on Community Health Worker referrals, eviction-prevention outcomes, and Resourceful directory search patterns. This structure operationalizes the prevention principle in Section 8.1 — use population data for resource placement, not individual labeling — while creating a shared accountability mechanism across the four agencies most positioned to reduce upstream risk.

8.7 Community Prevention Provider Inventory

The Cass County prevention ecosystem extends well beyond the six providers that receive the majority of court referrals (described in Section 5.1). The following inventory catalogs community-based youth-serving organizations operating in the Fargo-Moorhead-West Fargo service area that are positioned to deliver Tier 1 universal prevention and Tier 2 selective intervention (defined in Section 8.3) before a youth reaches the threshold for court referral. Providers currently included in the court's post-referral intervention landscape — The Change Companies, Consensus Council, Southeast Human Service Center, Village Family Services, Private Providers, the Juvenile Court's in-house programs, and Youthworks' court-administered programming — are excluded from this inventory and discussed in Sections 5.1 and 5.3. Also excluded are Sanford Health, Essentia Health, the YMCA of Cass & Clay Counties, and Fargo Cass Public Health as full institutions (these are addressed in the CHNA cross-system analysis in Sections 2.3 and 7.6), and Prairie St. Johns and the Rape and Abuse Crisis Center (post-crisis clinical services rather than upstream prevention).

Providers are grouped by primary prevention function. Many organizations operate across multiple domains; the category shown reflects the dominant focus of their youth-serving programming. Addresses and beat designations are included where available to support the geographic-needs mapping analysis described in Section 2.3.

Category	Provider / Program	Service Type	Location / Contact (Beat)
Mentoring & Counseling	Legacy Children's Foundation	Counseling, mentoring, skill building, remedial academic	725 28th St N, Fargo (Beat 1)
Mentoring & Counseling	PS and QS Etiquette LLC	Group counseling and mentoring	657 2nd Ave N, Fargo

Mentoring & Counseling	BIO Girls	Group mentoring (girls-focused)	4225 38th St, Fargo (Beat 5)
Mentoring & Counseling	Friends of the Children–Fargo-Moorhead	Long-term professional mentoring; weekly sessions	5183 44th St S, Suite B, Fargo (Beat 5)
Mentoring & Counseling	Families United for Self-Empowerment (FUSE)	Family counseling and mentoring	3120 25th St S, Suite 362, Fargo (Beat 3)
Mentoring & Counseling	Fraser	Counseling, autism, and developmental services	2902 S University Dr, Fargo (Beat 3)
Mentoring & Counseling	Red River Children's Advocacy Center	Child advocacy; trauma response; Problematic Sexual Behavior (PSB-CBT) treatment for children	Fargo
Character & Leadership	Youth for Christ – Red River	Faith-based youth engagement	1790 32nd Ave S, Fargo (Beat 3)
Character & Leadership	Northern Lights Council Scouting America	Scouting; skill building and challenge	4200 19th Ave S, Fargo (Beat 3)
Character & Leadership	Boys State Leadership Academy	Civic leadership and job-related skill building	405 W Main Ave, West Fargo
Character & Leadership	Boys and Girls Clubs of the Red River Valley	After-school skill building; social and job skills	2500 18th St S, Fargo (Beat 3)
Character & Leadership	Fred's Dissonance	Social skill building	417 Main Ave, Suite 401, Fargo (Beat 3)
Character & Leadership	Hip Hop and Hope / Excellerate Youth	Youth engagement and skill building	info@excellerateyouth.com
Cultural & Identity-Affirming	Indigenous Association	Cultural skill building and social support (Native youth and families)	720 1st Ave N, Fargo (Beat 1)
Cultural & Identity-Affirming	New American Consortium for Wellness and Empowerment	Counseling, mentoring, remedial academic for New Americans	15 21st St S, Suite 102, Fargo
Cultural & Identity-Affirming	Lutheran Immigration and Refugee Services	New American family support and case management	417 Main Ave, Suite 401, Fargo
Cultural & Identity-Affirming	Cultural Diversity Resources	Cross-cultural programming and family support	112 N University Dr, Suite 306, Fargo

Education-Linked Skill Building	North Dakota 4-H Foundation	Skill building, job-related programs, youth development	1010 2nd Ave S, Fargo (Beat 3)
Education-Linked Skill Building	NDSU Extension Services	Education, family resources, food and nutrition programming	Cass County Annex, 1010 2nd Ave S, Fargo
Education-Linked Skill Building	Stepping Stones Resource Center	Resource navigation for youth and families	721 S University Dr, Fargo
Education-Linked Skill Building	Jeremiah Program	Single mothers and children; education and stability supports	3104 Feichtner Dr, Fargo
Education-Linked Skill Building	Luther Hall	Residential support program (older youth)	1505 5th Ave S, Fargo
Family Stability & Wraparound	Nexus PATH Family Healing	Family-based services and prevention	1202 Westrac Dr, Fargo
Family Stability & Wraparound	Dakota Boys and Girls Ranch	Residential, school, and outpatient youth services	7151 15th St S, Fargo (Beat 5)
Family Stability & Wraparound	Perry Center	Youth development services	2355 Meadow Ridge Pkwy, West Fargo
Family Stability & Wraparound	Solutions	Behavioral health and counseling for youth and families	1635 43rd St SW, Fargo
Family Stability & Wraparound	463 Foundation	Youth-focused programs (program detail to be confirmed)	463foundation.org
Public Health & Substance Prevention	Fargo Cass Public Health Community Health Educators	Tobacco cessation/prevention and broader public health programming	1240 25th St S, Fargo (Beat 3)
Public Health & Substance Prevention	Cass County Vision Zero	Traffic safety and risk-reduction outreach	visionzerond.gov

Table: Community Prevention Provider Inventory (Providers Not Receiving Court Referrals)

Geographic Distribution. Of the 30 prevention providers inventoried above, roughly half are located in Beat 3 (58103 core) — the same beat producing the highest concentration of court referrals (329 in 2025). This concentration is consistent with population density but reinforces the Section 2.3 finding that providers and need are co-located in central Fargo, while youth in Beat 1

(north), Beat 5 (far south), and West Fargo have meaningfully fewer prevention options within their immediate neighborhoods. MATBUS route analysis (Section 2.3) confirms that fixed-route transit to several listed providers is limited during evening hours when after-school programming typically operates.

Recommendation. The SAG and the juvenile court should (1) identify which providers have evidence-based or scientifically supported program models per the What Works for Health criteria used in the Essentia CHNA; and (2) develop a formal pre-referral linkage protocol so that schools, law enforcement, and primary care providers can route youth to appropriate Tier 1 and Tier 2 prevention before a justice referral is generated. This complements the police-led diversion capacity discussion in Section 6.2 and the school-based behavioral health MOU recommendation in Section 4.5.

Policy Recommendations

9.1 Law Enforcement Recommendations

- 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.

9.2 School Recommendations

- 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 or establish dedicated restorative practices positions, particularly after loss of ESSER-funded positions.
- Prioritize restorative-practice capacity at the highest-referral schools first, as the default alternative to referral (Section 4.4): deploy new or restored positions and training to the schools generating the most referrals (Section 4.9) — beginning with West Fargo High and Sheyenne, where the assessment found no systematic restorative practice — where discipline disparities are also greatest (Figures 13 and 15), and track implementation against each school's referral and infraction data, 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.
- Operate the North Dakota MTSS framework with fidelity and aim it explicitly at referral prevention: use disaggregated discipline and YRBS data as the screening layer to target Tier 2 and Tier 3 investment, organize behavioral-health partnerships (Section 4.5) into the Tier 3 layer, and measure disaggregated outcomes at each tier (Section 4.10).

9.3 Court Recommendations

- 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 interventions before accepting a school-based referral to court. (Under HB 1328 / Century Code 27-20.4-05.1 this documentation requirement applies specifically to schools referring for infractions or misdemeanors on school property; the corresponding school-side recommendation appears in Sections 4.1 and 4.11.)
- 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 (51% of court referrals involve Black, American Indian, 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); pull contact-hour data from the juvenile court Evidence-Based Services module to enable full Dimension 2 scoring; and address the date-field data quality finding (17.3%–47.4% negative-date rates) before the next evaluation cycle.
- Establish the County's actual juvenile recidivism baseline rate and track the outcomes of diverted youth, so diversion effectiveness can be measured locally rather than inferred from national benchmarks (refines the estimate in Section 6.2, Step 2).

9.4 Service Provider Recommendations

- 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 so diversion-track and low-risk youth are not routed into CBT-workbook or other higher-intensity programming — a pattern SPEP identifies as an active harm, affecting roughly one-third of youth at the assessed providers (Figure 10) — and deliver that capacity with implementation-fidelity monitoring and culturally responsive facilitation so restorative practices reduce rather than maintain racial disparities (Sections 4.4 and 5.5). The corresponding referral-side change appears in Section 3.7.
- 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).
- Resolve the highest-priority data question from the SPEP analysis: obtain disaggregated risk data from Southeast Behavioral Health Clinic and the court's in-house programs to confirm or refute whether low-risk youth are being placed into the system's most intensive interventions (MST and intensive court supervision).

9.5 System-Wide Recommendations

- 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).
- 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, and evaluate whether this improves voluntary service uptake relative to the current process.

- Address the need for a high-intensity substance-abuse treatment center beyond the existing Williston facility, accessible to youth in eastern North Dakota.

9.6 Cross-System Prevention and Community Health Recommendations

- 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).

9.7 Stakeholder Recommendations

The recommendations below consolidate the proposals raised directly by stakeholders across the focus groups and complementary interviews (Section 7.6), organized by the eight cross-cutting themes on which multiple stakeholder groups converged. Supporting stakeholder groups are noted in parentheses, and related consolidated recommendations elsewhere in Section 9 are cross-referenced where applicable.

- **Parent and Caregiver Engagement.** Fund and expand the recently added parent and caregiver peer-support role at Southeast Behavioral Health Clinic; integrate caregiver peer support into Consensus Council and the other top-six court-referred providers; establish

universal parent education as a default offering rather than a stigma-coded "bad parent" intervention; and create a centralized service dashboard for parents (Section 9.5).

- **Treatment Capacity and the Residential Substance-Use Gap.** Pursue eastern North Dakota adolescent residential substance-use capacity through state contract incentives, capital grants, or partnership with Eckert Youth Homes; expand The Village Family Service Center's Level 2.1 program; expand Southeast Behavioral Health Clinic's adolescent addiction-counselor capacity beyond the single funded position; and coordinate cross-border insurance prior authorization for Cass County youth with Minnesota coverage (Section 9.5).
- **School-to-Court Referral Standardization.** Mandate documented prior interventions before schools may submit court referrals (Section 9.2); restore court access to schools for prevention education; create a shared school-court attendance and engagement tracking mechanism; and commission a R.E.D. audit of school discipline and SRO discretion across Fargo and West Fargo Public Schools that pairs quantitative Interventions-to-Referral Ratio analysis (Section 4.6) with direct youth voice.
- **Sequenced Case Planning.** Replace front-loaded, simultaneous service requirements with sequenced case planning that prioritizes one or two service goals at a time, adding further obligations only after earlier goals are met; and establish formal authority for youth-facing support staff so their hour requirements carry probation-consequence weight.
- **Transportation and Structural Access.** Establish a Cass County transportation-assistance fund or partnership for youth and families attending court, treatment, and probation appointments; coordinate with MATBUS on evening and weekend service for youth-programming routes (Section 9.5); and develop a cross-border insurance coordination protocol with Minnesota for youth with cross-border coverage.
- **R.E.D. and Cultural Competence.** Provide annual cultural-competence training across all court-referred providers (Section 9.4); restore dedicated restorative-practices positions (Sections 4.4 and 9.2); position Consensus Council to lead a statewide restorative-practices council focused on equal access for minority youth (Section 9.5); and ensure youth-of-color voices are formally represented on any R.E.D. monitoring committee.
- **Specialized Programming for PSB, Firearm, and Gang-Involved Youth.** Adopt a YASI override protocol for problem-sexual-behavior (PSB) and firearm cases so supervision level reflects need rather than score; expand PSB treatment capacity beyond Southeast Behavioral Health Clinic, drawing on additional community PSB providers such as the Red River Children's Advocacy Center (PSB-CBT for children) and confirming which providers currently receive court PSB referrals; develop firearm-conduct programming beyond hunter safety; and establish specialized programming for gang-involved youth, none of which currently exists in Cass County or statewide.
- **Pre-Court Diversion Capacity.** Establish a Cass County equivalent to the Bismarck Police Youth Bureau; reinstate and expand Fargo PD's 2018 diversion program; extend police-led

diversion to West Fargo PD (Section 9.1); and develop a pre-referral linkage protocol to the community prevention-provider inventory (Sections 8.7 and 9.6).

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 report was commissioned to evaluate how to reduce racial and ethnic disparities at the front end of the Cass County juvenile system, where a young person's path through the system begins, where the data show those disparities are largest and the system's discretion is greatest. 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 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.