

Good afternoon Chair Strinden and members of the Children's Cabinet.

My name is Karen Kringlie and I am currently the Juvenile Court Director for Unit Two, at least for the next two weeks until I retire after a 29-year career with the ND State Courts. Thank you for the invitation to speak to you today about the strengths and challenges in the state when it comes to adolescent services.

Just to give you a quick background:

My educational background is a degree in secondary education and a law degree from UND. I practiced family law in Fargo for about 3 years before starting with the juvenile court.

I was hired by the Courts in 1996 and started out as a juvenile supervisor in three counties: Barnes, Dickey, and LaMoure, before becoming the Director of Juvenile Court in Fargo – covering the 17 counties of southeastern ND.

I have stayed all these years with the juvenile court because I have found it incredibly challenging and also incredibly rewarding. Teenagers are funny and fascinating. They are often a challenge to connect to, but also a great joy in the way they respond to positive adult attention, their ability to change bad habits, and pick up new skills. I would say that I have learned more from them than I have taught. It has been a very rewarding job.

Generally speaking, when I started in the late 90's almost every youth referred for some sort of delinquent behavior, met first with a juvenile supervisor in an informal adjustment – basically a meeting involving the parents - to see if the youth is admitting to the offense charged and agree to a term of probation that often included some level of services. The services depended on the region and what was available and what type of insurance the family had. For the most part, all youth received very similar outcomes – probation – unless the case went to formal court – where for the most part – they were placed with the Division of Juvenile Services and out at the Youth Correctional Center. Victims played little role in the process and outcomes depended quite a bit on the services available or not available in the region. It was apparent to me that geography could really dictate outcomes – and that countermanded the court's mission of fundamental fairness.

We have really come a long, long way today. I will fast forward you to 2024, which is six years after the state raised the age of delinquency from 7 to 10, four years since the state repealed and replaced the Uniform Juvenile Court Act of 1968 with the Juvenile Court Act of 2020. Two years since the state limited the amount of low level school behavior from entering the gates of the juvenile justice system.

REFORM

Today all youth referred to juvenile court on a delinquent charge are entitled to counsel regardless of their parent's income. All youth referred to juvenile court on low level charges (as outlined by the statutes 27-20.4-10 and 11 NDCC) are entitled to a diversion process or informal adjustment and referral to services. The outcome and case plan of a youth's probation

agreement is based on a validated risk and needs assessment. One that been proven in multiple studies to accurately predict risk and guide probation to focus on specific criminogenic risks and needs that caused the behavior.

Today all youth arrested and considered for secure detention receive an objective detention screening tool and one that is filed with the court. Youth exhibiting serious and persistent mental illness or show a possible need for intellectual or developmental disabilities assessment are able to be quickly assessed. Today where youth may appear to lack competency to be found responsible for criminal actions, a statutory process exists to assess that level of competency.

Today in North Dakota, all youth formally adjudicated on a delinquency must receive a predisposition assessment and report. That assessment process includes a mental health screen, human trafficking screen, trauma screen and risk and needs assessment. That report is filed with the court and served on counsel and parties.

I could go on to list all the features of the legislative reform efforts of the past six years but those are probably the most noticeable and impactful.

STRENGTHS

As you can tell and perhaps have heard we are doing a better job than ever at recognizing the unique and individual characteristics and needs of each child referred to the courts. We are aware of child development as we work with each youth. We focus most of our efforts on youth who pose the highest risk of reoffending and make sure to have very little to no interaction with youth who are low risk so as not to interrupt their path to a healthy adulthood.

I couldn't be prouder of the way the child-focused agencies, providers, advocates, schools, law enforcement leaders, and legislators all came together and wrestled with these children's law issues in the past decade. Certainly, there has not always been agreement in the best way to address these complicated social problems but coming together again and again at the table to discuss what is best for children shows how much we value children in this state. Don't let the struggle, the wrestling with these problems, take away from the good work done in North Dakota. The Council of State Government advisors will tell you that this state, with the reform work done in the past years, has become a leader and stands out nationally for the work done in the area of juvenile justice.

CHALLENGES / SUGGESTIONS

Here are some identification of remaining gaps and recommendations of needs:

1. A comprehensive state prevention plan. It would be critical when developing such a plan to be intentional about service delivery outside of the child welfare and juvenile justice systems and to involve nongovernmental entities that work with youth and families in the prevention delivery plan.
2. Mobile crisis and alternative behavioral health responders in every county able to respond in person, in real time, to families in crisis. This means making 988 a real and reliable intervention in each community across North Dakota.

3. Increased home-based adolescent cognitive/family/behavioral health services like Brief Strategic Family Therapy (BFST), Functional Family Therapy (FFT), Multisystemic Therapy (MST), trauma-informed cognitive behavioral therapy (CBT) offered by every human service center across the state.
4. Family resource centers or certified shelters in communities in every region so that families have a place to go or call instead of law enforcement when they need help with their children. Places that could provide screening, assessment, warm handoffs to service providers, maybe even light touch case management and support or respite or shelter care.
5. Restoration services for children found to not be competent and lacking in criminal responsibility. At this point in time the North Dakota State Hospital is reporting to Courts that the Department of Health and Human Services does not have outpatient or inpatient competency restoration treatment available for juveniles. What that means in effect is that youth who commit an offense – this could be a violent, against person delinquency offense – and are found not competent to be held criminally responsible because they are, for example, suffering from a serious mental illness or are developmentally disabled or perhaps because they do not understand the function of the court and the lawyers, that there are no services available to restore them to legal competence. Since they cannot be adjudicated of the delinquent act, services or supervision, or even placement as a delinquent child is also not available as a remedy to rehabilitate the child and address the concerns of the victim.
6. Youth substance abuse treatment that is longer than 30 days with a halfway house component similar to Hazeldon Betty Ford treatment center or the old model of care beds that we used to have where they can attend outpatient but live off campus. Currently youth can go to Eckert Youth Home for 30 days in patient but return to their home communities and often receive one hour per week or less of treatment from their local human service center. That is too dramatic of a step-down and youth need more support reintegrating into their home communities.
7. A law that acute care crisis psychiatric facilities cannot eject or reject youth who meet criteria to be there. A “no eject, no reject” law is needed in North Dakota. Youth in the midst of a mental health crisis have been turned away or ejected from Fargo acute care psychiatric facilities or emergency rooms on the basis that “they are too acute”, even for an acute care hospital. As a result, hospital staff have called law enforcement and reported assaultive behavior and wanting youth charged and taken to secure detention where we know a mental health crisis is likely not going to improve and is more likely to be aggravated. Several states have passed such legislation: Maine, Colorado, and Kansas are good examples. This type of law, if passed, ensures that no child in a severe mental health crisis is denied the necessary care due to systemic barriers. Families should not take their children to an ER, Psychiatric Hospital, or Psychiatric Hospital and have professional staff call law enforcement and press charges when the behavior is most likely a symptom of the illness.

Thank you for the invitation to talk to the Cabinet today. I would stand for any questions.