



**NORTH DAKOTA
CHILD ABUSE PREVENTION AND TREATMENT
ACT (CAPTA)**

2014 Annual Report

Administered by:

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
Children & Family Services Division
Shari Doe, Division Director**

The goals for the consolidated North Dakota Child and Family Services Plan (CFSP) are used as the goals for the Child Abuse Prevention and Abuse Act (CAPTA) plan. North Dakota's Five-Year Child and Family Services Plan incorporates both the state's Program Improvement Plan (PIP) and four additional strategies that speak directly to the Division's mission, vision and values. Woven throughout is fidelity to North Dakota's Wraparound Practice Model. CAPTA and Title IVB programs are coordinated through an internal Management Team structure that facilitates coordination between the CAPTA State Plan and Title IVB programs and aligns with and supports the overall goals for the delivery and improvement of child welfare services.

I. Notification Regarding Substantive Changes in State Law (Section 106) (b) (1) (B)

North Dakota will provide notice to the Secretary regarding any substantive changes in State law that may affect its eligibility for a Basic State Grant. No substantive changes have been made to state law or regulations that could affect the state's eligibility for the CAPTA state grant.

II. Description of significant changes from the previously approved CAPTA Plan

- A. There are no significant changes for the state's previously approved CAPTA Plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.
- B. North Dakota continues to utilize CAPTA state grant funds as described in the previously approved CAPTA plan to support:
- The CPS Task Force, for the improvement of strategies, policies and protocols for the improvement of screening and assessment of reports of child abuse and neglect.
 - Community Based Child Abuse Prevention to provide support for Community-Based Child Abuse Prevention, through Parent Resource Centers in the state utilizing evidence-based child abuse and neglect programming/curricula;
 - Child Fatality Review Panel/Citizen Review Panel;
 - Institutional Child Abuse and Neglect;
 - The Alliance for Children's Justice;
 - Continued collaboration with the Juvenile Justice system, public health agencies, private community-based programs, domestic violence service agencies, substance abuse treatment agencies, Developmental Disabilities, and



other agencies in investigation, interventions and delivery of services and treatment provided to children and families affected by child abuse or neglect;

- Continued development, strengthening and facilitating of training, including maintenance of online mandated reporter training. Continued exploration and evaluation of data related to the recently developed online training module; continued evaluation of the Child Welfare Certification Training curriculum to assure that the needs of beginning CPS workers are met, and exploration of training for CPS social workers and supervisors on child development and child trauma.

III. Description of how CAPTA state grant funds were used, alone or in combination with other federal funds

A. Not all objectives for all areas for improvement will have funds attached. Staff will complete many of the objectives and action steps noted in the CAPTA Plan and the Consolidated APSR with no Basic Grant funds expended.

B. The total amount of CAPTA funds for FFY 2013 is \$97,748. CAPTA funds were used alone or in conjunction with Children’s Justice Act, family support dollars and state funds to support the following activities:

i. **Out-of-state Travel for State Child Protection Service Administrator**

a. CAPTA funds were used in conjunction with Children’s Justice Act funds to attend meetings of the State Liaison Officers and to attend national and regional training that would assist in the development of knowledge or skills for the State CPS Administrator.

ii. **State Institutional Child Protection Team**

a. CAPTA funds were used in conjunction with Children’s Justice Act funds, to reimburse non-state employees for travel and per diem for meetings of the State Child Protection Team. The Team meets as required to review and make decisions regarding Child Protection Services needs in institutions.

iii. **State Child Fatality Review Panel**

a. CAPTA funds were used in conjunction with Children’s Justice Act funds, to support the Child Fatality Review Panel which is a multi-disciplinary panel made up of professionals and lay persons for purpose of reviewing child deaths. (Members include Physicians, Educator, Prosecutor, Law Enforcement official, Prevention Specialist, Child Protection Staff, and Community Members) The funds are used to reimburse members for travel to meetings and for training opportunities.



- iv. **In-State Travel for State Administrator**
 - a. CAPTA funds were used to reimburse the State Administrator to travel to the regional and county offices to provide support to direct providers of child protection services.

- v. **Travel to Meetings for Work on the Areas of Improvement**
 - a. CAPTA funds were used in conjunction with Children’s Justice Act funds, to reimburse CPS Task Force members for in-state travel and per diem to attend meetings wherein the work to review and act on implementation of improvements to North Dakota Child Protection Services takes place.

- vi. **Support for the Alliance For Children’s Justice (ACJ)**
 - a. CAPTA funds were used were in conjunction with Children’s Justice Act funds, to maintain the Alliance for Children’s Justice. The purpose of ACJ is to improve the handling of child abuse and neglect cases, including child sexual abuse cases. ACJ is a multi-disciplinary partnership made up of over thirty five members representing law enforcement, mental health, parents, civil and criminal courts, prosecutors, defense attorneys, child protection staff, faith communities, education and medical professionals, prevention advocates and citizens. This task force maintains a CPS sub-committee (CPS Task Force), which continually reviews CPS policies and practices. The Basic grant funds are used to support staff costs, meeting expenses, training of professionals, providing information to public and professionals, prevention, treatment and research related activities and to support of Prevent Child Abuse North Dakota.

- vii. **Support for CPS Training**
 - a. CAPTA funds were used were in conjunction with Children’s Justice Act funds, for training, consultant fees, training materials, travel and per diem for trainees.

- viii. **Educational Materials, Training Material, Books, Videos, Printing**
 - a. CAPTA funds were used to provide printing of materials to enhance public awareness, and the printing of reports to be used by the public as well as child protection service professionals.

- ix. **Support for the Prevent Child Abuse North Dakota Organization**
 - a. CAPTA funds were used to support the only statewide agency, Prevent Child Abuse North Dakota (PCAND), established for the sole purpose of the prevention of child maltreatment. The funds will be used for staff and operating expenses as specified in a work plan and a contract with Prevent Child Abuse North Dakota.



- x. **The Nurturing Parenting Program**
 - a. CAPTA funds were used in conjunction with state funds to support the Nurturing Parent Program. The Nurturing Parenting Program is a family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglectful child-rearing practices. The programs target all families at risk for abuse and neglect with children birth to 18 years. The programs have been adapted to special populations including families of diverse ethnicities, military families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children who have special health challenges.

- xi. **Parent Resource Centers (PRCs)**
 - a. CAPTA funds (CBCAP) were used to support eight (8) Parent and Family Resource Centers (PRC). Each PRC participates in a Family Resource Center Network coordinated through the Family Life Education Program, a partnership with the North Dakota State University Extension Service. The network provided for site visits, a peer review process and an evaluation component for the individual centers as well as for the network.

IV. **Citizen Review Panel**

The North Dakota Child Fatality Review Panel, as described in Section C “Service Description”, serves as the state’s Citizen Review Panel as allowed by CAPTA Section 106 (c). Summary data for the 2010 - 2011 child fatality reviews has been completed and placed online at: <http://www.nd.gov/dhs/info/pubs/family.html>. For the purposes of the 2014 CAPTA report, the 2000-2011 summary data of the Child Fatality Review Panel/Citizen Review Committee is scheduled to be posted to the state’s website. Data bulletins have not been produced specific to 2011, 2012, and 2013 in favor of a consolidated multi-year report scheduled for release in the fall of 2014. The state’s response to the Panel’s recommendations can be found in **ATTACHMENT A**.

V. **CAPTA Fatality and Near Fatality Public Disclosure Policy**

The North Dakota State Legislature, during the 2012-2013 legislative session enacted state law that mirrors the federal definition of a child abuse and neglect near death and provides for review of child abuse and neglect near fatalities. The new law also provides for disclosure to the public, information about child fatalities and near fatalities as required by the September 2012 policy revision issued by the Children’s Bureau. The State law went into effect on August 1, 2013. Child abuse and neglect reports will be reported as child abuse and neglect near-fatalities when the federal definition of a near-fatality is met and the case decision (services required) reflects that a child has been abused or neglected. Child abuse and neglect near-fatalities will be reviewed by the



Child Fatality Review Panel/Citizen Review Committee. As of the end of federal fiscal year 2013, no child abuse and neglect near deaths have been identified.

VI. CAPTA Annual State Data Report Items

A. The number of children who were reported to the State during the year as victims of child abuse or neglect.

- The unduplicated number of children who were reported to the State as victims of child abuse and neglect during the FFY 2013 is 6,170.

B. Of the number of children described in paragraph (1), the number with respect to whom such reports were—

- i. substantiated;
 - The unduplicated number of victims with respect to whom such reports were substantiated as reported in NCANDS during FFY 2013 is 1,517.
- ii. unsubstantiated; or
 - The unduplicated number of victims with respect to whom such reports were unsubstantiated as reported in NCANDS during FFY 2013 is 4653.
- iii. determined to be false.
 - The number of children described in paragraph (1) with respect to whom such reports were determined to be false is not able to be reported.

C. Of the number of children described in paragraph (B) —

- i. the number that did not receive services during the year under the State program funded under this section or an equivalent State program;
 - The state is not able to report this data due to mapping challenges with the current child welfare data system.
- ii. the number that received services during the year under the State program funded under this section or an equivalent State program; and
 - The state is not able to report this data due to mapping challenges with the current child welfare data system.
- iii. the number that were removed from their families during the year by disposition of the case.
 - The state is not able to report this data due to mapping challenges with the current child welfare data system.

D. The number of families that received preventive services, including use of differential response, from the State during the year.



- The state is unable to report the number of families that received preventive services. The state does not have an alternative response system. The number of children receiving preventive services under CBCAP programs is reported in NCANDS data element 1.1. B-C as 347.

E.. The number of deaths in the State during the year resulting from child abuse or neglect.

- The number of deaths in the State during the year resulting from child abuse or neglect is one (1).

F. Of the number of children described in paragraph (5), the number of such children who were in foster care.

- The number of children described in paragraph (5), the number of such children who were in foster cares is zero (0).

G. CPS Workforce Information

- i. The number of child protective service personnel responsible for the—
intake of reports filed in the previous year;
screening of such reports;
assessment of such reports; and
investigation of such reports.

Number of (FTE) positions employed in FFY 13	<i>FTE's</i>
FTE's for CPS Intake functions	15.5
FTE's for CPS Assessment functions	58
FTE's for CPS Supervision functions	14
Total	87.5

- The state was unable, last year, to provide all the requested information relating to the child protection service workforce due to the workforce being employed, and workloads assigned, by individual counties. In 2014, the state has engaged in a process to survey the individual counties in order to obtain the requested data on education, qualifications and training of child protection service professionals and demographic information of the child protection service personnel.

An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. This survey was transmitted via email to directors of all county social service agencies in the state. The survey was administered in two parts. The first part was completed by agency directors, listing the staff and percentage of FTE for each staff person for each function requested. Information on caseload or work load requirements, including the average number and maximum number of cases per protection service worker and supervisor, were then calculated using the data provided in the survey and the caseload numbers entered into the statewide data system. The response rate for the Director's portion of the survey was 64%, with 34 of



53 counties reporting. Directors reported a total of 200 employees, including supervisors, responsible for intake and assessment functions. These were then reported as a corresponding portion of an FTE, resulting in a total of 87.5 FTEs. The second portion of the survey was forwarded to the workers by the director with a request for each worker listed by the director to complete the education/training and demographic portion of the survey. Each of 84 workers completed the worker demographic and training portion of the survey, for a worker response rate of 42%.

North Dakota is a state-supervised, county administered child welfare system. The information below, which addresses the education, qualifications, and training requirements, addresses positions within the Child Protective Service Workforce. Since the response rate does not reflect 100% of the CPS workforce and with the case counts representing actual data from the state's data system, caseload calculations will be higher than actual caseloads.

ii. The average caseload for the workers described in subparagraph (i.).

<p>A. Intake Workers</p> <p><i>11,442 CPS reports / 15.5 Intake FTEs</i></p>	<p>Average # of Reports per Intake FTE</p> <p>738</p>
<p>B. Assessment Workers</p> <p><i>3,809 CPS Full Assessments (includes out of state assessments) / 58 Assessment FTEs</i></p> <p><i>2,255 CPS Terminated/Pregnant Woman Assessments / 58 Assessment FTEs</i></p> <p><i>2,066 Admin Assessments / 58 Assessment FTEs</i></p>	<p>Average # of Full Assessments per Assessment FTE</p> <p>66</p> <hr/> <p>Average # of Term/Preg Assessments per Assessment FTE</p> <p>39</p> <hr/> <p>Average # of Admin Assessments per Assessment FTE</p> <p>36</p>



1,361 Referrals / 58 Assessment FTEs	Average # of Referrals per Assessment FTE 23
Average # of combined assessments 164	

Note: By state law, North Dakota is not able to screen out reports of suspected child abuse or neglect. All reports are accepted. Reports that do not meet criteria for assessment are “administratively assessed” (admin assessments above). North Dakota also terminates assessments of reports in progress (without a finding of abuse or neglect) when information indicates further assessment is not needed. North Dakota accepts reports of pregnant women using controlled substances or abusing alcohol, but because there is not a viable child in these cases, no determination of abuse or neglect can be made.

C. Supervisors	<i>Supervisor FTE to Worker FTE Ratio</i> slightly more than 1:5 ratio (14 supervisor FTE's to 73.5 worker FTE's)
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iii. Caseload Standards

- o The caseload standard for Child Protection Services Social Workers is established in state policy Service Chapter 640-01-25-01 as follows:

For caseload standard purposes, the standards shall be one full-time equivalent Social Worker to every 12 new child abuse and neglect assessments in any 31-day period. Recognizing there may be assessments in progress at no given time shall a combination of new assessments and assessments in progress exceed 15 in number per Social Worker. The standards shall be calculated on the basis of a percentage of a full time equivalent. Example: .5 FTE would allow six new intakes or a maximum of eight considering a combination of new assessments and assessments in progress. The Position Information Questionnaire (PIQ) of the Social Worker should be consulted to determine what percentage of a FTE is dedicated to



CPS assessments. This will assist in determining the caseload standard for those Social Workers with multiple service responsibility. The calculation done on the basis of a percentage of a full time equivalent will be rounded upward.

The assessment may be considered complete when the case has been staffed and the decision has been made, the family has been notified, and the written report is completed and sent to the regional office.

It is recognized that there may occasionally be situations, which place greater demands on agency resources than normal; for example, a greater than average number of reports during a particular period of time. If the caseload standard is exceeded, the regional CPS supervisor should be informed of the reason for the excess caseload. The caseload is expected to return to standard levels and not to be consistently exceeded.

- There are no established caseload/workload standards for child protective service supervisors.

H. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

- i. The mean time to investigation in hours for FFY 2013 was 208.94 (2013 NCANDS Child File Validation Workbook).

The average agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect is 208.94, with the median response time of 144 hours (NCANDS workbook 2013), a significant change from 2012, when the response time was calculated at 37.92 hours. Prior to 2013, data measures for response time were recorded as “days”. Data fields to record response time in hours were added to the database late in the reporting period, but should be available in 2014. However, due to conflict between the federal definition of response time and state administrative rule, calculations of response time may not be fully representative of actual practice. In the North Dakota data system, there is only a single code allowed to indicate initiation of an assessment. State administrative rule allows initiation of an assessment to be done by completing a check for records of past involvement, by contact with the subject of a report, or with a collateral contact to indicate this action as “initiation”. The federal NCANDS definition of “Investigation Start Date” as “The date when CPS first had face-to-face contact with the alleged victim of child maltreatment” is in conflict with the state’s administrative rule and greatly impacts the reporting of response times. Another complicating factor is that data system codes for contacts with children are indicated as “worker child”, which may indicate contact with any child in the home, not specifically with a victim. This is due to multiple



programs using case activity codes. Additionally, the initial face-to-face contact with a victim for purposes of a safety assessment is allowed, by state policy, to be conducted by specific professional “partners” who have authority to provide immediate protection for the child (Law Enforcement, Medical Personnel, Juvenile Court staff, or Military Family Advocacy staff) in addition to a child welfare social worker, in order to assure safety in a rural environment where minimal staffing, weather and distance can delay a worker’s ability to respond quickly. Given this policy, face-to-face contact by a “partner” may occur previous to the report received date/time. For example: Law enforcement is called to a home in the evening for a welfare check and determines that the children are not in immediate danger, so does not remove, but does follow up with a written report the following day. Face-to-face contact with the victim has occurred by someone with authority to protect the child, but occurs prior to the report date/time, by someone other than the child welfare worker. Given the number and extent of the system analysis and changes, along with impact of potential policy and practice changes, North Dakota’s data for this item may not present a true picture of practice. (ND Commentary FFY 2013)

I. The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.

- The mean time to foster care in days for FFY 2013 was 24.12 days
- The median time to foster care in days for FFY 2013 was 7 days

J. For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State—

- i. Information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;
 - The Child Protection Service workforce is comprised of Licensed Social Workers who meet the qualifications for a Social Worker III as described below:

Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41); and two years of professional human services work experience as a social worker or human relations counselor, developmental disabilities case manager, mental illness case manager, vocational rehabilitation counselor, activity therapist, addiction counselor, registered nurse, employment counselor, or a similar professional level position in the public or private sector; OR a master’s degree in social



work and licensure as a Licensed Social worker (LSW) by the ND Board of Social Work Examiners.

- Child Protection Service Supervisors at the entry level are classified as Human Service Program Administrators and meet the qualifications below:

Requires a bachelor's degree, with a major in business or public administration, social work, or a related behavioral science such as psychology, counseling and guidance, or child development and family relations, and two years of related professional work experience in administration. One year of the experience must have been at a level equivalent to a Human Service Program Administrator I. Or a Master's degree in business or public Administration, social work, psychology, counseling and guidance, or child development and family relations. A bachelor's degree with a major in engineering, nutrition, nursing or other related health field such as microbiology, environmental sanitation, or chemistry, and two years of related professional work experience that included one year at a level equivalent to Human Service Program Administrator I also meets the qualifications. Also meeting qualifications is a master's degree in engineering, nutrition, nursing, public health, or related health science. Or an equivalent combination of education and related professional work experience as determined by the agency.

- Child Protection Service Supervisors at the entry level may also be classified at Social Worker III
While Child Protection Supervisors in large counties are most often classified as Human Service Program Administrators, supervisors in smaller counties may be classified as Social Worker III (as described above) and may carry a portion of the CPS caseload as a percentage of an FTE.
- It is not uncommon in the rural counties in North Dakota for applicant pools to be limited and qualified candidates to fill social work positions to be unavailable. North Dakota Administrative Code Section 4-07-05-06 addresses the ability to under fill a position when fully qualified applicants are unavailable.

North Dakota Administrative Code Section 4-07-05-06. Under fill. When no fully qualified candidates are available after an internal or external recruiting effort, an appointing authority may under fill a position if each of the following requirements are met: 1. The duration of the under fill does not exceed two years. If special circumstances require a period exceeding two years, an appointing authority shall request written approval from human resource management services. 2. The applicant selected possesses the appropriate license or meets other applicable statutory requirements.



- Additionally, The Department of Human Services Manual Service Chapter 01-43 provides additional guidance for under filling positions:

01-43.Underfills

If internal and external recruitment efforts have failed to produce a qualified applicant, the position may be under filled by an applicant who does not meet the initial screening requirements (minimum qualifications) of the position as classified. The applicant must meet the initial screening requirements (minimum qualifications) of the next lower level in that class series or an appropriate class as determined by the DHS Human Resource Division.

If, after advertising by internal posting, an employing unit believes it is more expedient to under fill a position with an employee who would qualify for the position within a short period of time, rather than advertising externally, the employing unit may under fill upon written request and approval from the DHS Human Resource Division.

A position may be under filled for a period normally not to exceed two years. Employing units should monitor under fills so that employees are placed in the appropriate class within the appropriate time frame. In cases where a period longer than two years is required, the length of time for the under fill shall be determined on an individual basis by the employing unit involved and the DHS Human Resource Division.

Positions requiring licensure or other statutory requirements may not be under filled. However, in cases involving an employee or applicant who meets eligibility requirements and is in the process of obtaining licensure or meeting other statutory requirements, the employee or applicant may under fill the position if permitted by professional practice laws. In cases where a period longer than two years is required, the length of time for the under fill shall be determined on an individual basis by the employing unit involved and the DHS Human Resource Division. (REF: NDAC Section 4-07-05-06).

- Positions used when under filling a position and the qualifications of those positions are:

SOCIAL WORKER I; MINIMUM QUALIFICATIONS: Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41).

SOCIAL WORKER II; MINIMUM QUALIFICATIONS: Requires licensure as a Licensed Social Worker (LSW) by the North Dakota Board of Social Work Examiners (NDCC 43-41); and one year of professional human services work experience as a social worker, human relations counselor, developmental disabilities case manager, mental illness case manager, vocational rehabilitation counselor, activity therapist, addiction counselor, registered nurse, employment counselor, or a similar professional level position in the



public or private sector; OR a master's degree in social work and licensure as a Licensed Social Worker (LSW) by the ND Board of Social Work Examiners.

ii. Data for the education, qualifications, and training of such personnel:

The state was unable last year to provide all the requested information relating to the child protection service workforce due to the workforce being employed, and workloads assigned, by individual counties. In 2014, the state has engaged in a process to survey the individual counties in order to obtain the requested data on education, qualifications and training of child protection service professionals and demographic information of the child protection service personnel. An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. The survey was then transmitted via email to directors of all county social service agencies in the state. Information on caseload or work load requirements, including the average number and maximum number of cases per protection service worker and supervisor were then calculated using the data provided in the survey and the caseload data entered into the statewide data system.

Highest Degree Obtained	<i>Degree Count</i>	<i>Percent</i>
Bachelor of Social Work	69	82.14%
Master of Social Work	9	10.71%
Other Bachelor	2	2.38%
Other Master	2	2.38%
Other	2	2.38%
	84	100%
Training	<i>Average # of Hours per FFY 2013</i>	
Child Welfare Certification	12.3	
Wraparound Re-Certification	4.8	
Additional social work licensure	21.8	
Total Training Hours	38.9*	

*These hours represent only the 84 respondents to the survey

- iii. Demographic information of the child protective service personnel; and
- o The state was unable last year to provide all the requested information relating to the child protection service workforce due to the workforce being employed, and workloads assigned, by individual counties. In 2014, the state has engaged in a process to survey the individual counties in order to obtain the requested data on education, qualifications and training of child protection service professionals and demographic information of



the child protection service personnel. An electronic survey was prepared in two sections, using Survey Monkey as the vehicle for collecting the data. The survey was then transmitted via email to directors of all county social service agencies in the state. Information on caseload or work load requirements including the average number and maximum number of cases per protection service worker and supervisor were then calculated using the data provided in the survey and the caseload numbers entered into the statewide data system.

Ethnicity	<i>Count</i>	<i>Percent</i>
Not Hispanic or Latino	84	100%
Total	84	100%

Race	<i>Count</i>	<i>Percent</i>
White	78	92.86%
Multiracial	4	4.76%
American Indian or Alaska Native	1	1.19%
Native Hawaiian or Other Pacific Islander	1	1.19%
Total	84	100%

Gender	<i>Count</i>	<i>Percent</i>
Female	75	89.28
Male	9	10.72
Total	84	100%

Age	<i>Count</i>	<i>Percent</i>
18-24 years old	4	4.76%
25-34 years old	24	28.57%
35-44 years old	23	27.38%
45-54 years old	24	28.57%
55-64 years old	9	10.71%



Total	84	100%
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iv. Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.

- Caseload standards are required by state Administrative Code, **75-03-19-07, Caseload standards**. Any authorized agent (county social service agency) designated by the department to receive reports and conduct assessments of reports of suspected child abuse or neglect shall adhere to the caseload standards establishing minimum staff-to-client ratios.
- The established caseload standard is listed below:

Caseload Standard for CPS Assessments 640-01-25-01

For caseload standard purposes, the standards shall be one full-time equivalent Social Worker to every 12 new child abuse and neglect assessments in any 31-day period. Recognizing there may be assessments in progress at no given time shall a combination of new assessments and assessments in progress exceed 15 in number per Social Worker. The standards shall be calculated on the basis of a percentage of a full time equivalent. Example: .5 FTE would allow six new intakes or a maximum of eight considering a combination of new assessments and assessments in progress. The Position Information Questionnaire (PIQ) of the Social Worker should be consulted to determine what percentage of a FTE is dedicated to CPS assessments. This will assist in determining the caseload standard for those Social Workers with multiple service responsibility. The calculation done on the basis of a percentage of a full time equivalent will be rounded upward.

The assessment may be considered complete when the case has been staffed and the decision has been made, the family has been notified, and the written report is completed and sent to the regional office.

It is recognized that there may occasionally be situations, which place greater demands on agency resources than normal; for example, a greater than average number of reports during a particular period of time. If the caseload standard is exceeded, the regional CPS supervisor should be informed of the reason for the excess caseload. The caseload is expected to return to standard levels and not to be consistently exceeded.



- Each child protection service social worker and supervisor receives Child Welfare Certification Training as described. Additionally, Child Protection Service Chapter 640-01-10-05-01 outlines the certification training requirements for CPS social workers:

Certification Training Requirements 640-01-10-05-01

Participation in and successful completion of the Child Welfare Practitioners Certification Training Program (CWPCTP) is required by all Social Workers providing CPS assessments. Social Workers must begin the CWPCTP within the first six months of employment as a CPS Social Worker. Social Workers must complete the training program within one year of beginning the training program. A copy of the certificate of completion should be given to the Social Worker's supervisor, by the Social Worker, upon completion.

K. The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.

- The state is unable to provide this data.

L. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

- The number of children for whom individuals were appointed by the court to represent the best interests of such children is 975; and
- The state is unable to provide the average number of out of court contacts between such individuals and children. However, it is known that the total number of hours the state's lay Guardians Ad Litem spent for 4/1/2013 through 4/30/14 is 1,634 hours, with the average being 1.68 hours per child.

M. The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6).

- The summary of activities of the State's Citizen Review Panel is included as ATTACHMENT A.

N. The number of children under the care of the state child protection system who are transferred into the custody of the state juvenile justice system.

- The following is the point in time DJS case count taken on June 1, 2014. DJS cases are slightly down from June 1, 2012, when the case count was



186 versus 181 in 2014. The case transfers across the state have increased from 24 in 2012, to 60 in 2014, a 150% increase.

DJS Office	6/1/2014 Case Count	# Transferred From Social Services to DJS	% Transferred from Social Services to DJS
Williston	15	10	66.67%
Minot	22	12	54.55%
Devils Lake	21	2	9.52%
Grand Forks	25	10	40.00%
Fargo	35	5	14.29%
Jamestown	12	5	41.67%
Bismarck	44	14	31.82%
Dickinson	7	2	28.57%
TOTAL	181	60	33.15%
West	88	38	43.18%
East	93	22	23.66%

O. The number of children referred to a child protective services system under subsection (b)(2)(B)(ii).

- Fifty (50) victims less than 1 year of age with reported maltreatments of alcohol present at birth, meth present at birth, or drugs other than meth present at birth were listed in CPS reports during FFY 2013. Of the 50 reported victims with the maltreatments above, 48 are verified unique victims.
- Twenty-six (26) victims less than 1 year of age with confirmed maltreatments of alcohol present at birth, meth present at birth, or drugs other than meth present at birth were listed in full assessments during FFY 2013

P. The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

- The number of children determined to be eligible for referral to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) is 355. The number of children referred was 310.
- Of the 18 that did not receive referrals, 10 were already receiving Infant Development Services or had previously been screened; 1 had received screening through other sources and 3 were unable to be located; one was adopted and not able to be located; and three had unknown reasons.



- Of the 27 who were indicated as “not applicable, 2 were known to have left the state; 4 were reported as already receiving services; 16 did not have a reason. The remaining 5 appeared to have data entry errors in the reason field.
(Note: 161 victims were excluded from analysis due to missing or invalid dates of birth.)

Q. Sources of Data on Child Maltreatment Deaths:

North Dakota uses Child Fatality Review Panel data to compile and report child fatalities in addition to the child welfare system data. The North Dakota Child Fatality Review Panel is a state level multidisciplinary panel. Child Fatality Review Panel data is based on data from Vital Records death certificates for deaths of all children from birth to age 18. All child death certificates are reviewed. Any death in which the manner of death is indicated as “Accident”, “Suicide”, “Homicide”, “Undetermined” or “Pending Investigation” is selected for in-depth review by the Panel. Death certificates in which the manner of death is indicated as “Natural” are reviewed to determine whether the “Cause of Death” listed on the death certificate qualifies as “sudden, unexpected, or unexplained”. These deaths, then, are also selected for in-depth review by the Panel and include all deaths where the cause of death is SIDS or SUID. Additionally the Child Fatality Review Panel coordinates with the state Medical Examiner’s Office, law enforcement agencies and medical facilities, statewide to accomplish these reviews.

VII. North Dakota CAPTA Contact Information

State Liaison Officer:

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ATTACHMENT A

Child Fatality Review Panel /Citizen Review Committee Recommendations



The North Dakota Child Fatality Review Panel, as described in Section C “Service Description”, serves as the state’s Citizen Review Panel as allowed by CAPTA Section 106 (c). Summary data for the 2007-2009 child fatality reviews has been completed and placed online at: <http://www.nd.gov/dhs/info/pubs/family.html>. For the purposes of the 2014 CAPTA report, the 2000-2011 summary data of the Child Fatality Review Panel/Citizen Review Committee is scheduled to be posted to the state’s website during the summer of 2014. The data bulletin for 2012 is anticipated to be released in the fall of 2014. Child deaths which occurred in 2013 and 2014 are still in the process of being reviewed and the dataset is not yet complete. Review of deaths occurring in a single year may not be reviewed for quite a length of time, due to delay in certification of the death certificate by the certifier, inability to obtain records needed for a comprehensive review, or to pending criminal investigation or prosecution of the case.

The Child Fatality Review Panel/Citizen Review Committee is required by state law to meet at least semi-annually. In order to accomplish thorough in depth review of cases of child deaths which are sudden, unexpected, or unexplained, the Committee meets quarterly in order to review these deaths and make recommendations.

The recommendations made as a result of the 2010-2011 reviews:

#1 The Panel recommends that all child deaths receive a thorough, comprehensive investigation of the death scene and circumstances surrounding the death.

Even though there has been an observable increase in the quality of scene investigation in cases of infant deaths since the inception of the Panel, the Panel continues to be concerned about the quality of child death scene investigations. Many child death investigations do not include interviews with the parents and others who live in the home or who were present in the home at the time of the death. The investigations of some child deaths continue to be minimal. Investigations do not always explore circumstances leading up to the death or are not comprehensive enough to uncover information vital to identifying the cause or manner of death or in identifying risk factors and formulating effective preventive interventions. The thoroughness of child death investigations varies greatly. Information regarding the child and family history, family violence, alcohol and drug use, mental health issues, and other contributing factors are vital to understanding the circumstances surrounding the deaths of children and for planning to prevent future deaths, yet this is the very information that is often not gathered or not recorded in an investigation.



The Panel is also concerned that child victims of motor vehicle crashes too often are not identified as coroner cases and an autopsy is not performed. According to state law, any person who acquires the first knowledge of the death of any minor, when the minor died suddenly when in apparent good health, shall immediately notify law enforcement and the office of coroner of the known facts concerning the time, place, manner, and circumstances of the death (NDCC 11-19.1-07). The Panel made the following recommendations:

- That a standardized protocol be developed for infant/child death scene investigations
- That a standardized statewide protocol be developed for scene investigations of all child/adolescent suicide deaths;
- That all children involved in a motor vehicle/ATV fatality receive an autopsy;
- That alcohol and drug testing be done in all child fatalities;
- A suicide investigation protocol be developed along with gatekeeper training;
- That law enforcement officers receive education on scene investigations involving children and firearms;
- That death scene investigation forms be completed only by persons who have actually visited the scene;

#2 The Panel, with interagency support, must continue to find ways to promote increased communication and cooperation with the Panel's purpose and duties among professional disciplines across all jurisdictions.

The in-depth reviews of child deaths are retrospective reviews of relevant existing records generated by agencies involved with the child, prior to and following the death. The Panel has no investigatory authority of its own and is completely dependent on the work and cooperation of agencies with this authority. The Panel's ability to access relevant records for review remains of concern

North Dakota law (NDCC 50-25.1-04.4) provides that, 'Upon the request of a coroner or the presiding officer of a CFRP, any hospital, physician, medical professional, medical facility, mental health professional, or mental health facility shall disclose all records of that entity with respect to any child who has or is eligible to receive a certificate of live birth and who has died'. This statute also states, 'All law enforcement officials, courts of competent jurisdiction, and appropriate state agencies shall cooperate in fulfillment of the purposes of this chapter' (NDCC 50-25.1-12).

Regardless of these mandates, information is too often not forthcoming in response to Panel requests. When this occurs, the Panel's statutory mandate to "review the deaths



of all minors which occurred in the state during the preceding six months and to identify trends or patterns in the deaths of minors' (NDCC 50-25.1-04.3) is hindered.

There are also other entities in possession of detailed and valuable information about a given child, whose records are not addressed in state law. If not provided by request, these records remain inaccessible to the Panel. An additional barrier identified by the Panel concerns governmental entities such as Federal Bureau of Investigation, the Bureau of Indian Affairs, and tribal entities that are outside the jurisdiction of state statutes. These governmental bodies are not required to share information with the Panel. It is a concern of the Panel that these records remain inaccessible.

#3 The Panel has identified numerous training, education and public awareness needs and recommends appropriate education to address these needs:

- Information to parents and the public on how to access community mental health resources if someone is concerned about an adolescent;
- Education to parents and the public about the potential for break-ups of boyfriend/girlfriend relationships to contribute to teen suicide;
- Education for parents and the public about the asphyxia (choking) game being played by children;
- Education about bullying and how it may lead to suicide;
- Education on farm safety for children
- Education for parents about when to call emergency medical services (EMS);
- Education on child abuse and neglect to service providers such as childcare providers, law enforcement, Staff of the Women, Infants and Children (WIC) program and others mandated to report suspicions of child abuse and neglect.
- Education about safe sleep environments for infants and risk factors for SIDS for parents, childcare providers, small hospitals and other relevant entities

#4 The Panel has identified the following service needs related to the prevention of future deaths:

- Mental health screening for youth involved in drug court;
- Trauma counseling for youth who survive an accident in which another is killed and for youth who witness such an accident;
- Grief counseling resources



The CFRP Recommends:

- That a three tier graduated drivers licensing statute be implemented;
- That standards for lifeguard to swimmer ratios and pool safety be established;
- Improved effort for the provision of services to families of children at risk (a critical incident process is needed);



Child Fatality Review Panel /Citizen Review Committee



State Response

Child Fatality Review Panel, which has continued to serve in the role of the Citizen Review Committee, has met on a quarterly basis throughout this reporting year.

Data bulletins have not been produced specific to 2011, 2012, or 2013 in favor of a consolidated multi-year report scheduled for release in the fall of 2014.

The Child Fatality Review Panel/ Citizen Review Committee is convened by the Children and Family Services Division (CFS) of the North Dakota Department of Human Services (DHS). CFS/DHS provides staff and resources for preparing and conducting reviews of all child deaths and near deaths caused by child abuse and neglect, maintaining documentation and data concerning these reviews and producing and publication of resulting data and supporting travel costs for members who are not local to the Panel meetings. No state funding is appropriated to support the operation or programming related to Panel/Committee recommendations, necessitating the development of strategies to address concerns and recommendations through partnership and existing resources.

The following is the state’s response to the Panel’s recommendations:

#1 The Panel recommends that all child deaths receive a thorough, comprehensive investigation of the death scene and circumstances surrounding the death.

- That a standardized protocol be developed for infant/child death scene investigations
- That a standardized statewide protocol be developed for scene investigations of all child/adolescent suicide deaths;
- That all children involved in a motor vehicle/ATV fatality receive an autopsy;
- That alcohol and drug testing be done in all child fatalities;
- That a suicide investigation protocol be developed
- That law enforcement officers receive education on scene investigations involving children and firearms;
- That physicians receive education about the importance of scene investigation information so they can accurately complete death scene investigation forms



The lead agency continues working with Child Fatality Review Panel members, such as the State Health Officer, Medical Examiner's Office, Bureau of Criminal Investigation and Attorney General's Office, along with the Alliance for Children's Justice (CJA Task Force) to improve the quality of investigations related to child deaths including thorough investigations of the death scenes. The state will collaborate and participate with partner agencies in the development of a recommended protocol for investigation of infant deaths, investigation of child and adolescent suicide deaths, investigation of motor vehicle deaths, investigation of firearms deaths involving children and improved completion of scene investigation forms.

#2 The Panel, with interagency support, must continue to find ways to promote increased communication and cooperation with the Panel's purpose and duties among professional disciplines across all jurisdictions.

The Child Fatality Review Panel coordinator continues to contact representatives of the Bureau of Indian Affairs law enforcement as well as representatives from the FBI and U.S. Attorney's Office in ongoing attempts to obtain information to enable quality reviews of these deaths. Through contacts facilitated by the North Dakota Attorney General's Office, with the U.S. Attorney's Office relative to these concerns has continued and an intra-agency agreement for sharing criminal investigation documentation with the Panel is currently in process. Discussion continues among partner agencies, represented by membership on the Panel,

#3 The Panel has identified numerous training, education and public awareness needs and recommends appropriate education to address these needs:

- Information to parents and the public on how to access community mental health resources if someone is concerned about an adolescent;
- Education to parents and the public about the potential for break-ups of boyfriend/girlfriend relationships to contribute to leading to teen suicide;
- Education for parents and the public about the asphyxial game being played by children;
- Education about bullying and how it may lead to suicide;
- Gatekeeper training for key professionals and others with extensive contact with adolescents about suicide prevention strategies;
- Education on farm safety for children;
- Education for parents about when to call emergency medical services (EMS);



- Education on child abuse and neglect to service providers such as childcare providers, law enforcement, staff of the Women, Infants and Children (WIC) program and others mandated to report suspicions of child abuse and neglect;
- Education about safe sleep environments for infants and risk factors for SIDS for parents, childcare providers, small hospitals and other relevant entities

The state child welfare agency participates in many training efforts across the state and collaborates effectively with other public and private entities to inform their training efforts. Many members of the Panel represent public agencies such as the Mental Health and Substance Abuse Division, State Health Department, Attorney General's Office, Department of Public Instruction, Division of Juvenile Services, etc. Panel members are very active in carrying the knowledge and concerns identified through their work reviewing these case back to their agencies and providing resources to address Panel recommendations. The Division of Juvenile Services partnered with the lead agency and ND Health Department Suicide Prevention coordinator to provide suicide prevention training to DHS staff as well as residential facility administrators and staff regarding suicide prevention for adolescents in group care. Training for licensed or approved residential child care facility staff is also offered through annual conferences or facility-sponsored training opportunities. The 2013 CFS Conference offered specialized training topics directly related to facility operations and needs; street drug awareness and suicide prevention protocols. A nationally known and well respected expert, Lindsey Hayes, came to North Dakota to work as a consultant with two ND facilities as well as present to over one hundred attendees on suicide prevention techniques for facilities. The ND WIC program and lead agency collaborated to provide training on child abuse and neglect to the staff of the Women, Infants and Children (WIC) program. The lead agency works internally to provide information on safe sleep to Early Childhood programs within NDDHS as well as working with residential facilities on awareness of asphyxial games played by adolescents. As a result of this training, several North Dakota Facilities have incorporated training for staff and residents on this deadly activity. NDDHS also partners with North Dakota State University Extension Services, experts in providing farm safety education to the farming public, in order to inform training their efforts.

#4 The Panel has identified the following service needs related to the prevention of future deaths:

- Mental health screening for youth involved in drug court;
- Trauma counseling for youth who survive an accident in which another is killed and for youth who witness such an accident;



- Grief counseling resources

The lead agency continues working with Child Fatality Review Panel members, and their representative agencies to address Panel concerns and recommendations, including the Division of Juvenile Services, the Mental Health and Substance Abuse Division of DHS and the state Department of Health. The state will collaborate and participate with partner agencies in the development of recommended strategies and services to address the mental health needs of children, youth, families and communities affected by child fatalities.

The CFRP Recommends:

- That a three tier graduated drivers licensing statute be implemented;

The Panel remains concerned about the number of motor vehicle deaths among teens and the need for a three-step graduated driver's licensing statute in North Dakota. Child Fatality Review Panel members participated in a multi-disciplinary collaborative, which includes representation from the insurance industry, medical professionals, parents, legislators and others to support graduated driver's license legislation in the 2011 legislative session. The bill proposed a three-step graduated driver's licensing statute, which has been shown to be effective in reducing teen motor vehicle fatalities in states where these laws are in effect. The North Dakota legislature strengthened the existing driver licensing statute, but fell short of enacting the three-step process. The Child Fatality Review Panel members continued advocating for strengthening the graduated licensing law in the 2013 legislative session, but were unsuccessful in getting such proposed legislation introduced. Discussion of strategies for the 2015 legislative session is ongoing.

- That standards for lifeguard to swimmer ratios and pool safety be established;

The state will continue to work with the Department of Health, Injury Prevention Division and other partners, as identified, to address this recommendation.

- A better team effort for the provision of services to families (a critical incident process is needed);

This recommendation stems from the death of a toddler whose family was being served by multiple systems and providers at the time of death. In-depth review of the case revealed that communication and coordination between service providers may have prevented this death as well as preventing similar deaths in the future. Federal confidentiality requirements inhibited communication between providers and other confidentiality barriers were identified, including no clear channels for communication between providers. North Dakota DHS has instituted a sentinel event reporting process as well as an incident reporting process which encompasses DHS as well as county social service offices acting as DHS' Authorized Agents.



ND Citizen Review Committee/Child Fatality Review Panel Members



2013 - 2014

Marlys Baker – CFRP Presiding Officer
Child Protection Services, ND Department of
Human Services

Shelly Arnold - Emergency Medical
Services
Trauma Services – MedCenter One

Tracy Miller – CFRP Administrator
Children and Family Services, ND
Department of Human Services

Dr. Gordon Leingang - Emergency
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St. Alexius Medical Center

Dr. Terry Dwelle, State Health Officer
ND Department of Health

Dr. Mary Ann Sens, Department of
Pathology
UND School of Medicine and Health
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Dr. William Massello, State Forensic Medical
Examiner
ND Department of Health

Steve Kukowski, Sheriff
Ward County

Kathey Wilson
Indian Health Services

Carol Meidinger, Citizen Member

Diana Read, Injury Prevention
ND Department of Health

CPT Lisa Bjergaard, Director
Division of Juvenile Justice

JoAnne Hoesel, Director MHSAS
ND Department of Human Services

CPT Karen Eisenhardt, Educator
State Child Protection Team, Citizen
Member

Jonathan Byers, Assistant Attorney General
ND Attorney General’s Office

CPT Carla Pine
State Child Protection Team, Citizen
Member

Tom Dahl
ND Bureau of Criminal Investigation

CPT Alison Dollar, Special Education
ND Department of Public Instruction

Dr. Ron H. Miller
MeritCare Children’s Hospital

*NOTE: The designation “CPT” indicates that the member is also a member of the State Child Protection Team, who by state statute, serves as the Child Fatality Review Panel.

