



north dakota
department of
human services

NORTH DAKOTA CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

2013 Report
October 1, 2012 – September 30, 2013

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. The North Dakota State Legislature was in session beginning in January of 2013 and ending in May 2013. Legislation allowing for the review of child abuse and neglect near deaths and the release of information to the public was enacted during this session, thereby assuring North Dakota's continuing eligibility for a Basic State Grant. No other substantive changes were made.

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

- A. There is one significant change from the State's previously approved CAPTA Plan in how the state proposes to use funds to support the 14 program areas. CAPTA funds were used provide support to the administrative appeal process for Child Protection Services appeals of the assessment decision confirming child abuse or neglect has occurred. This is consistent with the narrative in Area (2)(A) in the 2010-2014 North Dakota CFSP for improving legal preparation and representation including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect and provisions for the appointment of an individual appointed to represent a child in judicial proceedings.

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;
- strengthening and integrating safety assessment and safety planning;
- 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 integration of the FRAME data system into the CPS policy and practice manual as part of the CPS Task Force review. The FRAME data system provides support for the program and allows tracking of reports from intake through final disposition;
- Continued development, strengthening and facilitating of training, including an upgrade of online mandated reporter training to include a process for providing a certificate of completion for completion of 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

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.

The total amount of CAPTA funds for FFY 2012 is \$95,076. CAPTA funds were used alone or in conjunction with Children’s Justice Act funding and state funds to support the following activities:

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

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

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

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)

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, particularly 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 prevention sub-committee, which continually reviews strategies for preventing all forms of child abuse and neglect. The Basic grant funds are used to support staff costs, task force 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 for coordination of the Task Force.

VII. Support for CPS Training

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

CAPTA funds were used to provide materials for regional supervisors, persons required to report suspected cases of child abuse and neglect, 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

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

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 parenting and 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)

CAPTA funds (CBCAP) were used to support seven (7) Parent and Family Resource Centers (PRC). Each PRC participated 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 child fatality reviews has been integrated into the annual Children and Family Services Data Bulletin. The CFS Data Bulletin is available online at: <http://www.nd.gov/dhs/info/pubs/family.html>. For the purposes of the 2013 CAPTA report, the 2010 summary data of the Child Fatality Review Panel/Citizen Review Committee and the state’s response to the report can be found in **ATTACHMENT A**.

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

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 issues by the Children’s

Bureau. The State law will take effect on August 1, 2013. Child abuse and neglect reports received on or after June 1, 2012 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. The first possible date for review of near fatalities will be October 8, 2013.

VI. CAPTA Annual State Data Report Items

1. 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 2012 is 6,172.

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

A. substantiated;

- The unduplicated number of victims with respect to whom such reports were substantiated during FFY 2012 is 1,402.

B. unsubstantiated; or

- The unduplicated number of victims with respect to whom such reports were unsubstantiated during FFY 2012 is 4,770.

C. 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.

3. Of the number of children described in paragraph (2)—

A. 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.

B. 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.

C. 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.

4. 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 number of children receiving preventive services under CBCAP programs is reported in NCANDS data element 1.1. B-C as 587.

5. 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).

6. Of the number of children described in paragraph (5), the number of such children who were in foster care.
 - The child described in Paragraph (5) was not in foster care.

7. A. The number of child protective service personnel responsible for the—
 - i. intake of reports filed in the previous year;
 - ii. screening of such reports;
 - iii. assessment of such reports; and
 - iv. investigation of such reports.
 - The state was unable last year and continues to be unable this 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. The state will engage in a planning process to survey the individual counties in order to obtain the requested data on education, qualifications and training of child protection service professionals, demographic information of the child protection service personnel and information on caseload or work load requirements including the average number and maximum number of cases per protection service worker and supervisor.

North Dakota is a state-supervised, county administered child welfare system. The information below, which addresses the education, qualifications, and training requirements, addresses all positions within the child welfare system, not solely the Child Protective Service Workforce. All child welfare caseworkers, whether performing child protection services, or in-home or foster care casework functions, are county employees and their workload is determined by the county that employs staff. There is currently no mechanism for the state to determine the percentage of a social worker's Full Time Equivalent (FTE) that is dedicated to CPS functions and the percentage of the FTE that may be dedicated to other functions within the agency.

- B. The average caseload for the workers described in subparagraph (A).
- 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.

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

- The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect is 37.92 hours (NCANDS workbook 2012).

9. 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 response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.
 - 218 of these “Services Required” (confirmed abuse or neglect) assessments resulted in Foster Care Services as defined by NCANDS, removal occurred after date received of first report in an assessment (2012 NCANDS).
 - The mean time to foster care in days for FFY 2012 was 26.75 days
 - The median time to foster care in days for FFY 2012 was 6 days

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

A. 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.

- 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.

- B. data for the education, qualifications, and training of such personnel;
- The state was unable last year and continues to be unable this 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. The state will engage in a planning process to survey the individual counties in order to obtain the requested data on education, qualifications and training of child protection service professionals.

- C. demographic information of the child protective service personnel; and
- The state was unable last year and continues to be unable this 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. The state will engage in a planning process to survey the individual counties in order to obtain the requested data on demographic information of the child protection service personnel.

D. 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.

- Each child protection service social worker and supervisor receives Child Welfare Certification Training as described in section F of the 2011 APSR. 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.

- The state was unable last year and continues to be unable this 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. The state will engage in a planning process to survey the individual counties in order to obtain the requested data on including the average number and maximum number of cases per protection service worker and supervisor.

11. 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.

12. 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 793; 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 4/1/2012 through 3/21/2012 is 1,492 hours, with the average being 2 hours per child.

13. 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.

14. 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.

- A point in time case count was requested from the Division of Juvenile Services that reflects the number of youth under the care of the state child protection system who were transferred into the custody of the state juvenile justice system.
- **2012 UPDATE:** Following is the point in time DJS case count taken on June 1, 2012. DJS cases are down from June 1, 2011 at which time they had a case count of 196. The case transfers across the state have also decreased from a year ago, at which time the data showed 33 cases transferred from Social Services to DJS (16%).

DJS OFFICE	6/1/2012 CASE COUNT	# TRANSFERRED FROM SOCIAL SERVICES TO DJS	% TRANSFERRED FROM SOCIAL SERVICES TO DJS
Williston	10	4	40%
Minot	19	3	15%
Devils Lake	32	4	12.5%
Grand Forks	24	2	8%
Fargo	33	1	3%
Jamestown	10	0	0%
Bismarck	51	9	17%
Dickinson	7	1	14%
TOTAL	186	24	Average: 13.5%
West	87	19	21%
East	99	5	5%

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

- There were 17 victims less than 1 year of age with maltreatment codes of alcohol present at birth, meth present at birth, or drugs other than meth present at birth were listed in full assessments for FFY 2012
(Note: 129 victims were excluded from analysis due to missing or invalid dates of birth.)

16. 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 322. The number of children referred was 298. Of the 12 that did not receive referrals, 4 were already receiving Infant Development Services or had previously been screened, 2 had received screening through other sources and 2 were unable to be located. Of the 12 who were indicated as “not applicable, 2 were already receiving Infant development services.
- There were 322 victims less than 3 years of age with a services required assessment during FFY 2012; 298 had referrals to Part C services, 12 did not have referrals to Part C and 12 were ‘not applicable’ for a Part C referral for unknown reasons.
(Note: 129 victims were excluded from analysis due to missing or invalid dates of birth.)

VII. North Dakota CAPTA Contact Information

State Liaison Officer:

Marlys Baker, CPS Administrator
ND Department of Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250
(701)328-1853
mbaker@nd.gov

ATTACHMENT A

CHILD FATALITIES

The North Dakota Child Fatality Review Panel (NDCFRP) fulfills the duties mandated by the North Dakota Century Code. By statute (50-25.1-01), the panel is charged with responsibility for “identifying of the cause of children's deaths, where possible; identifying those circumstances that contribute to children's deaths; and recommending changes in policy, practices, and laws to prevent children's deaths.” Additionally, the panel is to “meet at least semiannually 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” (NDCC50-25.1-04.3).

The Child Fatality Review Panel thoroughly reviews each Status A death. The Panel classifies each death by the manner of death, the type of fatal injury/event, and the preventability of the death. The Panel’s review of the 41 child deaths in 2007, 29 in 2008, and 43 in 2009 determined to be ‘Status A’ deaths form the basis of a Child Fatality Review Panel annual report and the data presented here (Table 1).

Table 1. Child Deaths by Status, CY 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Total Child Deaths ¹	107	87	94	112	101	83	95
Status A Deaths ²	64	46	46	62	45	36	52
Status B Deaths ³	43	41	48	50	56	47	43
In-State Child Deaths⁴	59	39	40	59	41	29	43
Out-of-State Child Deaths ⁵	5	7	6	3	4	7	9

¹From all causes.

²Status A cases consist of all cases of children whose death is sudden, unexpected, and/or unexplained.

³Status B cases are deaths that are not unexpected (i.e., long term illness) and/or deaths that are due to natural causes. (Review of death certificate only)

⁴All other child deaths with North Dakota death certificates. (Reviewed in depth by the NDCFRP)

⁵The ‘death-causing’ event/injury is identified as occurring outside of North Dakota. (Not reviewed in depth by the NDCFRP)

SOURCE: Child Fatality Review Panel

The information in this report is the outcome of thoughtful inquiry and discussion by a multi-disciplinary group of professional leaders who consider all the circumstances surrounding the death of each child. They bring expertise and diversity to the review process. The process results in data that may not exactly match data from other sources.

The largest category for the manner of death was unintentional injury, which claimed the lives of 19 children in 2007, 13 in 2008, and 20 in 2009 (Figure 1 and Table 2). Natural was the second largest category for the manner of death in 2007 and 2009, resulting in 14 (33.3%) and 11 (23.9%) child deaths, respectively. The number of child deaths

where manner of death could not be determined increased each year, from three (7.1%) in 2007 to six (20.7%) in 2008 and seven (15.2%) in 2009.

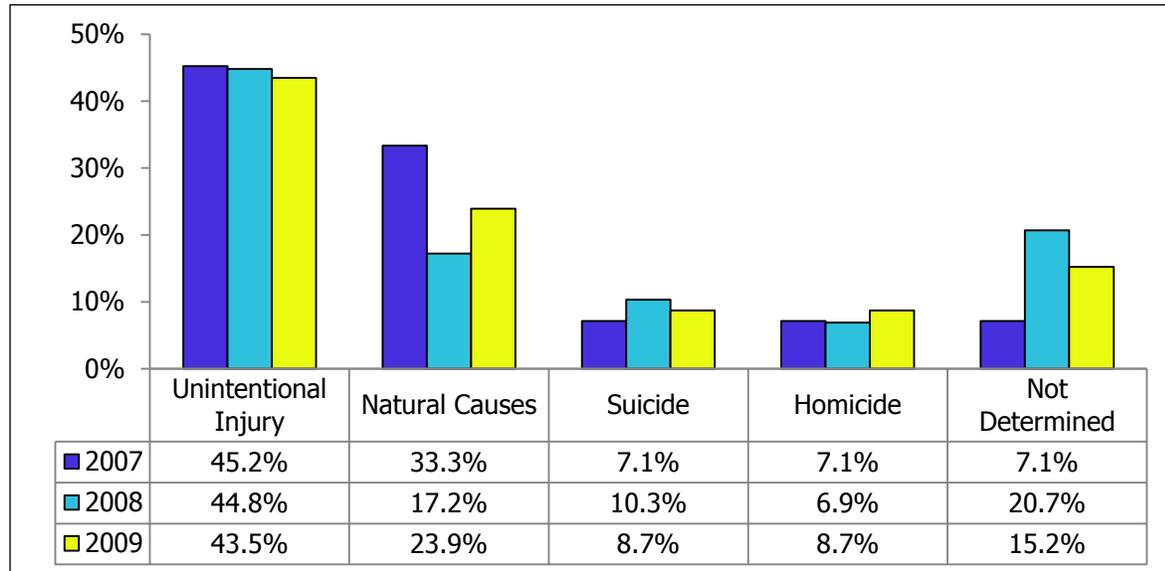


Figure 1. Percent of Child Fatalities by Manner of Death that Received an In-Depth Review, CY 2007, 2008, and 2009

Table 2. Number of Child Fatalities by Manner of Death in Child Fatality Cases that Received an In-Depth Review, CY 2007, 2008, and 2009

	2007	2008	2009
Unintentional Injury	19	13	20
Natural Causes	14	5	11
Suicide	3	3	4
Homicide	3	2	4
Not Determined	3	6	7
Total	42*	29	46*

* The categories above are not mutually exclusive. In 2007 one case was listed under both ‘unintentional’ and ‘natural.’ In 2009 two cases were listed as both ‘homicide’ and ‘unintentional’ and one case was listed both as ‘not determined’ and ‘unintentional.’

Gender: The gender of the children was fairly evenly divided during the three years (Figure 2, Table 3). In 2007 there was one more male than female and in 2008 there was one more female than male. The gap was wider in 2009 with 24 males and 19 females. On average, the data reflect closely the gender distribution of individuals ages 0 to 17 in North Dakota’s population which is fairly evenly matched, 49.9% male and 50.1% female (U.S. Census Current Population Survey, Annual Social and Economic Supplement 2009).

Race: Data show that American Indian children are over represented in the child fatality numbers (Figure 2, Table 3). About 13% (one in eight) of North Dakota’s child population is American Indian (U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement). However, of the child deaths reviewed by the Panel

during 2007, 2008 and 2009, 34.1% (14) of 41 deaths, 44.8% (13) of 29 deaths, and 25.6% (11) of 43 deaths, respectively, were American Indian.

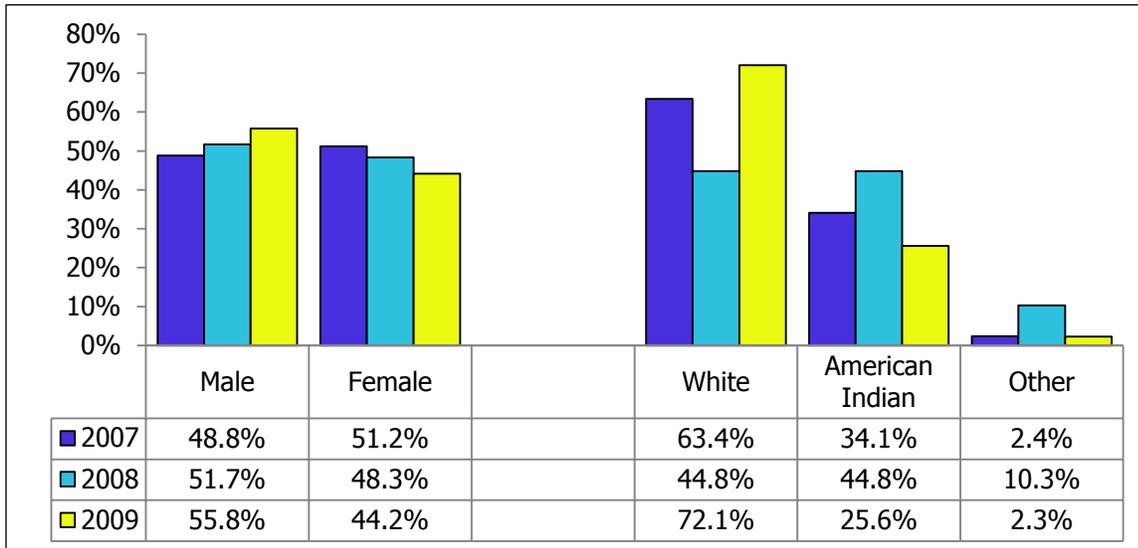


Figure 2. Gender and Race of Child Deaths in Child Fatality Cases that Received an In-Depth Review, CY 2007, 2008, and 2009

Table 3. Number of Child Deaths by Gender and Race in Child Fatality Cases that Received an In-Depth Review, CY 2007, 2008, and 2009

	2007	2008	2009
Male	20	15	24
Female	21	14	19
White	26	13	31
American Indian	14	13	11
Other	1	3	1
Total	41	29	43

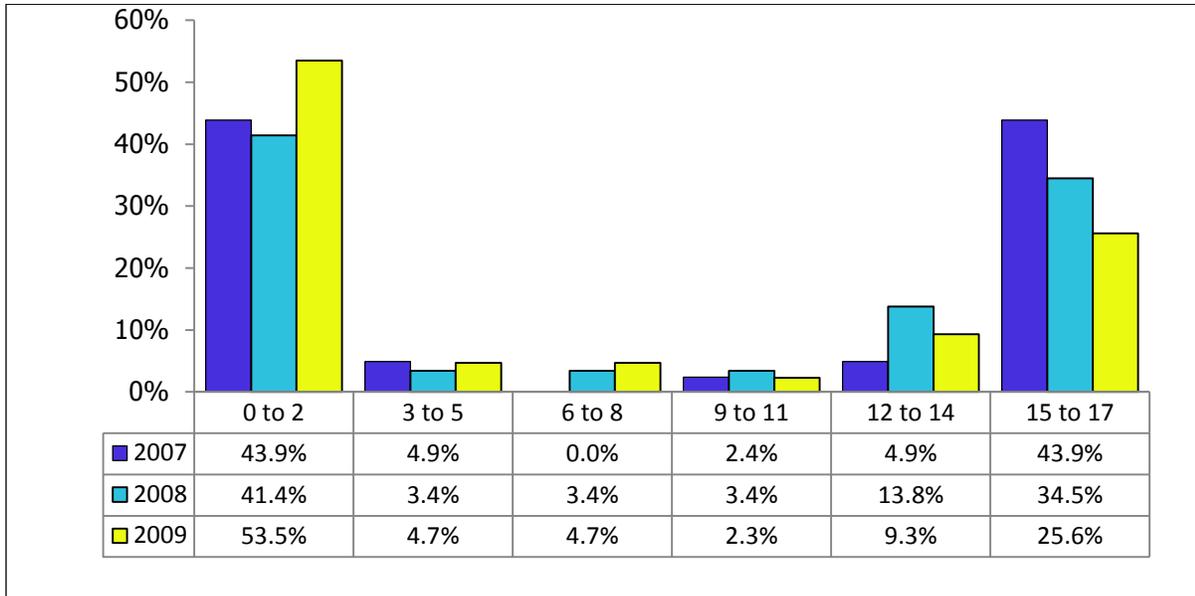


Figure 3. Percent of Child Deaths by Age in Child Fatality Cases that Received an In-Depth Review, CY 2007, 2008, and 2009

Age: In 2007, 43.9% of child fatality deaths that received in-depth reviews were under age three and 43.9% were between ages 15 and 17 (Figure 3). In 2008, 41.4% were under age three and 34.5% were between ages 15 and 17. Again, in 2009 with 53.5% under age three and 25.6% between ages 15 and 17, the data demonstrate that children at greatest risk of death are the very young and older teenagers (Figure 3 and Table 4).

Table 4. Number of Child Deaths by Age in Child Fatality Cases that Received an In-Depth Review, CY 2007, 2008, and 2009

Age	2007	2008	2009
0 to 2	18	12	23
3 to 5	2	1	2
6 to 8	0	1	2
9 to 11	1	1	1
12 to 14	2	4	4
15 to 17	18	10	11
Total	41	29	43

Unintentional Injury Deaths

The largest sub-category of unintentional injury deaths is vehicular, accounting for 13 deaths from unintentional injuries in 2007, 12 in 2008, and 12 in 2009 (Figure 4). Other unintentional injuries causing death in 2007 were drowning (2), overdose (2), and accidental hanging (1). In 2008, the one non-vehicular unintentional death was due to drowning. In 2009, the eight non-vehicular unintentional injury deaths were due to asphyxia (3), firearm (1), head trauma, (2) drowning (1), and starvation and dehydration (1).

In 2007, the Panel found that 46.3% (19) deaths were unintentional. There was a decrease in 2008 to 44.8% (13) in deaths found to be unintentional. In 2009, the number of deaths found to be unintentional rose to 20 (46.5%) (Table 5). Figure 4 and Table 5 show the type of unintentional injury deaths. The largest type of unintentional injury deaths, vehicular, accounted for 68.4% in 2007. In 2008, the percent rose to 92.3% and in 2009 the percent decreased to 60.0% (Figure 4).

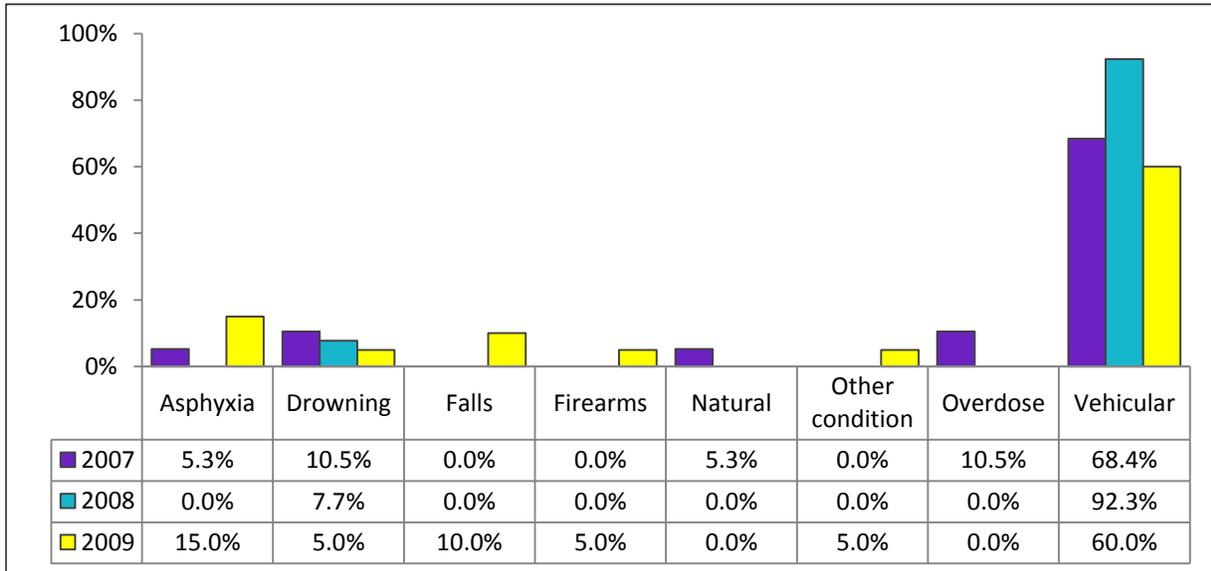


Figure 4. Percent of Child Unintentional Deaths by Type in Child Fatality Cases That Received an In-Depth Review, CY 2007, 2008, and 2009

Table 5. Number of Child Unintentional Deaths by Type in Child Fatality Cases That Received an In-Depth Review, CY 2007, 2008, and 2009

	2007	2008	2009
Asphyxia	1		3
Drowning	2	1	1
Falls			2
Firearms			1
Natural*	1		
Other condition			1
Overdose	2		
Vehicular	13	12	12
Total	19	13	20

*Natural deaths were generally not classified as accident or unintentional, though one natural child death in 2007 was classified as unintentional.

Natural Deaths

During the years 2007, 2008, and 2009 there were 30 child deaths (26.5%) of the 113 reviewed, which the Child Fatality Review Panel classified as natural. The Panel did not find that any of the natural deaths were preventable. Fourteen child deaths in 2007, 5 in 2008, and 11 in 2009 were classified as natural. Autopsies were performed on all deaths attributed to natural causes.

Eight (26.7%) of the thirty natural child deaths occurred due to other natural causes. The causes included: 1) Bronchopneumonia; 2) Hypoxic ischemic brain injury, airway obstruction, laryngomalacia; 3) Primary interstitial pneumonia; 4) Probable primary cardiac arrhythmia; 5) Seizure, hydrocephaly; 6) Small bowel infarction, torsion of intestines; 7) Streptococcal sepsis; and 8) Viral (coxsackie B), encephalomyocarditis. These natural deaths occurred in six females and two males. Three children were over age one. The remainder were under age one. Two were American Indian and six were White.

Sudden Infant Death Syndrome (SIDS)

During the years 2007, 2008, and 2009, eighteen (60%) of the thirty child deaths were attributed to SIDS. All infants were under the age of one (three were one month, four were two months, five were three months, two were four months, two were five months, one each were six and seven months). These included seven females and 11 males. Eight SIDS deaths were American Indian infants, one was another race, and nine were White. Half of the infants were placed to sleep in unsafe infant sleep environments.

All of the SIDS deaths were found by the Panel to have been non-preventable. All infants who died of SIDS received an autopsy, consistent with the legal criteria for listing SIDS as a cause of death on the death certificate (NDCC 11-19.1-1-13. "Cause of death – Determination").

The legal criteria for listing SIDS as a cause of death on the death certificate influenced the Panel's determination of the manner of death in these cases. The legal criteria for listing SIDS as a cause of death on the death certificate is stated in state law, "The term 'sudden infant death syndrome' may be entered on the death certificate as the principal cause of death only if the child is under the age of one year and the death remains unexplained after a case investigation that includes a complete autopsy of the infant at the state's expense, examination of the death scene, and a review of the clinical history of the infant" (NDCC 11-19.1-13 "Cause of Death – Determination").

Suicide Deaths

During the years 2007, 2008, and 2009 there were ten suicide deaths by children. All were classified as preventable by the Child Fatality Review Panel. Deaths of eight male children and two females were the result of suicide. Eight were White and two were American Indian. Two suicide deaths were children ages 14, three were age 15, three were age 16 and two were age 17. Seven deaths were a result of hanging and three involved firearms.

Homicide Deaths

During the years 2007, 2008, and 2009, there were nine child fatalities due to homicide. All were classified as preventable by the Child Fatality Review Panel. Five of the homicide victims were male and four were female. Four were White and five were American Indian. Six homicide victims were under age two and three were age 14 or older. One homicide involved a firearm, four were the result of a blunt head injury, two resulted from starvation and dehydration, and one from exposure (systemic hypothermia).

Deaths for Which the Manner Could Not Be Determined

The Child Fatality Review Panel ruled that the manner of death for 16 child fatalities during the years 2007, 2008, and 2009 could not be determined. An autopsy was performed in each death. Seven of the deaths were attributed to sudden unexplained infant death (SUID). In two cases there was evidence of craniocerebral trauma; in one case a gunshot wound to the head; in another case sepsis was involved; in another 'no anatomic cause of death; and in four cases, simply 'undetermined.'

Eleven of the child fatalities where the manner could not be determined were females, five were male. Eleven were White, four were American Indian, and one was an 'other' race. These undetermined deaths occurred to some of the State's youngest and most vulnerable children. All but one three-year-old were age two or younger.

Long-Term Trends

Figure 5 traces the number of total child deaths and the number of cases that received an in-depth review by the Panel from the years 1996 through 2009. Over the years child deaths requiring in-depth reviews have been between 35 and 54% of total child deaths. The average is about 43%. In 2007, 41 child deaths were reviewed. These accounted for 40.6% of all child deaths in 2007. In 2008, 29 child deaths were reviewed, accounting for 34.9% of all child deaths that year. In 2009, 43 child deaths were reviewed, accounting for 45.3% of all child deaths that year. The lowest number of child fatalities (83) since at least 1996 occurred in 2008.

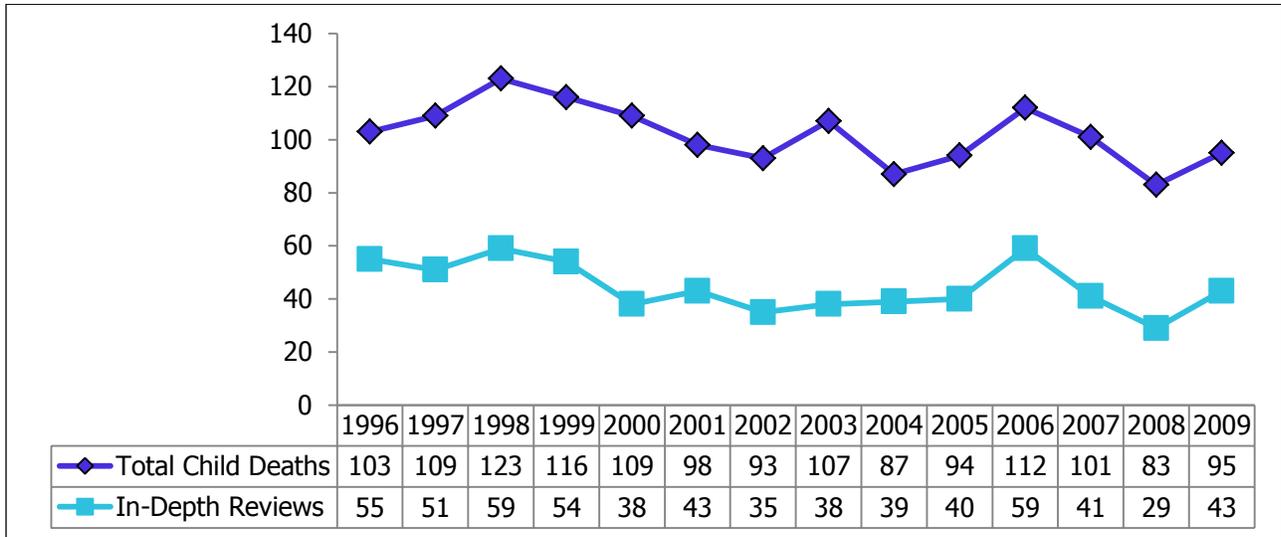


Figure 5. Number of Total Child Deaths and In-Depth Reviews, CY 1996-2009

Vehicular child deaths have averaged about 16 per year since 1996, with a high of 27 in 2006 and low of 11 in 2002 (Figure 6). The number of vehicular deaths increased dramatically from 2005 to 2006. Compared to 2006 (27), vehicular child deaths decreased by over 50% in 2007 (13), 2008 (12), and 2009 (12). Vehicular deaths have remained the primary cause of child fatalities in North Dakota for at least the last twelve years.

Fatalities due to Sudden Infant Death Syndrome (SIDS) have averaged about seven per year since 1996, with highs of ten in the years 1997, 1998, and 1999 and lows of two in years 2004 and 2008 (6). SIDS cases numbered nine, two and seven in 2007, 2008, and 2009, respectively. In 2007, SIDS was the second leading cause of death among infants, in 2008 it was third and in 2009 it was second.

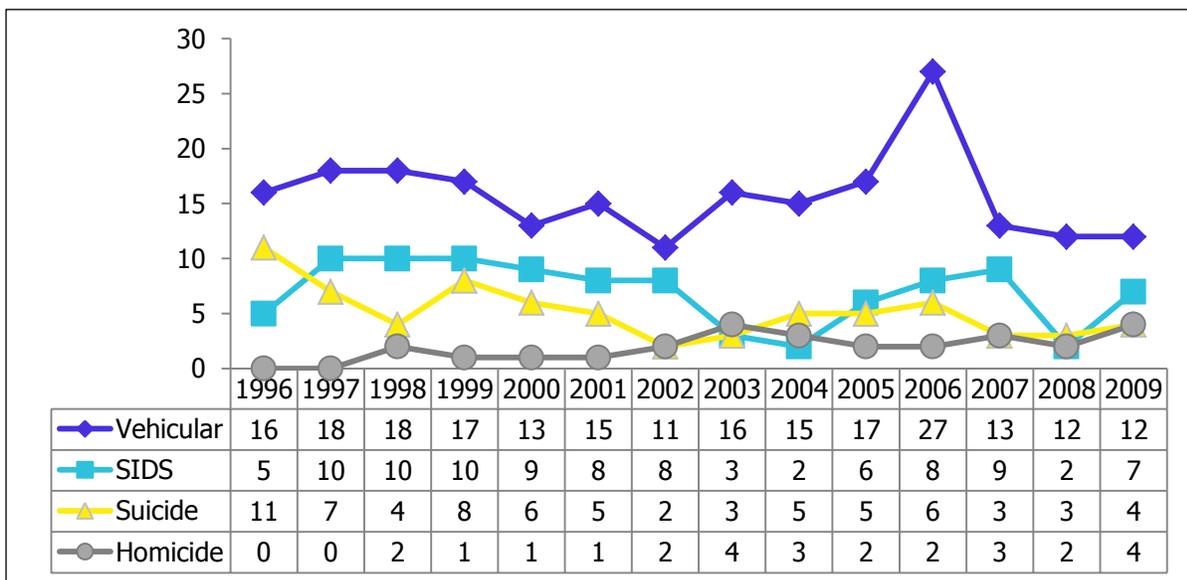


Figure 6. Child Deaths by Selected Type and Year, CY 1996-2009

Child deaths due to suicide saw an all- time high of 11 in 1996 (Figure 6). Excluding 1996 as an atypical year, the yearly average of child deaths (1997 to 2009) due to suicide is just under five (4.75). There were three suicide deaths in each of the years 2007 and 2008, and four child deaths due to suicide in 2009.

Homicide child deaths have averaged between one and two a year since 1996 with a high of four in 2003 and lows of zero in 1996 and 1997. Homicide deaths in 2007, 2008, and 2009 numbered three, two, and four, respectively.

According to U.S. Census Bureau , Current Population Survey, Annual Social and Economic Supplement, the North Dakota child population (ages zero through 18) in 2006 was 154,298. The changes in child population were minimal over the ensuing years (2007 was 153,602; 2008 was 153,378; and 2009 was 154,087). Changes in the number of child deaths in North Dakota by year do not appear to have any correlation to the changes in the State's child population.

Child Fatality Review Panel /Citizen Review Committee



State Response

2012-2013

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

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

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 will continue advocate for strengthening the graduated licensing law in the 2013 legislative session.

Due to the over-representation of Native American children in the child fatality data, the Child Fatality Review Panel has identified a need for consistent information concerning child deaths on the state's Indian Reservations. The majority of child deaths on the reservations are investigated by federal agencies, such as the Bureau of Indian Affairs or the Federal Bureau of Investigation. These federal agencies often do not respond to requests for the records of investigations of child deaths and are not subject to state statute. As a result, reviews of child deaths occurring on the reservations are often missing information vital to a thorough review. 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. Contact has also been made with the U.S. Attorney relative to these concerns and the potential for an intra-agency agreement for sharing criminal investigation documentation with the Panel is under consideration

The Panel continues to identify a lack of consistency in reporting suspicious child deaths to the child protection system by persons who are mandated by statute to report such deaths. The Panel has requested that training be developed for mandated reporters of child abuse and neglect in order to improve reporting consistency. In April 2012 an online training module for mandated reporters was released by the Department

of Human Services. The training is available to assist mandated reporters to know who must report, what should be reported, where to make their reports, and what happens after a report is made. During this year, enhancements were added to the mandated reporter training to include a certificate of completion for participants to use in obtaining professional continuing education credits for their participation in the training.

The Panel has also identified a need for additional prevention programs focused on education and awareness of safe sleep for infants. The Children and Family Services Division provides funding that supports the printing and distribution of the “Parenting the First Year” newsletter. This newsletter provides new parents with age paced information regarding infant care and safety, including safe sleep for infants.

Summary data for the 2007, 2008 *and* 2009 child fatality reviews has been integrated into an existing publication and is available in the annual Children and Family Services Data Bulletin. The report can be viewed at: <http://www.nd.gov/dhs/info/pubs/family.html>

Upon completion, the 2011 and 2013 summary data will be made available on the state’s website at the website address above.

ND Citizen Review Committee/Child Fatality Review Panel Members



2012 - 2013

Marlys Baker – Administrator of Child Protection Services - DHS

Tracy Miller – Child Maltreatment Prevention - DHS

Shelly Arnold – Sanford Health Trauma Services

Lisa Bjergaard – Division of Juvenile Services

Jonathan Byers – Office of the ND Attorney General

Mark Sayler – Bureau of Criminal Investigation

Dr. Terry Dwelle – Department of Health

Karen Eisenhardt – Citizen Member

JoAnn Hoesel – Mental Health and Substance Abuse

Steve Kukowski – Ward County Sheriff Department

Dr. Gordon Leingang – St. Alexius Medical Center

Dr. William Massello – State Forensic Medical Examiner

Carol Meidinger – Citizen Member

Dr. Arne Graff – Sanford Health

Carla Pine – Citizen Member

Diana Read – Injury Prevention Administrator

Alison Dollar – Department of Public Instruction

Dr. Mary Ann Sens – Department of Pathology - UND