

FFY 2011/2012 Children and Family Services

(October 1, 2010-September 30, 2012)

Statistical Bulletin



Outcomes: Safety, Permanency, and Well-Being

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FFY 2011/2012 Children and Family Services Statistical Bulletin

(October 1, 2010-September 30, 2012)

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Children and Family Services: Safety

- Child Abuse and Neglect
- Institutional Abuse and Neglect
- Child Fatality
- Family Preservation

Child Abuse and Neglect

Introduction

The North Dakota Child Protection Services Program is state supervised and county administered with the purpose of:

- Protecting the health and welfare of children by encouraging the reporting of children who are known to be, or suspected of being abused or neglected;
- Providing adequate services for the protection and treatment of abused and neglected children and to protect them from further harm;
- Identifying the causes of children's deaths, where possible; and
- Identifying those circumstances that contribute to children's deaths, and recommending changes in policy, practices, and law to prevent children's deaths.

A report of suspected child abuse or neglect can be made by anyone. Reports are submitted in written or verbal form to any county social service office. When the county social service office receives a report of suspected child abuse or neglect the following occurs:

- Analysis of the information in the report to determine what actions to take for an assessment;
- Assessment of the concerns in the report to find the facts;
- Decision about whether services are required for the protection and treatment of an abused or neglected child;
- Referral to juvenile court for review if services are determined to be required; and
- Provision of protective services to the family such as parenting education, counseling, supporting services, and foster care.

Every report received is assigned to a full assessment, an administrative assessment or an administrative referral. These are defined as:

- Full assessment is a fact finding process designed to provide information that enables a determination to be made that services are required to provide for the protection and treatment of an abused or neglected child.
- Administrative assessment is the process of documenting reports of suspected child abuse or neglect that do not meet the criteria for a full CPS assessment.
- Administrative referral is the process of documenting the referral of reports of suspected child abuse or neglect that fall outside the jurisdiction of the county where the report is received.

Reports, Full Assessments, Administrative Assessments & Referrals

The CPS data entry system allows multiple reports for the same case to be counted for a single CPS assessment. In 2011, the North Dakota Child Protection Services Program received 9,860 reports of suspected child abuse and neglect and completed 3,798 full assessments and 4,734 administrative assessments and referrals. In 2012, the North Dakota Child Protection Services Program received 10,759 reports of suspected child abuse and neglect and completed 3,778 full assessments and 5,155 administrative assessments and referrals. While the number of full assessments decreased by 3.2% from 2003 to 2012, the number of administrative assessments and referrals increased by 54.1% during the same time period (Figure 1).

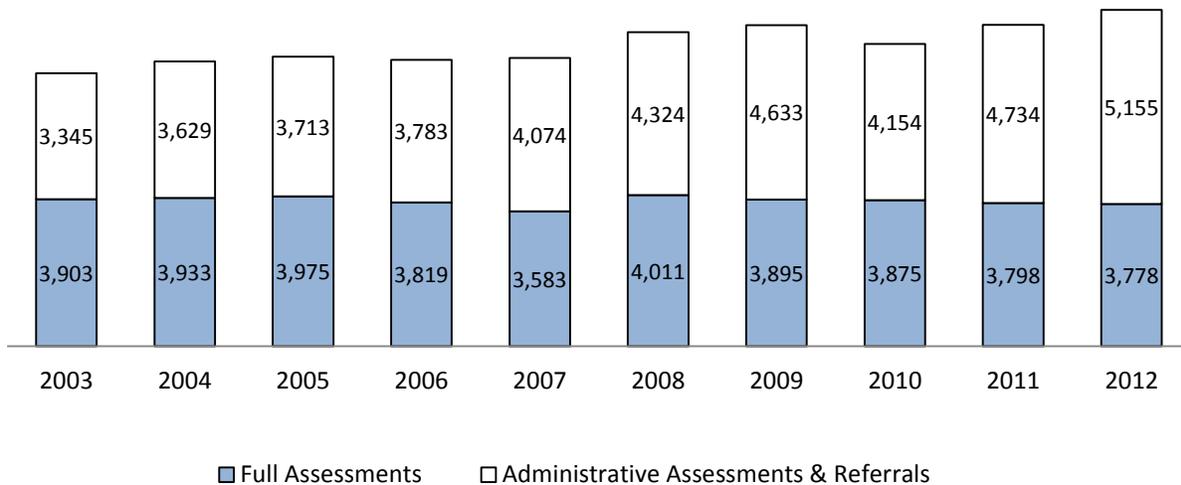


Figure 1. Number of Full Assessments, Administrative Assessments & Referrals

AAR Data Reporting System Child Abuse & Neglect (CY 2003; FFY 2004-2009). NCANDS and FRAME Data Reporting System (FFY 2010-2012). The calendar year (CY) runs from January through December. The federal fiscal year (FFY) runs from October through September.

Administrative Assessments & Referrals

Administrative Assessments & Referrals by Region

Table 1 separates the volume of administrative assessments and referrals by region in North Dakota. Region V surpassed other regions in number of assessments and referrals.

Table 1. Administrative Assessment & Referrals by Region

Region	2011		2012	
	Count	Percent	Count	Percent
I - Williston	279	5.89%	366	7.10%
II - Minot	725	15.31%	673	13.06%
III - Devils Lake	256	5.41%	286	5.55%
IV - Grand Forks	785	16.58%	885	17.17%
V - Fargo	1466	30.97%	1454	28.21%
VI - Jamestown	287	6.06%	300	5.82%
VII - Bismarck	742	15.67%	933	18.10%
VIII - Dickinson	194	4.10%	258	5.00%
Statewide Total	4734	100.00%	5155	100.00%

FRAME Data Reporting System (FFY 2011-2012).

Reason for Administrative Assessments & Referrals

Table 2 illustrates the reasons for administrative assessments and referrals. An assessment terminated in progress was the most frequent reason for an administrative assessment in both 2011 and 2012, 37.6% and 40.2% respectively. By policy, if the information found early on in the assessment process leads the social worker to believe the concern falls outside the definitions of Child Abuse and Neglect Law, (NDCC 50-25.1) the assessment may be terminated in progress. Another common reason was that there was no credible reason for suspicion of child maltreatment contained within the report (20.7% in 2011 and 18.7% in 2012).

Table 2. Administrative Assessments & Referrals by Reason

Reason for Administrative Assessment or Referral	2011		2012	
	Count	Percent	Count	Percent
Administrative Assessments				
Terminated in progress	1781	37.6%	2073	40.2%
No credible reason for suspicion	979	20.7%	964	18.7%
Already being addressed in county case management	392	8.3%	420	8.1%
Report involved a current or prior assessment	181	3.8%	172	3.3%
Concerns outside of state law	163	3.4%	147	2.9%
Pregnant woman	56	1.2%	61	1.2%
Insufficient information	55	1.2%	50	1.0%
Already in treatment at Human Service Center	36	0.8%	31	0.6%
Reporter making a false report			4	0.1%
Administrative Referrals				
Referred out of state	493	10.4%	562	10.9%
Referred to law enforcement	467	9.9%	481	9.3%
Referred to Tribal Government or BIA	131	2.8%	190	3.7%
Total	4,734	100.0%	5155	100.0%

FRAME Data Reporting System (FFY 2011-2012).

Full Assessments

Full Assessments by County and Region

Table 3 provides trends in the number of full assessments by county and region. Eddy County is under Region VI as of July 1, 2003, McIntosh County is under Region VII as of July 1, 2005, and Griggs County is under Region IV as of July 1, 2011.

Table 3. Number of Full Assessments by Region/County

		Year									
Region	County	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
I - Williston	Divide	8	6	8	9	11	8	21	16	12	21
	McKenzie	15	14	16	28	10	18	18	21	23	34
	Williams	175	140	136	135	109	146	174	149	146	157
	Region I Total	198	160	160	172	130	172	213	186	181	212
II - Minot	Bottineau	23	16	17	22	26	25	26	22	22	30
	Burke	6	10	12	6	10	11	7	18	5	11
	McHenry	25	23	24	17	23	14	32	32	30	44
	Mountrail	21	14	23	23	25	20	22	19	24	30
	Pierce	16	14	14	19	15	18	12	29	28	29
	Renville	10	4	8	8	17	6	14	15	23	18
	Ward	528	602	558	476	488	600	508	463	492	495
	Region II Total	629	683	656	571	604	694	621	598	624	657
III - Devils Lake	Benson	14	10	8	9	9	15	11	13	13	8
	Cavalier	4	10	11	13	7	7	7	15	5	8
	Eddy	5	--	--	--	--	--	--	--	--	--
	Ramsey	115	119	97	91	87	61	86	85	107	110
	Rolette	42	53	62	49	42	50	59	46	51	42
	Towner	15	15	13	12	3	3	5	2	7	13
	Region III Total	195	207	191	174	148	136	168	161	183	181
IV - Grand Forks	Grand Forks	530	513	513	478	421	496	456	413	436	377
	Griggs	--	--	--	--	--	--	--	--	0	2
	Nelson	18	9	11	8	10	4	10	9	1	10
	Pembina	38	50	37	25	30	18	22	18	17	23
	Walsh	91	84	82	62	74	75	77	73	40	28
	Region IV Total	677	656	643	573	535	593	565	513	494	440
V - Fargo	Cass	914	953	1017	1044	927	1043	978	1021	959	938
	Ransom	12	12	18	13	8	4	6	7	10	6
	Richland	71	52	80	89	96	92	56	82	78	83
	Sargent	13	11	7	11	7	10	11	4	5	4
	Steele	2	4	3	2	4	4	2	2	1	9
	Traill	26	16	17	21	13	29	21	22	18	14
	Region V Total	1038	1048	1142	1180	1055	1182	1074	1138	1071	1054

Table 3 Continued. Number of Full Assessments by Region/County

		Year									
Region	County	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
VI - Jamestown	Barnes	50	50	32	46	45	62	43	46	40	48
	Dickey	12	16	18	29	18	18	21	8	12	14
	Eddy	--	3	8	6	7	5	9	8	11	10
	Foster	11	11	11	6	7	10	10	11	11	10
	Griggs	13	4	1	4	3	6	5	3	--	--
	LaMoure	13	8	13	14	7	9	9	11	3	7
	Logan	1	1	1	0	1	8	4	6	2	3
	McIntosh	14	12	5	--	--	--	--	--	--	--
	Stutsman	96	123	104	97	102	103	126	115	92	100
	Wells	11	20	22	11	16	17	16	25	20	14
	Region VI Total	221	248	215	213	206	238	243	233	191	206
VII - Bismarck	Burleigh	450	477	503	460	446	514	492	553	555	477
	Emmons	4	13	6	4	6	8	14	3	8	9
	Grant	12	6	5	4	6	12	11	2	4	9
	Kidder	10	10	6	12	11	9	14	2	6	7
	McIntosh	--	--	--	8	13	16	9	1	10	4
	McLean	15	16	20	12	9	15	7	13	42	32
	Mercer	20	19	13	13	24	14	9	32	2	0
	Morton	192	181	171	172	165	192	222	146	180	217
	Oliver	4	4	4	0	3	1	2	1	0	0
	Sheridan	1	4	2	6	6	0	1	3	0	0
	Sioux	5	8	1	2	1	4	3	2	1	3
	Region VII Total	713	738	731	693	690	785	784	758	808	758
VIII - Dickinson	Adams	9	10	9	8	4	4	6	6	5	11
	Billings	5	4	3	2	1	1	1	2	0	0
	Bowman	3	17	13	11	9	16	21	7	0	20
	Dunn	15	13	6	15	9	6	6	2	2	13
	Golden Valley	6	10	9	12	11	3	7	3	0	15
	Hettinger	1	8	10	10	7	2	3	7	11	13
	Slope	0	3	3	2	2	1	0	0	0	0
	Stark	193	157	184	183	172	178	183	261	228	198
	Region VIII Total	232	222	237	243	215	211	227	288	246	270
Statewide Total		3,903	3,962	3,975	3,819	3,583	4,011	3,895	3,875	3,798	3,778

AAR Data Reporting System Child Abuse & Neglect (CY 2003; FFY 2004-2009), NCANDS (FFY 2010-2012). The calendar year (CY) runs from January through December. The federal fiscal year (FFY) runs from October through September.

Full Assessments by Decision

The full assessment is a comprehensive inquiry by Child Protection Services (CPS) into the report(s) of suspected child abuse or neglect. The two potential case decisions are "Services Required" or "No Services Required."

- "Services Required" is a CPS assessment decision, reflecting the belief that a child has been abused or neglected and requires services for the protection or treatment of the abused or neglected child and contact with the juvenile court.
- "No Services Required" is a CPS assessment decision, reflecting the belief that a child has not been abused or neglected.

Of the 3,798 full assessments completed in FFY 2011, 678 (17.9%) had a decision of "Services Required" and 3,120 (82.1%) were "No Services Required" assessments.

Of the 3,778 full assessments completed in FFY 2012, 792 (21.0%) had a decision of "Services Required" and 2,986 (79.0%) were "No Services Required" assessments.

Full Assessments by Reporter

Tables 4 and 5 list the number of assessments by decision for each referral source type. Mandated reporters are persons required by law to report knowledge of or suspicions that a child is abused or neglected or has died as a result of abuse or neglect. Although anyone can report suspicions of child abuse and neglect, the majority of full assessments in both 2011 and 2012 (69.7% and 69.5%) originated with mandated reporters.

Table 4. 2011 Full Assessments by Reporter Source

	Reporter	2011					
		"Services Required"		"No Services Required"		Total	
		Count	Percent	Count	Percent	Count	Percent
Mandated Reporters	Legal/Law Enforcement Personnel	250	36.9%	876	28.1%	1,126	29.6%
	Education Personnel	130	19.2%	650	20.8%	780	20.5%
	Social Service Personnel	73	10.8%	330	10.6%	403	10.6%
	Medical Personnel	61	9.0%	183	5.9%	244	6.4%
	Mental Health Personnel	12	1.8%	45	1.4%	57	1.5%
	Child Daycare Provider	3	0.4%	27	0.9%	30	0.8%
	Substitute Care Provider	1	0.1%	6	0.2%	7	0.2%
	Total Mandatory Reporters	530	78.2%	2,117	67.9%	2,647	69.7%
Non-Mandated Reporters	Parent	26	3.8%	274	8.8%	300	7.9%
	Other Relative	44	6.5%	187	6.0%	231	6.1%
	Friends or Neighbors	17	2.5%	150	4.8%	167	4.4%
	Anonymous reporter	17	2.5%	85	2.7%	102	2.7%
	Alleged Victim	2	0.3%	13	0.4%	15	0.4%
	Alleged Perpetrator	1	0.1%	2	0.1%	3	0.1%
	Other	41	6.0%	292	9.4%	333	8.8%
	Total Non-Mandatory Reporters	148	21.8%	1,003	32.1%	1,151	30.3%
Total	678	100.0%	3,120	100.0%	3,798	100.0%	

NCANDS (FFY 2011).

Table 5. 2012 Full Assessments by Reporter Source

	Reporter	2012					
		"Services Required"		"No Services Required"		Total	
		Count	Percent	Count	Percent	Count	Percent
Mandated Reporters	Legal/Law Enforcement Personnel	284	35.9%	758	25.4%	1,042	27.6%
	Education Personnel	157	19.8%	709	23.7%	866	22.9%
	Social Service Personnel	70	8.8%	283	9.5%	353	9.3%
	Medical Personnel	79	10.0%	156	5.2%	235	6.2%
	Mental Health Personnel	8	1.0%	62	2.1%	70	1.9%
	Child Daycare Provider	5	0.6%	44	1.5%	49	1.3%
	Substitute Care Provider	4	0.5%	6	0.2%	10	0.3%
	Total Mandatory Reporters	607	76.6%	2,018	67.6%	2,625	69.5%
Non-Mandated Reporters	Parent	32	4.0%	238	8.0%	270	7.1%
	Other Relative	50	6.3%	183	6.1%	233	6.2%
	Friends or Neighbors	24	3.0%	122	4.1%	146	3.9%
	Anonymous reporter	20	2.5%	78	2.6%	98	2.6%
	Alleged Victim	2	0.3%	8	0.3%	10	0.3%
	Alleged Perpetrator	0	0.0%	1	0.0%	1	0.0%
	Other	57	7.2%	338	11.3%	395	10.5%
	Total Non-Mandatory Reporters	185	23.4%	968	32.4%	1,153	30.5%
Total	792	100.0%	2,986	100.0%	3,778	100.0%	

NCANDS (FFY 2012).

Full Assessments: Family Risk Factors

Did family risk factors influence the likelihood of child abuse and neglect? The following data exhibit that families, in which child maltreatment is assessed, face multiple hardships. Tables 6 and 7 depict family risk factors by assessment decision. The table categorizes risk factors by economic or living conditions, family interaction problems, health and other risk factors. The family risk factor data is duplicated, meaning that there can be more than one stress factor in a home assessed for child abuse and neglect. For example, an assessment decision of "Services Required" may apply to a family experiencing family risk factors due to pregnancy, insufficient income, and methamphetamine use by caregiver.

Data from both 2011 and 2012 suggest that stress plays a role in child abuse and neglect.

In 2011, there were 17,838 risk factors for all full, completed assessments. For "Services Required" assessments, family interaction problems (46.8%) and health-related problems of the caregiver (24.0%) accounted for a majority of family risk factors. "No Services Required" assessments have an average of 4.1 risk factors per assessment; whereas "Services Required" assessments have 7.6 risk factors per assessment.

Table 6. 2011 Number of Family Risk Factors for Full Assessments

Family Risk Factors	2011		
	"Services Required"	"No Services Required"	Total Risk Factors
Economic or Physical Living Conditions			
Child Support issues	19	37	56
Homeless	52	43	95
Inadequate housing	75	90	165
Income management issues	66	77	143
Insufficient income	119	197	316
Job-related problems	117	180	297
Other economic problems	104	215	319
Social isolation	68	114	182
Transient or unstable living conditions	118	141	259
Total Economic or Physical Living Conditions	738	1,094	1,832
Family Interaction Factors			
Absent parent	90	164	254
Child behavior problem (Juvenile Court, runaway)	109	377	486
Concerns with parenting capacity	285	249	534
Custody concerns	100	394	494
Disruption of family structure due to death/absence of family member	92	229	321
Domestic violence (partner)	260	793	1,053
Inability to cope with parenting responsibility	295	369	664
Incarceration of parent/caregiver	108	108	216
Military deployment of caregiver	4	20	24
New baby/pregnancy stressors	121	243	364
Other family interaction risk factors	249	797	1,046
Other family violence	129	259	388
Relationship problems/Instability	349	1,056	1,405
Single parent with new baby	21	74	95
Single parenting stress	213	763	976
Total Family Interaction Factors	2,425	5,895	8,320

Table 6 Continued. 2011 Number of Family Risk Factors for Full Assessments

Family Risk Factors	2011		
	"Services Required"	"No Services Required"	Total Risk Factors
Health Problems - Caregiver			
Alcohol Misuse by Caregiver	352	674	1,026
Meth use by Caregiver	69	59	128
Other Drug use by Caregiver	264	360	624
Hearing impaired caregiver	3	6	9
Visually impaired caregiver	0	1	1
Physical Disability of Caregiver	27	76	103
Developmental disability of caregiver	24	49	73
Learning disability of caregiver	19	46	65
Medical Condition of Caregiver	73	186	259
Mental/Emotional health of caregiver	379	904	1,283
Other caregiver health concerns	34	92	126
Total Health Problems - Caregiver	1,244	2,453	3,697
Health Problems - Child			
Alcohol Misuse by Child	29	62	91
Meth use by Child	0	1	1
Other Drug use by Child	30	79	109
Hearing impaired child	3	14	17
Visually impaired child	8	3	11
Physical Disability of Child	11	48	59
Developmental disability of child	57	153	210
Learning disability of child	57	163	220
Medical Condition of Child	69	148	217
Mental/Emotional health of child	252	959	1,211
Other child health concerns	16	26	42
Total Health Problems - Child	532	1,656	2,188
Other			
No risk factors	18	496	514
Other risk factors	225	1,062	1,287
Total Other	243	1,558	1,801
Total Family Risk Factors	5,182	12,656	17,838

NCANDS and FRAME Data Reporting System (FFY 2011).

In 2012, there were 17,389 risk factors for all full, completed assessments. For "Services Required" assessments, family interaction problems (45.3%) and health-related problems of the caregiver (20.8%) accounted for a majority of family risk factors. "No Services Required" assessments have an average of 3.8 risk factors per assessment; whereas "Services Required" assessments have 7.6 risk factors per assessment.

Table 7. 2012 Number of Family Risk Factors for Full Assessments

Family Risk Factors	2012		
	"Services Required"	"No Services Required"	Total Risk Factors
Economic or Physical Living Conditions			
Child Support issues	23	33	56
Homeless	85	56	141
Inadequate housing	108	103	211
Income management issues	66	63	129
Insufficient income	129	167	296
Job-related problems	134	122	256
Other economic problems	120	175	295
Social isolation	75	89	164
Transient or unstable living conditions	167	187	354
Total Economic or Physical Living Conditions	907	995	1,902
Family Interaction Factors			
Absent parent	116	168	284
Child behavior problem (Juvenile Court, runaway)	99	274	373
Concerns with parenting capacity	349	249	598
Custody concerns	114	420	534
Disruption of family structure due to death/absence of family member	117	185	302
Domestic violence (partner)	327	647	974
Inability to cope with parenting responsibility	274	268	542
Incarceration of parent/caregiver	130	90	220
Military deployment of caregiver	6	13	19
New baby/pregnancy stressors	105	223	328
Other family interaction risk factors	301	756	1,057
Other family violence	149	186	335
Relationship problems/Instability	386	857	1,243
Single parent with new baby	33	67	100
Single parenting stress	269	696	965
Total Family Interaction Factors	2,775	5,099	7,874

Table 7 Continued. 2012 Number of Family Risk Factors for Full Assessments

Family Risk Factors	2012		
	"Services Required"	"No Services Required"	Total Risk Factors
Health Problems - Caregiver			
Alcohol Misuse by Caregiver	364	622	986
Meth use by Caregiver	118	76	194
Other Drug use by Caregiver	317	315	632
Hearing impaired caregiver	2	4	6
Visually impaired caregiver	1	3	4
Physical Disability of Caregiver	23	71	94
Developmental disability of caregiver	20	32	52
Learning disability of caregiver	22	52	74
Medical Condition of Caregiver	72	172	244
Mental/Emotional health of caregiver	479	766	1,245
Other caregiver health concerns	36	51	87
Total Health Problems - Caregiver	1,454	2,164	3,618
Health Problems - Child			
Alcohol Misuse by Child	24	50	74
Meth use by Child	3	2	5
Other Drug use by Child	32	75	107
Hearing impaired child	3	20	23
Visually impaired child	7	8	15
Physical Disability of Child	22	58	80
Developmental disability of child	65	182	247
Learning disability of child	54	169	223
Medical Condition of Child	106	172	278
Mental/Emotional health of child	328	1,009	1,337
Other child health concerns	18	21	39
Total Health Problems - Child	662	1,766	2,428
Other			
No risk factors	21	454	475
Other risk factors	217	875	1,092
Total Other	238	1,329	1,567
Total Family Risk Factors	6,036	11,353	17,389

NCANDS and FRAME Data Reporting System (FFY 2012).

Full Assessments: Post-Assessment Services Provided or Arranged

Since family risk factors may increase the incidence of child maltreatment, Child Protection Services utilizes a network of programs and organizations to provide needed services to families. Tables 8 and 9 list the types of services made available to children and families who have experienced child abuse and neglect.

Table 8. 2011 Number of Post-Assessment Services for Full Assessments

Post-Assessment Services Provided or Arranged	2011		
	"Services Required"	"No Services Required"	Total Services
Addiction			
Aftercare services	48	74	122
Drug screening	44	21	65
Evaluation	323	491	814
Inpatient treatment	19	36	55
Other addiction services	56	106	162
Treatment	121	124	245
Total Addiction	611	852	1463
Domestic Violence			
Anger management	64	100	164
Services for Batterer	111	262	373
Services for Child	74	182	256
Services for Victim	118	295	413
Total Domestic Violence	367	839	1206
Economic/Housing Services			
Budgeting/Home management services	26	21	47
Child care	12	25	37
Education-related services/referral	6	12	18
Employment services	11	17	28
Financial/Economic Assistance	52	75	127
Home and community-based services (HCBS)	1	2	3
Housing Assistance	25	45	70
Independent and Transitional Living Services	6	8	14
Total Economic/Housing Services	139	205	344

Table 8 Continued. 2011 Number of Post-Assessment Services for Full Assessments

Post-Assessment Services Provided or Arranged	2011		
	"Services Required"	"No Services Required"	Total Services
Family Preservation			
Crossroads	1	0	1
FGDM	12	20	32
Intensive In-home	36	133	169
Other	30	107	137
Parent Aide	93	112	205
Prime Time Child Care	9	17	26
Respite Care	5	13	18
Safety/Permanency funds	35	44	79
Total Family Preservation	221	446	667
Law Enforcement/Legal			
Children's Advocacy Center Referral	32	24	56
Emergency Shelter Care	74	25	99
Foster Care or out-of-home placement	133	28	161
Joint investigation with Law Enforcement	170	140	310
Juvenile Court referral	292	43	335
Legal services	19	23	42
State's Attorney referral for deprivation	165	8	173
Victim/Witness Advocacy services	10	5	15
Total Law Enforcement/Legal	895	296	1191
Mental Health/Counseling			
Intake appointment	108	184	292
Medication monitoring	46	149	195
Mental health case management	50	101	151
Other mental health services	81	256	337
Parenting evaluation	105	13	118
Partnership program	12	83	95
Psychological evaluation	93	60	153
Sex offender evaluation/services	14	9	23
Therapy - family	96	427	523
Therapy - group	10	13	23
Therapy - individual	237	809	1046
Total Mental Health/Counseling	852	2104	2956

Table 8 Continued. 2011 Number of Post-Assessment Services for Full Assessments

Post-Assessment Services Provided or Arranged	2011		
	"Services Required"	"No Services Required"	Total Services
Additional Services			
After School Program	2	6	8
Case management - County	720	205	925
Case management - other	23	52	75
Church/Neighborhood assistance	9	37	46
Community self-help groups	8	17	25
Developmental Disability services	51	26	77
Divorce/Custody related services	22	113	135
Family Planning Services	6	2	8
Health services	38	50	88
Immediate medical services	21	15	36
Infant Development services	76	59	135
Information and Referral Services	31	330	361
Nurse/Infant Home Visiting service	4	15	19
Nurturing Parent Program	28	72	100
Other services	252	1091	1343
Parenting Support group	8	27	35
Parenting education	198	538	736
Pregnancy/Parenting Services for Young Parents	6	8	14
Protection and Advocacy referral	1	3	4
Special Services - Juvenile Delinquent	1	17	18
Transportation assistance	10	15	25
Total Additional Services	1515	2698	4213
Assessment only - no other services	81	1435	1516
Receiving services at time of assessment	85	543	628
Total Post-Assessment Services Provided or Arranged	4600	7440	12040

NCANDS and FRAME Data Reporting System (FFY 2011).

Table 9. 2012 Number of Post-Assessment Services for Full Assessments

Post-Assessment Services Provided or Arranged	2012		
	"Services Required"	"No Services Required"	Total Services
Addiction			
Aftercare services	49	42	91
Drug screening	91	23	114
Evaluation	397	404	801
Inpatient treatment	37	8	45
Other addiction services	44	74	118
Treatment	145	104	249
Total Addiction	763	655	1418
Domestic Violence			
Anger management	76	45	121
Services for Batterer	113	199	312
Services for Child	100	145	245
Services for Victim	133	243	376
Total Domestic Violence	422	632	1054
Economic/Housing Services			
Budgeting/Home management services	12	3	15
Child care	15	14	29
Education-related services/referral	8	10	18
Employment services	17	3	20
Financial/Economic Assistance	36	52	88
Home and community-based services (HCBS)	4	3	7
Housing Assistance	53	45	98
Independent and Transitional Living Services	1	2	3
Total Economic/Housing Services	146	132	278

Table 9 Continued. 2012 Number of Post-Assessment Services for Full Assessments

Post-Assessment Services Provided or Arranged	2012		
	"Services Required"	"No Services Required"	Total Services
Family Preservation			
Crossroads	0	2	2
FGDM	14	17	31
Intensive In-home	73	152	225
Other	33	62	95
Parent Aide	125	114	239
Prime Time Child Care	7	7	14
Respite Care	7	20	27
Safety/Permanency funds	48	32	80
Total Family Preservation	307	406	713
Law Enforcement/Legal			
Children's Advocacy Center Referral	66	18	84
Emergency Shelter Care	148	24	172
Foster Care or out-of-home placement	213	29	242
Joint investigation with Law Enforcement	197	154	351
Juvenile Court referral	341	26	367
Legal services	22	22	44
State's Attorney referral for deprivation	222	6	228
Victim/Witness Advocacy services	12	6	18
Total Law Enforcement/Legal	1221	285	1506
Mental Health/Counseling			
Intake appointment	148	154	302
Medication monitoring	43	104	147
Mental health case management	46	76	122
Other mental health services	65	163	228
Parenting evaluation	151	23	174
Partnership program	10	58	68
Psychological evaluation	115	68	183
Sex offender evaluation/services	22	9	31
Therapy - family	122	317	439
Therapy - group	6	8	14
Therapy - individual	339	724	1063
Total Mental Health/Counseling	1067	1704	2771

Table 9 Continued. 2012 Number of Post-Assessment Services for Full Assessments

Post-Assessment Services Provided or Arranged	2012		
	"Services Required"	"No Services Required"	Total Services
Additional Services			
After School Program	8	11	19
Case management - County	915	202	1117
Case management - other	22	68	90
Church/Neighborhood assistance	7	44	51
Community self-help groups	7	15	22
Developmental Disability services	42	35	77
Divorce/Custody related services	25	99	124
Family Planning Services	1	1	2
Health services	32	70	102
Immediate medical services	27	10	37
Infant Development services	119	68	187
Information and Referral Services	46	402	448
Nurse/Infant Home Visiting service	10	11	21
Nurturing Parent Program	38	30	68
Other services	267	1073	1340
Parenting Support group	9	20	29
Parenting education	239	444	683
Pregnancy/Parenting Services for Young Parents	0	5	5
Protection and Advocacy referral	1	7	8
Special Services - Juvenile Delinquent	3	12	15
Transportation assistance	31	6	37
Total Additional Services	2010	4655	6665
Assessment only - no other services	65	1493	1558
Receiving services at time of assessment	96	529	625
Total Post-Assessment Services Provided or Arranged	5936	8469	14405

NCANDS and FRAME Data Reporting System (FFY 2012).

Reported Children and Child Victim Population

Anyone can report suspicions of child abuse and neglect; therefore, communities are the referral source to the child protection service process. Children who are suspected of being abused or neglected are brought to the attention of Child Protection Services (CPS) through the reporting process. The data provided in this section is a count of unique (or unduplicated) reported and confirmed victims from NCANDS.

In FFY 2011, the population of reported children was 6,146. In FFY 2012, there were 6,172 reported children (Figure 2).

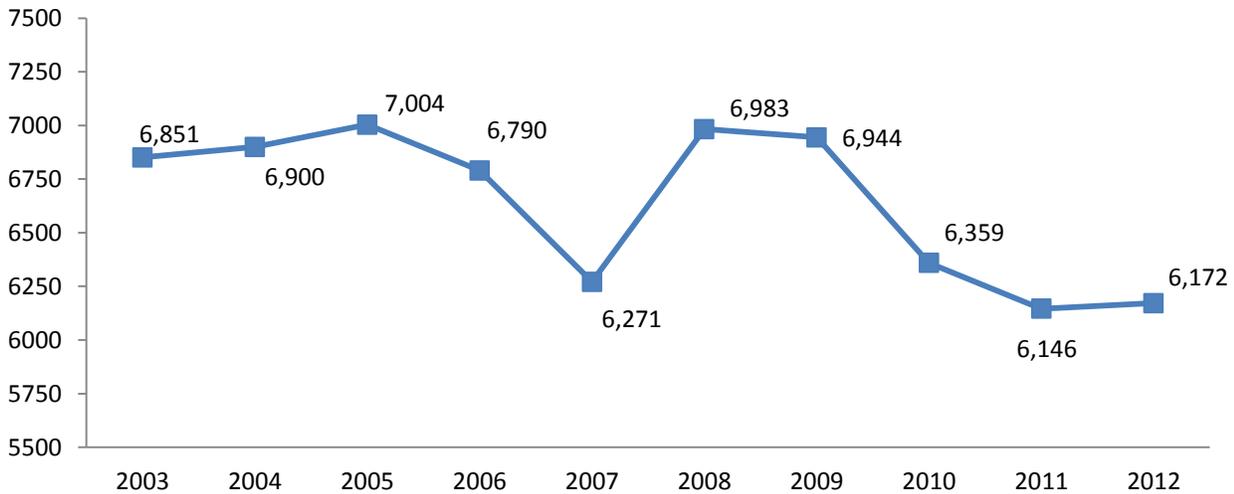


Figure 2. Number of Reported Children

AAR Data Reporting System Child Abuse & Neglect (CY 2003; FFY 2004-2009), NCANDS (FFY 2010-2012). The calendar year (CY) runs from January through December. The federal fiscal year (FFY) runs from October through September.

The confirmed child victim ("Services Required") population is composed of children for whom CPS determined services were required. Figure 3 distinguishes the number of confirmed child abuse and neglect victims (based on a determination from CPS) from the number of reported victims (Figure 2). In 2011, 21.1% of the 6,146 reported children were confirmed victims (n= 1,295). In 2012, 22.7% of the 6,172 reported children were confirmed victims (n= 1,402).

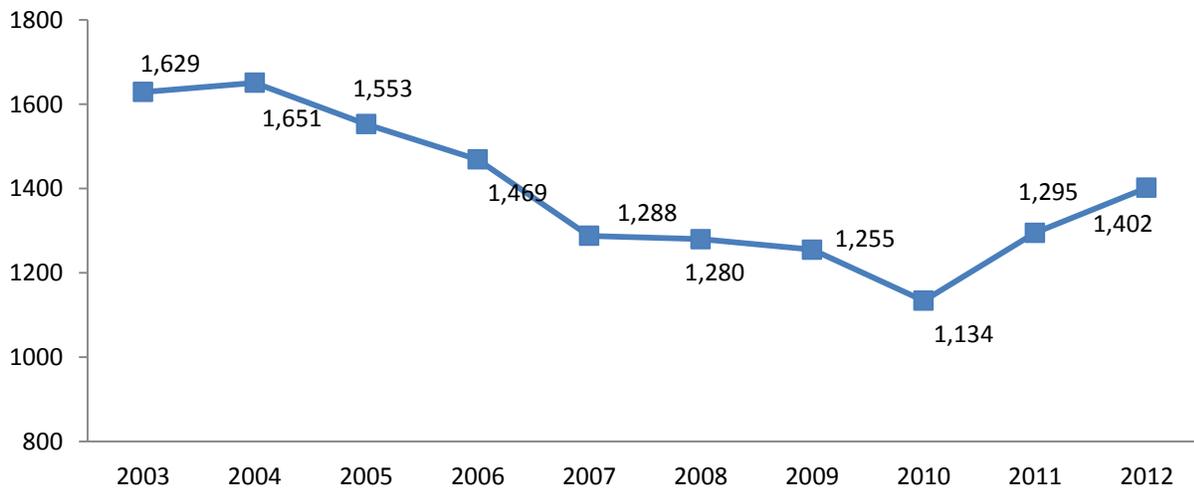


Figure 3. Number of Confirmed Victims ("Services Required")

AAR Data Reporting System Child Abuse & Neglect (CY 2003; FFY 2004-2009), NCANDS (FFY 2010-2012). The calendar year (CY) runs from January through December. The federal fiscal year (FFY) runs from October through September.

Reported and Confirmed Victims by County and Region

Table 10 provides the number of full assessments, the number of reported children, and confirmed victims in the assessments by county and region. Each full assessment may include more than one child, which explains why the number of full assessments does not equal the number of reported children. In addition, each assessment can include both confirmed (“Services Required”) victims and non-confirmed (“No Services Required”) children.

Table 10. Number of Assessments, reported children and confirmed victims by county and region

		Full Assessments		Reported Children		Confirmed Victims		Percent*	
Region	County	2011	2012	2011	2012	2011	2012	2011	2012
I - Williston	Divide	12	21	15	26	4	12	26.7%	46.2%
	McKenzie	23	34	38	59	14	21	36.8%	35.6%
	Williams	146	157	251	275	60	103	23.9%	37.5%
	Region I Total	181	212	304	360	78	136	25.7%	37.8%
II - Minot	Bottineau	22	30	38	49	10	9	26.3%	18.4%
	Burke	5	11	7	23	0	3	0.0%	13.0%
	McHenry	30	44	49	62	15	8	30.6%	12.9%
	Mountrail	24	30	44	63	11	19	25.0%	30.2%
	Pierce	28	29	38	46	4	13	10.5%	28.3%
	Renville	23	18	26	23	4	1	15.4%	4.3%
	Ward	492	495	784	817	156	126	19.9%	15.4%
Region II Total	624	657	986	1083	200	179	20.3%	16.5%	
III - Devils Lake	Benson	13	8	18	11	3	5	16.7%	45.5%
	Cavalier	5	8	10	12	8	9	80.0%	75.0%
	Ramsey	107	110	154	151	41	66	26.6%	43.7%
	Rolette	51	42	88	80	32	17	36.4%	21.3%
	Towner	7	13	13	22	0	2	0.0%	9.1%
Region III Total	183	181	283	276	84	99	29.7%	35.9%	
IV - Grand Forks	Grand Forks	436	377	700	620	173	199	24.7%	32.1%
	Griggs	0	2	0	8	0	0	0.0%	0.0%
	Nelson	1	10	1	12	0	0	0.0%	0.0%
	Pembina	17	23	28	41	13	12	46.4%	29.3%
	Walsh	40	28	78	57	26	35	33.3%	61.4%
Region IV Total	494	440	807	730	212	246	26.3%	33.7%	
V - Fargo	Cass	959	938	1401	1379	218	200	15.6%	14.5%
	Ransom	10	6	17	8	6	3	35.3%	37.5%
	Richland	78	83	125	151	16	29	12.8%	19.2%
	Sargent	5	4	10	8	1	4	10.0%	50.0%
	Steele	1	9	3	10	0	0	0.0%	0.0%
	Traill	18	14	32	25	9	8	28.1%	32.0%
Region V Total	1071	1054	1588	1581	250	244	15.7%	15.4%	

Table 10 Continued. Number of Assessments, reported children and confirmed victims by county and region

		Full Assessments		Reported Children		Confirmed Victims		Percent*	
Region	County	2011	2012	2011	2012	2011	2012	2011	2012
VI - Jamestown	Barnes	40	48	53	77	4	25	7.5%	32.5%
	Dickey	12	14	20	24	6	5	30.0%	20.8%
	Eddy	11	10	24	18	8	3	33.3%	16.7%
	Foster	11	10	20	11	3	4	15.0%	36.4%
	LaMoure	3	7	5	14	0	3	0.0%	21.4%
	Logan	2	3	3	8	2	2	66.7%	25.0%
	Stutsman	92	100	123	146	23	31	18.7%	21.2%
	Wells	20	14	30	21	7	5	23.3%	23.8%
	Region VI Total		201	210	305	331	53	78	17.4%
VII - Bismarck	Burleigh	555	477	995	864	267	217	26.8%	25.1%
	Emmons	8	9	14	17	3	2	21.4%	11.8%
	Grant	4	9	7	16	1	1	14.3%	6.3%
	Kidder	6	7	16	9	1	2	6.3%	22.2%
	McIntosh	10	4	27	4	0	0	0.0%	0.0%
	McLean	42	32	64	55	27	18	42.2%	32.7%
	Mercer	2	0	4	0	1	0	25.0%	0.0%
	Morton	180	217	337	396	60	74	17.8%	18.7%
	Oliver	0	0	0	0	0	0	0.0%	0.0%
	Sheridan	0	0	0	0	0	0	0.0%	0.0%
	Sioux	1	3	3	5	0	4	0.0%	80.0%
	Region VII Total		798	754	1440	1362	360	318	25.0%
VIII - Dickinson	Adams	5	11	7	13	5	4	71.4%	30.8%
	Billings	0	20	0	0	0	0	0.0%	0.0%
	Bowman	0	0	0	35	0	10	0.0%	28.6%
	Dunn	2	13	7	22	0	10	0.0%	45.5%
	Golden Valley	0	15	0	33	0	4	0.0%	12.1%
	Hettinger	11	13	16	18	3	0	18.8%	0.0%
	Slope	0	0	0	0	0	0	0.0%	0.0%
	Stark	228	198	403	328	50	74	12.4%	22.6%
	Region VIII Total		246	270	433	449	58	102	13.4%
Statewide Total		3,798	3,778	6146	6172	1295	1402	21.1%	22.7%

NCANDS (FFY2011-2012).

* Percent indicates the percent of Reported Children who were Confirmed Victims.

Gender of Reported Children and Confirmed Victims

During 2011 and 2012, males and females are equally represented in the number of reported children and number of confirmed victims in North Dakota (Figures 4 and 5). These data are comparable to the gender distribution of child victims nationwide.

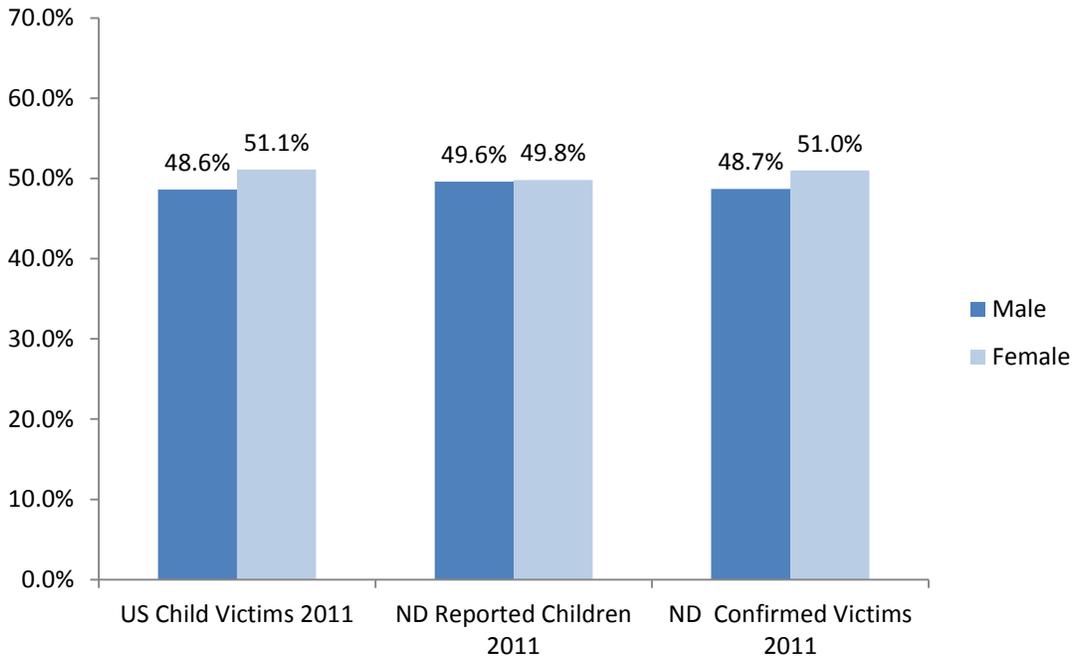


Figure 4. Percent of 2011 Reported Children and Confirmed Victims by Gender

Administration of Children & Families, Children's Bureau, *Child Maltreatment 2011*. NCANDS (FFY 2011). US child Victims (N=676,569 with 0.3% not reporting gender), ND Reported Children (N=6,146 with 0.6% not reporting gender), ND Confirmed Victims (N=1,295 with 0.3% not reporting gender)

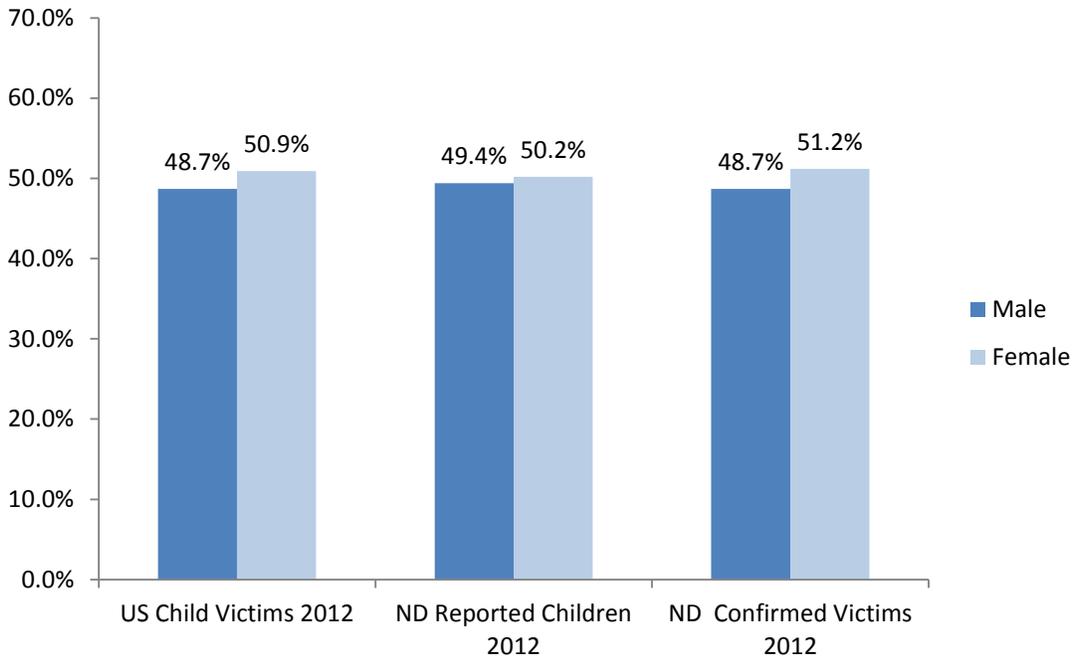


Figure 5. Percent of 2012 Reported Children and Confirmed Victims by Gender

Administration of Children & Families, Children's Bureau, *Child Maltreatment 2012*. NCANDS (FFY 2012). US child Victims (N=678,810 with 0.4% not reporting gender), ND Reported Children (N=6,172 with 0.4% not reporting gender), ND Confirmed Victims (N=1,402 with 0.1% not reporting gender)

Age of Reported Children and Confirmed Victims

The percent of North Dakota child abuse and neglect victims, by age, have remained relatively close to the national trends (Table 11). As children progress in age, the incidence of victimization decreases.

Table 11. Reported Children and Confirmed Victims by Age

Age Group	US Child Victims 2011		ND Reported Children 2011		ND Confirmed Victims 2011	
	Count	Percent	Count	Percent	Count	Percent
Infant to 3	229,340	33.9%	1,698	27.6%	396	30.6%
Age 4-7	161,915	23.9%	1,564	25.4%	322	24.9%
Age 8-11	126,248	18.7%	1,214	19.8%	251	19.4%
Age 12-15	115,375	17.1%	1,105	18.0%	248	19.2%
Age 16-17	41,099	6.1%	382	6.2%	57	4.4%
Unborn, Unknown and 18-21	2,592	0.4%	183	3.0%	21	1.6%
Total children/victims	676,569	100.0%	6,146	100.0%	1,295	100.0%
Age Group	US Child Victims 2012		ND Reported Children 2012		ND Confirmed Victims 2012	
	Count	Percent	Count	Percent	Count	Percent
Infant to 3	227,958	33.6%	1,598	25.9%	429	30.6%
Age 4-7	167,353	24.7%	1,663	26.9%	361	25.7%
Age 8-11	126,882	18.7%	1,256	20.3%	265	18.9%
Age 12-15	114,194	16.8%	1,126	18.2%	251	17.9%
Age 16-17	39,427	5.8%	381	6.2%	77	5.5%
Unborn, Unknown and 18-21	2,996	0.4%	148	2.4%	19	1.4%
Total children/victims	678,810	100.0%	6,172	100.0%	1,402	100.0%

Administration of Children & Families, Children's Bureau, *Child Maltreatment 2011 and Child Maltreatment 2012*.

Types of Child Maltreatment

Each full assessment may include more than one maltreatment for each child in the assessment. Each assessment and each child can have both confirmed ("Services Required") and non-confirmed ("No Services Required") maltreatments. Table 12 includes counts for each maltreatment type by decision. In 2011, there were 1,893 maltreatments experienced by 1,295 victims and in 2012 there were 2,051 maltreatments experienced by 1,402 victims. Neglect was the most common maltreatment type for both reported and confirmed maltreatments.

Table 12. Reported and Confirmed Maltreatments by Maltreatment Type

Maltreatment Type	2011				2012			
	Reported		Confirmed		Reported		Confirmed	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Abuse								
Physical	1,560	19.5%	305	16.1%	1,518	18.9%	335	16.3%
Sexual	239	3.0%	78	4.1%	263	3.3%	91	4.4%
Total Abuse	1,799	22.5%	383	20.2%	1,781	22.2%	426	20.8%
Neglect								
Physical	3,996	50.0%	951	50.2%	4,050	50.4%	1,013	49.4%
Psychological	2,097	26.2%	522	27.6%	2,052	25.6%	572	27.9%
Medical	99	1.2%	37	2.0%	146	1.8%	40	2.0%
Total Neglect	6,192	77.5%	1,510	79.8%	6,248	77.8%	1,625	79.2%
Maltreatment Total	7,991	100.0%	1,893	100.0%	8,029	100.0%	2,051	100.0%

NCANDS (FFY 2011 & FFY 2012)

Confirmed Maltreatment and Gender

Table 13 depicts the distribution of confirmed maltreatment types for males and females. In 2011 and 2012, neglect is the most common maltreatment for both males and females, and sexual abuse is the least common. In 2011, the victim of sexual abuse is most often a female with 61 of the 78 (78.2%) confirmed sexual abuse maltreatments involving a female victim. The same is true in 2012, the victim of sexual abuse is most often a female with 62 of the 91 (68.1%) confirmed sexual abuse maltreatments involving a female victim.

Table 13. Confirmed Maltreatments by Maltreatment Type and Gender of Confirmed Victims

Maltreatment Type	2011 Confirmed Maltreatments				2012 Confirmed Maltreatments			
	Male		Female		Male		Female	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Abuse								
Physical	168	18.1%	137	14.3%	157	16.4%	178	16.3%
Sexual	17	1.8%	61	6.4%	29	3.0%	62	5.7%
Total Abuse	185	20.0%	198	20.6%	186	19.5%	240	21.9%
Neglect								
Physical	476	51.3%	472	49.2%	520	54.5%	492	44.9%
Psychological	251	27.1%	268	27.9%	233	24.4%	339	31.0%
Medical	15	1.6%	22	2.3%	16	1.7%	24	2.2%
Total Neglect	742	80.0%	762	79.4%	769	80.5%	855	78.1%
Maltreatment Total	927	100.0%	960	100.0%	955	100.0%	1,095	100.0%

NCANDS (FFY 2011 & FFY 2012). In FFY 2011 there were 4 child victims with 6 maltreatments with no gender information and in FFY 2012 there was 1 child victim with 1 maltreatment with no gender information. These victims and associated maltreatments were excluded from the data presented in this table.

Confirmed Maltreatment and Age

Table 14 provides the number and percentage of each confirmed maltreatment type for each age group of child victim. Confirmed maltreatments are most prevalent in infants and children under the age of 4 (29.0% of all maltreatments in 2011 and 28.0% of all maltreatments in 2012), and the fewest maltreatments are associated with the oldest children, 16 to 17 age group. Neglect maltreatments become less prevalent with age. Children in the 12 to 15 age group account for 32.1% of all sexual maltreatments in 2011 and 27.5% of all sexual maltreatments in 2012.

Table 14. Confirmed Maltreatments by Maltreatment Type and Age of Confirmed Victims

Age Group	2011 Confirmed Maltreatments											
	Abuse				Neglect						Total Maltreatment	
	Physical		Sexual		Physical		Psychological		Medical			
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Infant to 3	76	24.9%	6	7.7%	317	33.3%	140	26.8%	10	27.0%	549	29.0%
Age 4-7	87	28.5%	17	21.8%	236	24.8%	137	26.2%	8	21.6%	485	25.6%
Age 8-11	69	22.6%	20	25.6%	158	16.6%	112	21.5%	9	24.3%	368	19.4%
Age 12-15	55	18.0%	25	32.1%	186	19.6%	99	19.0%	7	18.9%	372	19.7%
Age 16-17	14	4.6%	9	11.5%	34	3.6%	25	4.8%	3	8.1%	85	4.5%
Age Missing or Unknown	4	1.3%	1	1.3%	20	2.1%	9	1.7%	0	0.0%	34	1.8%
Total	305	100.0%	78	100.0%	951	100.0%	522	100.0%	37	100.0%	1,893	100.0%

Age Group	2012 Confirmed Maltreatments											
	Abuse				Neglect						Total Maltreatment	
	Physical		Sexual		Physical		Psychological		Medical			
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Infant to 3	80	23.9%	4	4.4%	340	33.6%	137	24.0%	14	35.0%	575	28.0%
Age 4-7	75	22.4%	26	28.6%	262	25.9%	149	26.0%	11	27.5%	523	25.5%
Age 8-11	82	24.5%	26	28.6%	173	17.1%	129	22.6%	5	12.5%	415	20.2%
Age 12-15	73	21.8%	25	27.5%	175	17.3%	110	19.2%	7	17.5%	390	19.0%
Age 16-17	22	6.6%	10	11.0%	46	4.5%	41	7.2%	3	7.5%	122	5.9%
Age Missing or Unknown	3	0.9%	0	0.0%	17	1.7%	6	1.0%	0	0.0%	26	1.3%
Total	335	100.0%	91	100.0%	1,013	100.0%	572	100.0%	40	100.0%	2,051	100.0%

NCANDS (FFY 2011 & FFY 2012). There were 93 child victims with 136 maltreatments with no age information. These victims and associated maltreatments were excluded from the data presented in this table.

Adult Subject Population in North Dakota

A subject is a person who is suspected of maltreating a child. A confirmed subject is a person who has been confirmed through the CPS process as having maltreated a child and a decision of "Services Required" has been made. In this section, data will be presented only for confirmed subjects and is a count of unique (or unduplicated) subjects from NCANDS.

As shown in Figure 6, there were 873 confirmed subjects for confirmed maltreatments against 1,295 victims in 2011 and 1,005 confirmed subjects for confirmed maltreatments against 1,402 victims in 2012. This demonstrates that some confirmed subjects required services for the maltreatment of more than one victim.

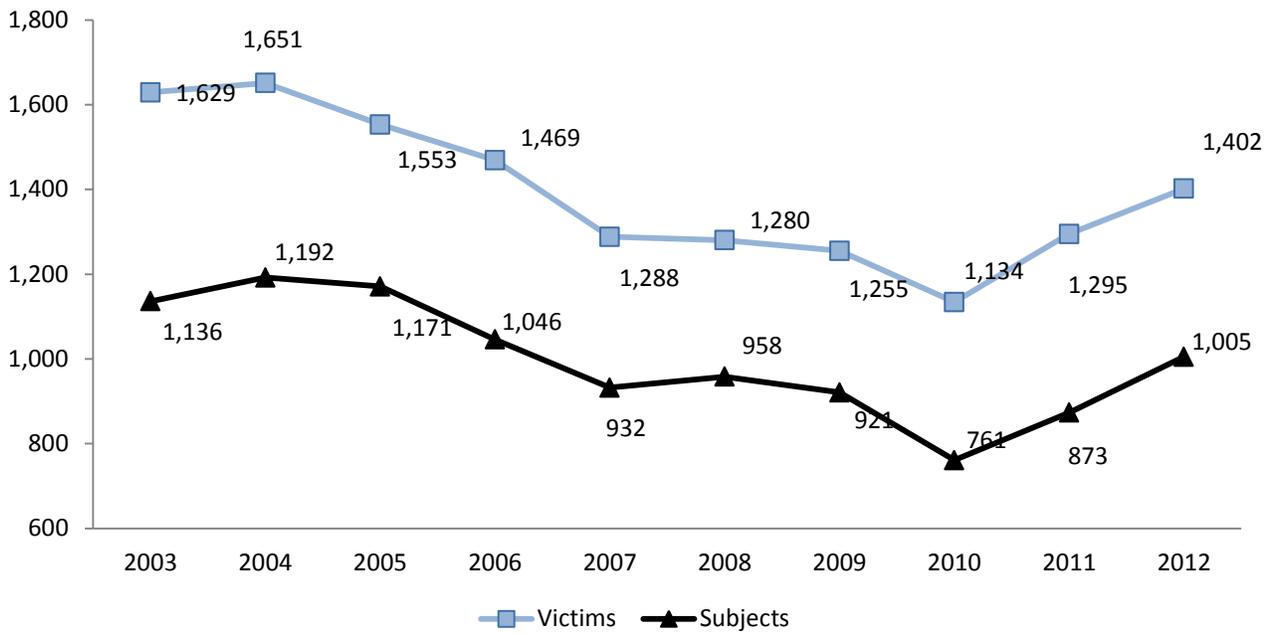


Figure 6. Number of Unique Confirmed Victims and Subjects
 NCANDS (FFY 2011 & FFY 2012).

Subject Gender

In 2011 and 2012 females were disproportionately represented as confirmed subjects in North Dakota (Figure 7) compared to males. This gender disparity resembles the national data on reported subjects for the same time period.

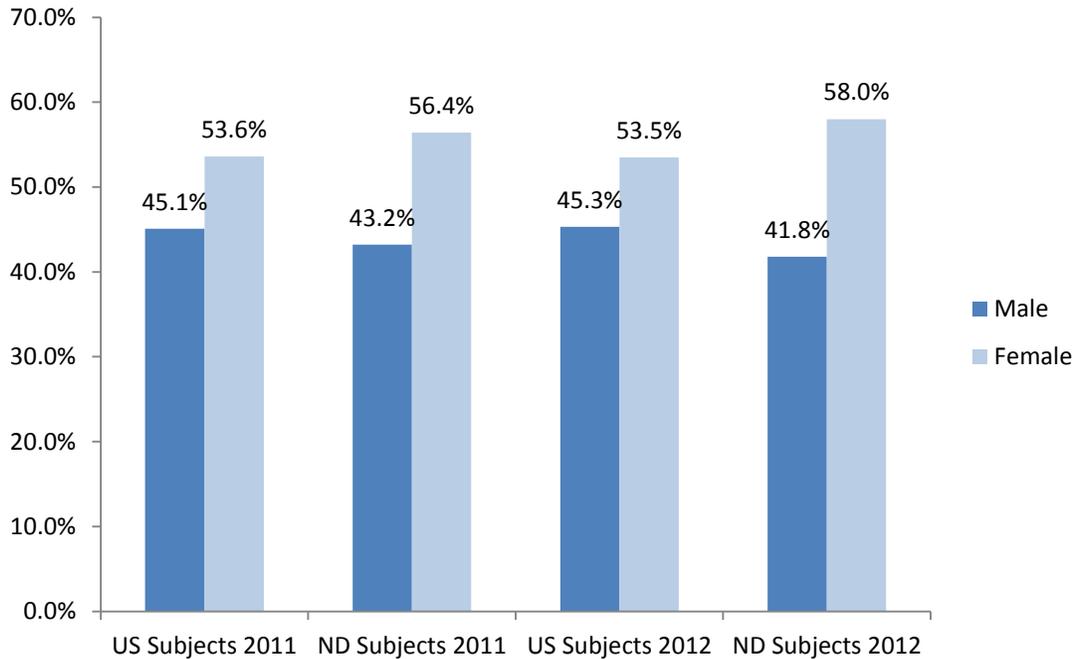


Figure 7. Percent of United States and North Dakota Confirmed Subjects by Gender

Administration of Children & Families, Children's Bureau, *Child Maltreatment 2011 and Child Maltreatment 2012*. US Subjects 2011 (N=508,849 with 1.3% not reporting gender), ND Subjects 2011 (N=873 with 0.5% not reporting gender). US Subjects 2012 (N=512,040 with 1.1% not reporting gender), ND Subjects 2011 (N=1,005 with 0.2% not reporting gender).

Institutional Child Abuse and Neglect

Institutional child abuse and neglect refers to situations of known or suspected child abuse or neglect when the institution responsible for the child’s welfare is a residential child care facility, a treatment or care center for mentally retarded, a public or private residential educational facility, a maternity home, or any residential facility owned or managed by the state or a political subdivision of the state (North Dakota Century Code Chapter 50-25.1).

Reports of suspected institutional child abuse and neglect differ from reports of suspected child abuse or neglect by other caregivers. The subject of each report is the facility itself, not the individuals working within or residing in the facility. Reports of suspected institutional abuse and neglect are received and assessed by child protection staff of Regional Human Service Centers in conjunction with the Children and Family Services Central Office. These assessments are then staffed for a decision with the State Child Protection Team, a multidisciplinary team with decision-making authority (NDCC 50-25.1).

Reports of institutional child abuse and neglect are relatively uncommon in North Dakota. In 2011 there were a total of 54 reports of institutional child abuse and neglect and in 2012 there were a total of 78 reports of institutional child abuse and neglect (Figure 8).

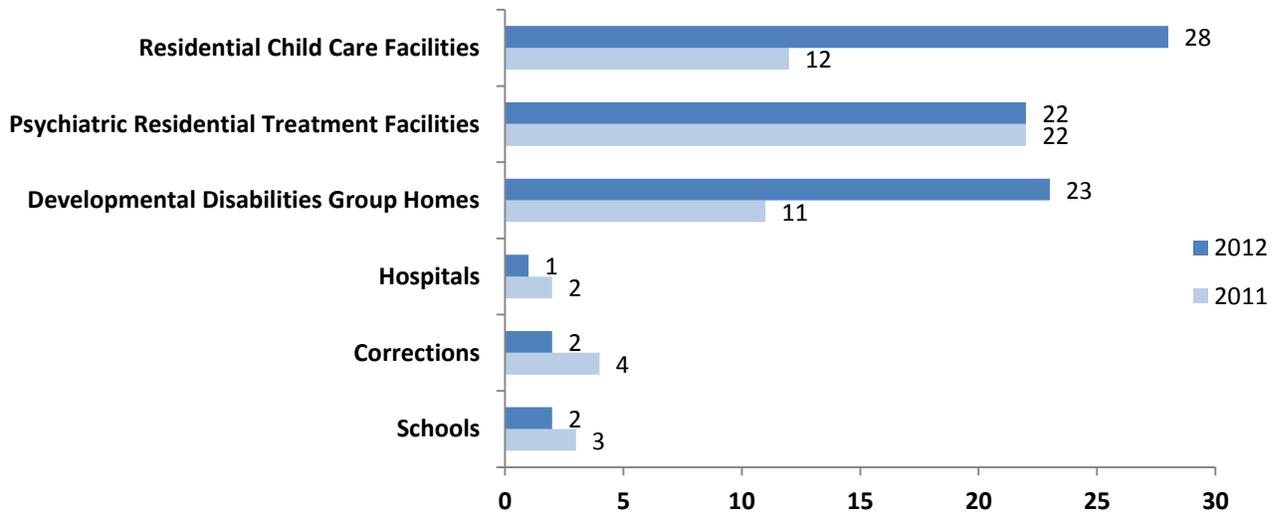


Figure 8. Number Institutional Child Abuse and Neglect Reports by Facility

Institutional Child Abuse & Neglect Reports FFY 2011 (N=54) & FFY 2012 (N=78). The federal fiscal year (FFY) runs from October through September.

In both 2011 and 2012, the largest numbers of all institutional child abuse and neglect reports received were the result of neglect/lack of supervision, 42.6% and 30.8% respectively (Figure 9).

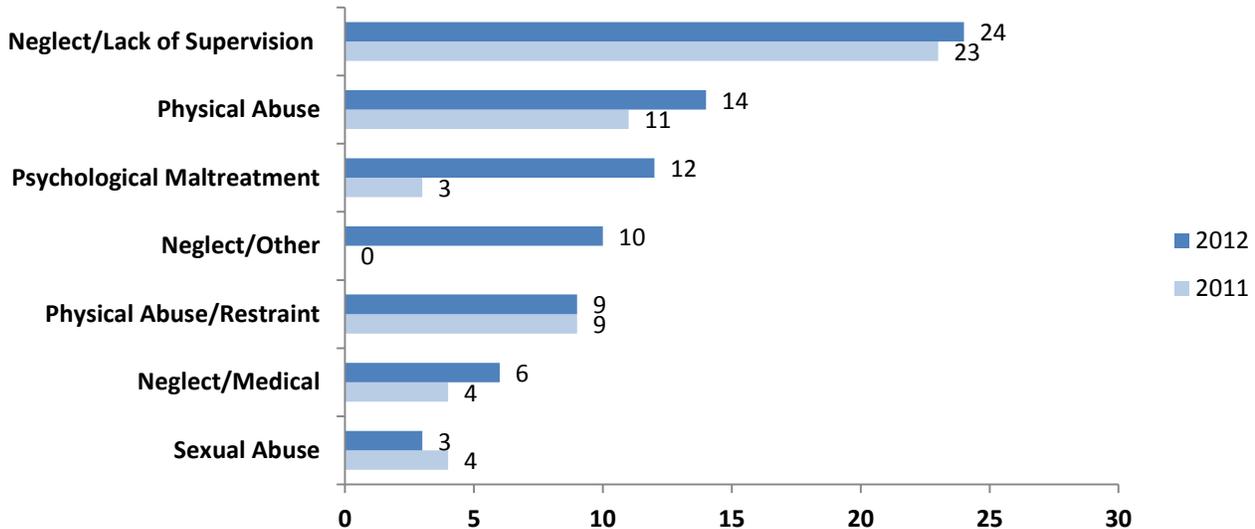


Figure 9. Number of Institutional Child Abuse and Neglect Reports by Maltreatment Type
 Institutional Child Abuse & Neglect Reports FFY 2011 (N=54) FFY 2012 (N=78).

A decision is made based on each reported suspected maltreatment case. Tables 15 and 16 illustrate the number of reports for each facility type by decision for 2011 and 2012. The following is terminology for each decision type:

- Administrative Assessment - When the concerns in the report of suspected institutional child abuse or neglect:
 - clearly fall outside of the child protection law (NDCC 50-25.1);
 - when there is insufficient information to identify or locate the child;
 - when the reporter can give no credible reason to suspect a child has been abused or neglected; and/or
 - when there is reason to believe the reporter is making a false report
- Administrative Referral - When the concerns expressed in a report of institutional child abuse or neglect do not fall within the law or policies of institutional child protection services (NDCC 50-25.1) and the report is referred to the appropriate entity for follow-up.
- Administrative Assessment Terminated in Progress - A full assessment is begun, but information during the assessment is received that indicates the concerns fall outside the law (NDCC 50-25.1).
- "Indicated" – The decision made that a child has been abused or neglected by the facility.
- "Not Indicated" – The decision made that a child has not been abused or neglected by the facility.

Table 15. 2011 Number of Institutional Child Abuse and Neglect Reports by Facility Type and Determination

Facility Type	Determination					Total
	Not Indicated	Indicated	Terminated in Progress	Admin Assessment	Admin Referral	
Residential Child Care Facilities	1		6	5		12
Psychiatric Residential Treatment Facilities	12	1	5	4		22
Development Disabilities Group Homes	1	3	2	4	1	11
Hospitals			2			2
Corrections	2	1	1			4
Other	2		1			3
Total	18	5	17	13	1	54

Institutional Child Abuse & Neglect Reports, FFY 2011 (N=54)

In calendar year 2011, there were five assessments where the decision of the State Child Protection Team was that institutional child abuse or neglect was "Indicated"; three of these occurring in development disabilities group homes, one occurring in a psychiatric residential treatment facility, and one occurring in correctional facility.

Table 16. 2012 Number of Institutional Child Abuse and Neglect Reports by Facility Type and Determination

Facility Type	Determination					Total
	Not Indicated	Indicated	Terminated in Progress	Admin Assessment	Admin Referral	
Residential Child Care Facilities	8	3	10	8	1	30
Psychiatric Residential Treatment Facilities	7	4	6	3		20
Development Disabilities Group Homes	9	1	9	1	3	23
Hospitals			1			1
Corrections	2					2
Other			1	1		2
Total	26	8	27	13	4	78

Institutional Child Abuse & Neglect Reports, FFY 2012 (N=78)

In calendar year 2012, there were eight assessments where the decision of the State Child Protection Team was that institutional child abuse or neglect was "Indicated"; four of these occurring in psychiatric residential treatment facilities, three occurring in residential child care facilities, and one occurring in a development disabilities group home.

Below, Table 17 distinguishes the maltreatment type on the "Indicated" cases.

Table 17. Percent of Reports with Indicated Determinations by Maltreatment Type

Maltreatment Type	2011	2012
Neglect/Lack of Supervision	80.0%	50.0%
Neglect/Medical		12.5%
Neglect/Other		12.5%
Physical Abuse	20.0%	12.5%
Physical Abuse during Restraint		12.5%
Total	100.0%	100.0%

Institutional Child Abuse & Neglect Reports, FFY 2011 (N=5) FFY 2012 (N=8)

Child Fatalities

The North Dakota Child Fatality Review Panel (NDCFRP) was established by North Dakota Century Code (NDCC) 50-25.1. The NDCFRP is a multi-disciplinary, multi-agency, member appointed panel, which reviews deaths of all minors which occur in the state. Each panel member serves as a liaison to their professional counterparts, provides definitions of their profession's terminology, interprets the procedures and policies for their agency and provides information.

The purpose of the Panel is identify the causes of children's deaths and the circumstances that contribute to these deaths and to make recommendations for changes in policy, practices and law to prevent deaths of children. The panel meets approximately quarterly for these reviews. The meetings, by law, are confidential and closed to the public.

Annual reports of the Child Fatality Review Panel (CFRP) are based on cases reviewed by the panel for deaths that occurred during a calendar year. A determination of the Panel's agreement with the manner of death indicated on the death certificate and the preventability of death is made by a consensus of the Panel members. When the Panel does not agree with the manner of death indicated on a death certificate, the Panel reclassifies the manner of death for its own purposes. It does not change the classification on the death certificate, but the Panel's decisions regarding manner of death serve as the basis of the annual report. In some cases, annual reports are delayed due to a pending criminal investigation regarding a death. The most recent CFRP Annual Report can be accessed at: www.nd.gov/dhs/info/pubs/docs/cfs/child-fatality-report-2010-2011.pdf

Family Preservation Services

Family Preservation Services are designed to help families, including adoptive or extended families, alleviate crises that might lead to abuse and/or neglect of children or children being removed from their homes. These services focus on family strengths, are intense and time limited. The outcomes for families include: keeping children safely in their own homes; receiving support in preparing for a child to be returned to their home if they have been placed in foster care; and receiving assistance in connecting with other community services and supports necessary to address their needs in a culturally sensitive manner. One can access these services by calling the local county social service agency or the regional Human Service Center.

Currently North Dakota provides the following Family Preservation Services:

Parent Aide Services

Parent Aide Services are designed to improve parenting skills with parents who are at risk of abusing or neglecting their children by reinforcing parents' confidence in their strengths and helping them to identify where improvement is needed. This service uses the relationship between the parent and the parent aide as a tool to encourage, teach, and assist parents.

Prime Time Child Care Services

Prime Time Child Care Services provide temporary child care to children of families where child abuse and/or neglect has occurred or is at risk of occurring. Parents are able to attend counseling, addiction treatment, or other needed services while their children are cared for in a licensed child care facility.

Respite Care Services

Respite Care Services provide temporary child care to families with disabled children, including chronically or terminally ill children, children with serious behavioral or emotional difficulties, and drug-affected children. This service is intended to provide caregivers periods of temporary relief from the pressures of caring for these children.

Safety/Permanency Funds

Safety/Permanency Funds are flexible funding available to local county social service agencies to families who are having difficulty and are at risk of their children being placed out of their homes. Safety/Permanency Funds are distributed each biennium to the eight regions in North Dakota in proportion to child population rates. The funds are

managed by the Regional Supervisors with oversight by the Family Preservation Administrator.

Intensive In-Home Family Services

Intensive In-Home Family Services provide families who have one or more children at risk of being placed outside their home with intense crisis intervention services. Licensed therapists work with families in their homes and make every effort to work around the family's schedule.

Family Group Decision Making (FGDM) Services

Family Group Decision Making Services involve a facilitated meeting in which immediate family members, extended family, close friends, community specialists and other interested people are brought together to improve the care and protection of a child at risk of placement outside the home.

Table 18 shows the number services provided and the number of families that received Family Preservation Services during FFY 2011 and FFY 2012.

Table 18. Number of Services and Families Served by Type of Family Preservation Service

Family Preservation Service	2011		2012	
	Number of Families Served	Number of services provided	Number of Families Served	Number of services provided
Parent Aide	54	58	36	37
Prime Time Child Care	224	226	196	200
Respite Care	638	661	598	621
Safety/Permanency Funds	66	68	63	66
Intensive In-Home Family	28	29	32	37
Family Group Decision Making (FGDM)	460	753	482	758
Total	1470	1795	1407	1719

Data obtained from FRAME FFY 2011 & 2012.

Children and Family Services: Permanency

- Foster Care
- Subsidized Guardianship Program
- Independent Living
- Refugee Services
- Adoption

FOSTER CARE

Introduction

Foster care is 24-hour out-of-home care for children whose parents are unable or unwilling to provide for their children's needs. It includes shelter, security, safety, guidance and comfort. In nearly all cases, the child in care has been removed from home by a court order, with custody given to a public agency, such as the Division of Juvenile Services, County Social Services or Tribal Social Services. According to law, foster care may be provided in a licensed family foster home (relative or non-relative) or licensed facility (group home or residential child care facility).

Foster Care Population

Throughout this section, the figures and tables depict the foster care child population either during the entire federal fiscal year (October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012) or on the last day of the federal fiscal year (September 30, 2011 or September 30, 2012). Counts of children are unduplicated; therefore, an individual will only be counted once even if they were in and out of foster care during the year.

There were 779 admissions and 655 discharges during FFY 2011 and 843 admissions and 701 discharges during FFY 2012. On September 30, 2011 there were 1,107 children in care with 1,762 children in care during the entire year. On September 30, 2012 there were 1,177 children in care with 1,878 children in care during the entire year. Figure 10 indicates trends in the total number of children across time. Following the peak in 2005, the number of children receiving foster care services annually decreased until 2011. From 2011 to 2012, the number of children receiving foster care services increased by 6.6%.

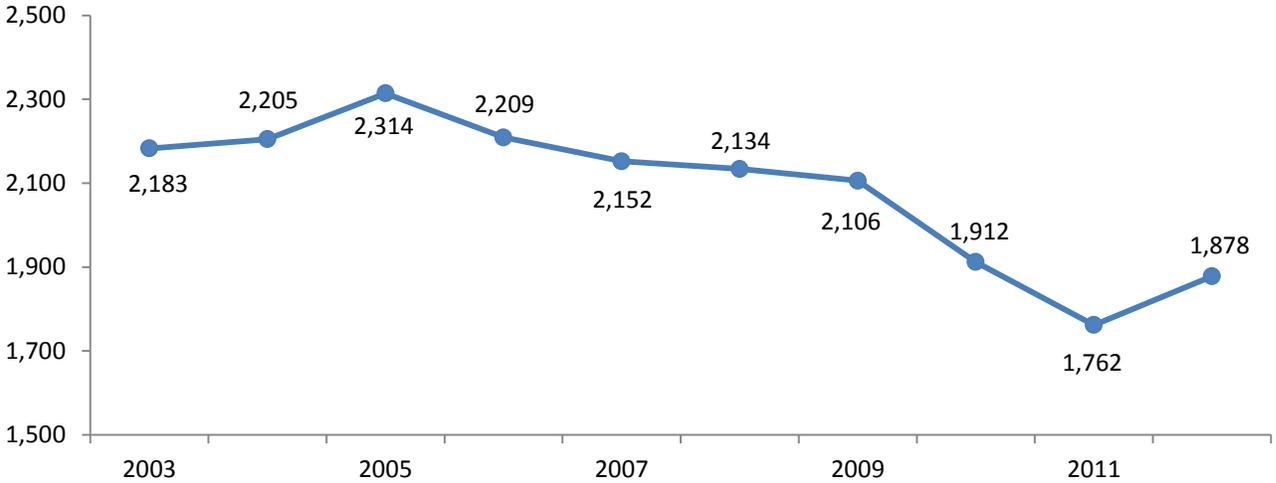


Figure 10. Number of Foster Care Children by Year

AFCARS (FFY 2003 – 2012); AFCARS (FFY 2010), Revised January 2011 from file submitted November 2010. The federal fiscal year (FFY) runs from October through September.

Placement Types

Table 19 provides the percent of children in foster care during FFY 2011 and FFY 2012 by placement type. If the child was still in foster care on the last day of the FFY (September 30) the placement type is the child’s current placement as of the last day of the FFY. If the child exited foster care prior to the last day of the FFY the placement type is child’s most recent placement prior to exiting foster care.

Approximately 40% of children in foster care resided in Non-relative Family foster care during FFY 2011 and 2012. Foster Family Home (Non-relative) includes children placed with relatives who are licensed foster care providers. If the relative is not a licensed foster care provider the child is included in the Foster Family Home (Relative) placement count. In addition, the counts in the Facility-Type placements include children under the custody of DJS.

Table 19. Percent of Foster Care Children by Placement Type

	Placement Type	Percent of children FFY 2011	Percent of children FFY 2012
Family-Type Placements	Pre-Adopt Home	9.42%	8.41%
	Foster Family Home (Relative)	10.61%	11.87%
	Foster Family Home (Non-Relative)	40.92%	40.68%
	Trial Home Visit	13.96%	14.70%
Facility-Type Placements	Group Home	2.33%	1.92%
	Institution	21.79%	21.73%
Other	Runaway	0.74%	0.59%
	Missing	0.23%	0.11%
Total		100.00%	100.00%

AFCARS 2011-2012 (N=1,762 and N=1,878).

Of the placement types, family-type foster care placements are the most inexpensive and least restrictive option whereas facility-type placements are the most expensive and restrictive for foster care children. Children and Family Services strives to place children in the least restrictive environment. This goal equates to maximizing family foster care, especially relative family foster care placements while minimizing facility placements.

Demographics of Foster Care Population

The demographic information in this section is for children in foster care on September 30, 2011 (N=1,107) and on September 30, 2012 (N=1,177), the last days of FFY 2011 and 2012.

Gender

Of all the foster children in care in FFY 2011 52.9% were male, 47.0% were female, and 0.1% had missing data (N=1,106).

Of all the foster children in care in FFY 2012 50.7% were male and 49.3% were female.

Age

Figure 11 portrays the percent of children by age range in the North Dakota foster care population. Youth ages 15 to 17 represented the largest percent of children in foster care in both 2011 and 2012. Young children, infants through age 3, accounted for approximately 20.0% of the foster care population during the same time period.

Youth age 18 and over constituted 2.4% of the foster care population in 2011 and 2.9% of the foster care population in 2012. 18+ Continued Foster Care is available to

eligible current and former foster care children up to the age of 21 years old if the child meets specified criteria surrounding continuing educational, employment or disability needs.

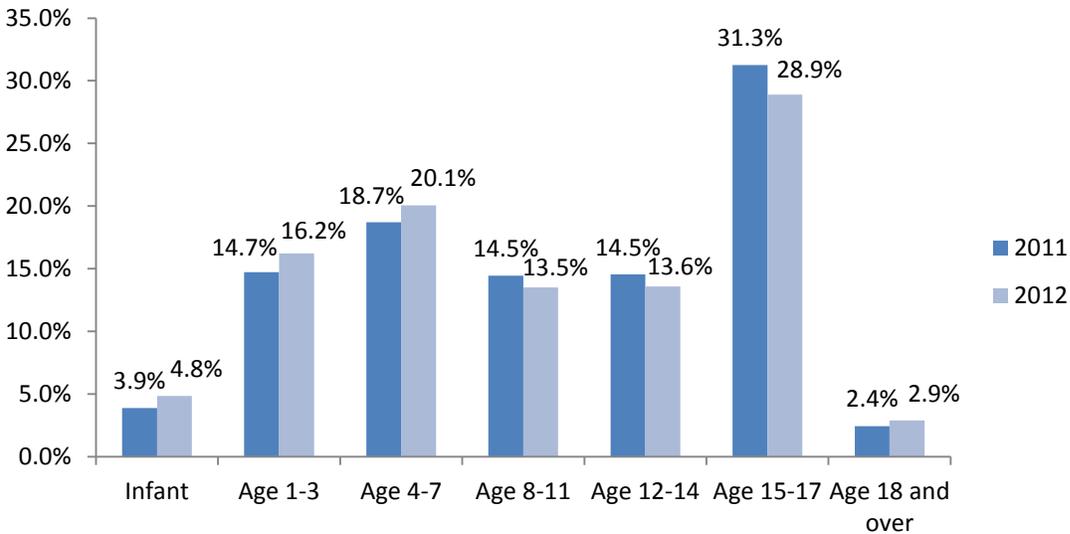


Figure 11. Percent of Foster Care Children by Age

AFCARS 2011-2012 (N=1,107 and N=1,177).

Race

Figure 12 depicts the racial designations for foster care children in North Dakota. Children were only counted in one racial category. If children were identified as Multi-racial (e.g., American Indian and African American), they were counted once in the 'Multi-racial' category but not in the two individual race categories.

More than half of the children in the North Dakota foster care in 2011 and 2012 population were white. Native American children made up a disproportionate number of children in foster care placements during both 2011 and 2012 (31.9% and 30.3%).

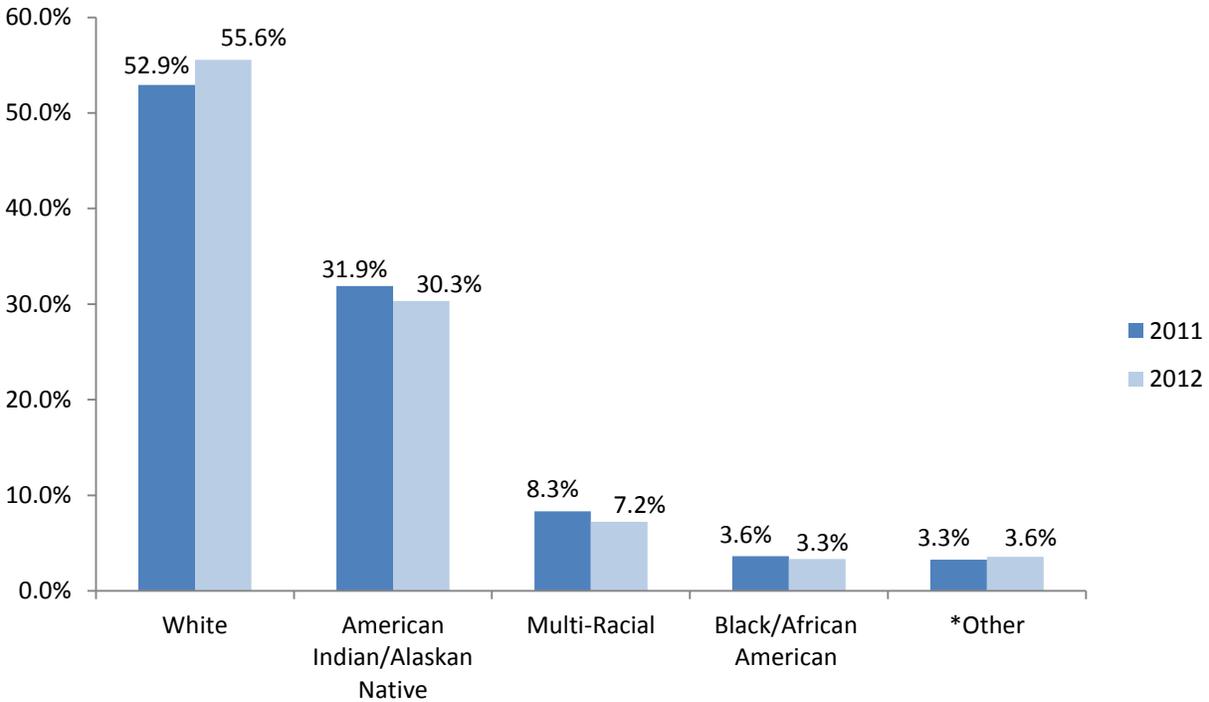


Figure 12. Percent of Foster Care Children by Race
 AFCARS 2011-2012 (N=1,107 and N=1,177). *Other can include individuals with race unspecified.

Permanency Goals and Discharge Reason

What were the permanency goals for the children in foster care? The overriding permanency goal as of September 30 in both 2011 and 2012 was reunification with the parents and/or primary caregivers (54.2% and 61.5%). Adoption, the second most prevalent permanency goal (19.9% and 16.6%) includes both relative and non-relative adoptions. Planned permanent living arrangement (PPLA) is a permanency goal which generally involves planning for an alternative living arrangement for foster care youth over the age of 16. PPLA accounted for 9.8% of the permanency goals of the 2011 foster care population and 9.7% of the 2012 foster care population (Table 20).

Table 20. Percent of Foster Care Children by Permanency Goal

Permanency Goal	Percent of children FFY 2011	Percent of children FFY 2012
Reunification	54.2%	61.5%
Adoption	19.9%	16.6%
PPLA	9.8%	9.7%
Live with Other Relative(s)	4.0%	2.9%
Guardianship	2.1%	1.6%
Case Plan Goal Not Yet Established	2.8%	3.6%
Missing	7.3%	4.2%
Total	100.0%	100.0%

AFCARS 2011-2012 (N=1,107 and N=1,177).

For those children who were discharged during 2011 and 2012 with an identified reason of discharge, more than half (53.9% and 54.2%) reunified with their families, and 15.0% and 15.4% were adopted (Table 21).

Table 21. Percent of Foster Care Children by Discharge Reason

Reason for Discharge	Percent of children FFY 2011	Percent of children FFY 2012
Reunification	53.9%	54.2%
Adoption	15.0%	15.4%
Live with Other Relative(s)	11.1%	11.6%
Transfer to Another Agency	9.5%	8.7%
Live Independently	9.2%	8.7%
Runaway	1.1%	1.1%
Death of Child	0.2%	0.1%
Guardianship	0.0%	0.0%
Missing	0.2%	0.1%
Total	100.0%	100.0%

AFCARS 2011-2012 (N=655 and N=701)

Outcome Measures

To assess the performance of Foster Care programs in each state, the Federal Administration for Children and Families evaluates states on several outcome measures including caseworker visitations, reunification of children with families, reoccurrences of foster care placement, and placement of children in adoptive homes. These data are reported in the North Dakota Child and Family Service Review Data Profile and the Child Welfare Outcomes Report (FFY 2011, FFY 2012).

Caseworker Visits

Of all children in foster care in FFY 2011, 78% were visited by a case worker each and every full month they were in care, and the majority of these visits occurred in the residence of the child (82%).

Of all children in foster care in FFY 2012, 91% were visited by a case worker each and every full month they were in care, and the majority of these visits occurred in the residence of the child (81%).

NOTE: Changes Between FY 2007-2011 and FY 2012-2016 Calculations

Due to a change in calculation methodology, comparisons cannot be made between the FY 2007–2011 data and the FY 2012–2016 data. The focus of the old methodology was on individual children, and counted each one as having been properly served only if visits were made in each full month a child was in foster care during the fiscal year. If a State missed one monthly visit, no credit was given for having visited the child the other 11 months of the year. The new calculation takes a broader view, examining the entire reporting population of foster children for a State to determine the adequacy of the visiting pattern, as a whole.

Reunification

As shown in Tables 20 and 21 above, reunification is the predominant case plan goal and discharge reason for foster care children. The North Dakota Child and Family Service Review Data Profile and the Child Welfare Outcomes Report indicates nearly seventy-two percent (71.5%) of children discharged in FFY 2011 were returned home to their parent(s), primary caregiver(s), or relative(s) within one year from the latest home removal. Similarly, nearly sixty-nine percent (68.8%) of children discharged in FFY 2012 were returned home to their parent(s), primary caregiver(s), or relative(s) within one year from the latest home removal. This includes children that were on trial home visit.

Recidivism

Recidivism means that the child has left foster care and then returned during the year, one or more times. Of all the children who entered foster care during FFY 2011, 11.9% re-entered foster care within 12 months of a prior foster care episode. Of all the children who entered foster care during FFY 2012, 8.3% re-entered foster care within 12 months of a prior foster care episode.

Waiting Children

Children become legally free for adoption on the date when there is a termination of parental rights reported for both parents. Of all children who became legally free for

adoption in the 12 month period prior to FFY 2011, 43.0% were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free. Of all children who became legally free for adoption in the 12 month period prior to FFY 2012, 58.1% were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free.

Subsidized Guardianship Program

As of October 1, 2011, Children and Family Services paid subsidies on behalf of 50 children. An additional 12 children were approved for the subsidized guardianship program but were awaiting a guardianship court order. The 62 approvals represent 13 counties, three reservations, and the Division of Juvenile Services.

As of October 1, 2012, Children and Family Services paid subsidies on behalf of 58 children. An additional 6 children were approved for the subsidized guardianship program but were awaiting a guardianship court order. The 64 approvals represent 17 counties and three reservations.

Eligibility factors:

- Foster youth age 12 and older where adoption and reunification has been ruled out as the permanency plan. Sibling groups will also be included if one member of the sibling group is 12+.
- Youth are legally free for adoption and do not wish to or cannot be adopted.
- Youth in temporary custody whose parents are incapacitated or unwilling to participate with planning for the child and whose parental rights will not be terminated.
- Eligibility is limited to children in the state foster care system for at least 6 months and for whom the state has responsibility for maintenance payments.

Chafee Independent Living

It is the mission of the Chafee Foster Care Independence Program (CFCIP), also known as the Chafee Independent Living (IL) Program, to ensure that youth involved in the foster care system receive services and support which will enable them to successfully transition to live independently.

The goals of North Dakota CFCIP are that by the age 21 youth participants will:

- Have sufficient economic resources to meet their daily needs;
- Have a safe and stable place to live;
- Attain academic or vocational/education goals that are aligned with the youth's abilities and interests;
- Have a sense of connectedness to people and community;
- Avoid illegal/high risk behaviors;
- Postpone parenthood until financially established and emotionally mature; and
- Have access to physical and mental health services

Chafee IL services are available to foster care youth based on priority. Priority I Current Foster Care Youth are defined as youth currently in foster care, age 16 or older, and who have been identified as likely to age out of foster care. Priority I Foster Care Alumni are youth who have aged out of foster care at age 18 or older, exited foster care because (s)he was adopted or entered kinship guardianship after the age of 16, and has not reached the age of 21. Priority II youth did not age out of foster care and these referrals are considered based on the youth's individualized needs and program availability within the region the youth resides.

All foster care youth, age 16 and older, regardless of participation in Chafee IL are required by state foster care regulations to have their independent living needs assessed and addressed. The Chafee IL program is one way for North Dakota custodial agencies to partner to have foster youth's independent living needs met.

The Chafee Foster Care Independence Program offers:

- Strength-based, youth driven, and individualized programming
- Goal planning
- Financial assistance to youth (General Flex and Room & Board Flex funds)
- Financial assistance for post-secondary education (Education and Training Voucher Program)
- Child and Family Team involvement
- Youth stakeholder involvement
- ND Youth Leadership Board involvement
- One-on-one assistance with seeking and maintaining employment and housing; accessing necessary health care services, and pursuing educational goals.

In 2011, 371 youth participants were served in the Chafee IL program. Current Foster Care Youth made up 48% (n=178) of Chafee participation, while Foster Care Alumni, youth who had exited or aged out of foster care, made up 52% (n=193). Majority of the Chafee participants, 81.7% (n=303) were eligible as Priority 1 youth.

In 2012, 415 youth participants were served in the Chafee IL program. Current Foster Care Youth made up 63.4% (n=263) of Chafee participation, while Foster Care Alumni, youth who had exited or aged out of foster care, made up 36.6% (n=152). Majority of the Chafee participants, 74.5% (n=309) were eligible as Priority 1 youth.

Table 22 below shows the data for the Chafee IL program.

Table 22. Chafee Foster Care Independence Program Participants

	FFY 2011		FFY 2012	
	Number of Youth	Percent of Youth	Number of Youth	Percent of Youth
In Foster Care	178	48.0%	263	63.4%
Foster Care Alumni	193	52.0%	152	36.63%
Total	371	100.0%	415	100.0%
Priority 1	303	81.7%	309	74.5%
Priority 2	68	18.3%	106	25.54%
Total	371	100.0%	415	100.0%

Data obtained from FRAME FFY 2011 & 2012.

ND YOUTH LEADERSHIP BOARD

The Chafee IL program encourages youth participants to be active on the ND Youth Leadership Board to discuss educational topics and ideas of change that would benefit the North Dakota child welfare system. The Youth Leadership Board is made up of less than 10 youth members. The ND Youth Leadership Board is made up of less than 10 youth members. Children and Family Services facilitates quarterly face-to-face meetings and monthly conference calls throughout the year. The Board developed the ND Youth Website www.nd.gov/ndyouth with the help from a grant provided by the Annie E. Casey Foundation and recently created a ND Foster Care Youth Handbook.

EDUCATION & TRAINING VOUCHER (ETV) PROGRAM

ETV applicants can receive up to \$2500 per semester of the academic school year (fall, spring, summer). ETV funding supports the cost of living, tuition, books, transportation, child care, etc. to financially assist applicants in meeting their educational goals. There is a lifetime maximum of \$20,000 for eligible ETV applicants. Unaccompanied Refugee Minor (URM) youth follow the same application procedures for

academic financial support but are not paid out of ND ETV funds; rather, they are supported through the URM budget.

In 2011, 46.7% (n=21) of Education & Training Voucher (ETV) awards issued were to first time applicants, while 53.3% (n=24) were issued to repeat applicants who chose to continue their education for another semester. In 2012, 51.2% (n=21) of Education & Training Voucher (ETV) awards issued were to first time applicants, while 48.8% (n=20) were issued to repeat applicants who chose to continue their education for another semester.

Table 23 below shows the data for the Education & Training Voucher program.

Table 23. Education & Training Voucher Program Participation

	2011	2012
EVT's Awarded	59	51
Individuals Served	45	41
New Recipients	21	21
URM	6	12

Data obtained from Chafee Independent Living Administrator FFY 2011 & 2012.

National Youth in Transition Database (NYTD)

The National Youth in Transition Database (NYTD), required by federal law Chafee Foster Care Independence Act of 1999, tracks the services and outcomes of youth transitioning from foster care. As of October 1, 2010, North Dakota has reported data to the federal government every six months.

NYTD requires state child welfare agencies to collect and report data in two specific areas:

1. Independent Living Services – Independent living service categories include but are not limited to services provided for mentoring, academic support, career preparation, health education, independent living needs assessments, and more. Data is collected and entered into the FRAME data management system each time a youth over age 14 is provided education, engaged in discussion, informed and/or trained on a NYTD independent living service category.

2. NYTD Survey – North Dakota is required to administer and collect survey data via a three part survey to eligible youth in foster care. Eligible youth will be asked to participate at age 17, then again at ages 19 and 21. Every three years (FFY 2011, 2014, 2017...) North Dakota will survey a new group (cohort) of 17 year old foster care youth including adjudicated delinquent youth under the custody of DJS and Title IV-E Tribal foster care youth. The NYTD Survey asks questions about education, employment, health care, homelessness, parenthood, substance abuse, criminal activity, and more, to have a consistent way of analyzing the outcomes of foster youth who leave the child welfare systems nationwide.

The National Youth in Transition Database (NYTD) baseline survey Cohort 1 began October 1, 2010. During the twelve month baseline, North Dakota had 146 eligible foster care youth turn age 17. Within the 45 day federal required timeframe, 93 of those 146 youth completed the NYTD Survey. Later it was determined that six of the 93 youth were not in foster care the day they completed it, making them in-eligible. North Dakota was then required to track only 87 youth in the follow-up surveys at age 19 and 21. There were 53 youth who did not complete the survey; the majority of youth (45) were exempt based on adjudication, incapacitation, or trial home visit; 1 youth declined participation, three were unable to invite due to runaway status, and 4 youth were unable to invite within the required 45 day requirement.

Overall participation in the survey was 95% compliance. State participation rate is calculated by adding the completed surveys + the exempt youth + declined surveys. States are required to receive an 80% participation rate in the baseline, which North Dakota far exceeded. Table 24 below shows the data for Cohort I.

Table 24. National Youth in Transition Database Cohort I

NYTD Cohort I	FFY 2011
Youth Eligible for Survey	146
Completed Survey	93
Did not Complete Survey	53
Reasons Survey Not Completed	
Exempt from Survey	45
Unable to Invite-Runaway	3
Worker did not invite in required 45 days	4
Declined to participate	1
Reasons not in Follow-Up Population	
Youth Not in Care When Survey Taken	6
Cohort 1 Follow Up Youth for Age 19 and 21 Surveys	87

Data obtained from FRAME FFY 2011 & 2012.

Refugee Services

The number of refugees settling in North Dakota increased by 37.7% from 2008 to 2012 (Figure 13). Historically, Lutheran Social Services (LSS) has attempted to maintain approximately 400 new arrivals per year based on both program capacity and sustainability. However, after the September 11, 2001 tragedy, new arrivals dropped exponentially as a result of the US Department of State decision to slow down refugee resettlement nationally to review security measures and implement new ones. LSS spent subsequent years strengthening the program and working to increase the number of new arrivals to pre- September 11, 2001 levels. A deliberate effort was made between 2007 and 2008 to double the number of new arrivals. In 2012, the number of new arrivals was exceptionally high due to a large number of family reunifications within the Bhutanese population.

As shown in Table 25, 77.1% (273) of the refugees entering North Dakota in 2011 and 77.7% (431) of the refugees entering North Dakota in 2012 were from Bhutan.

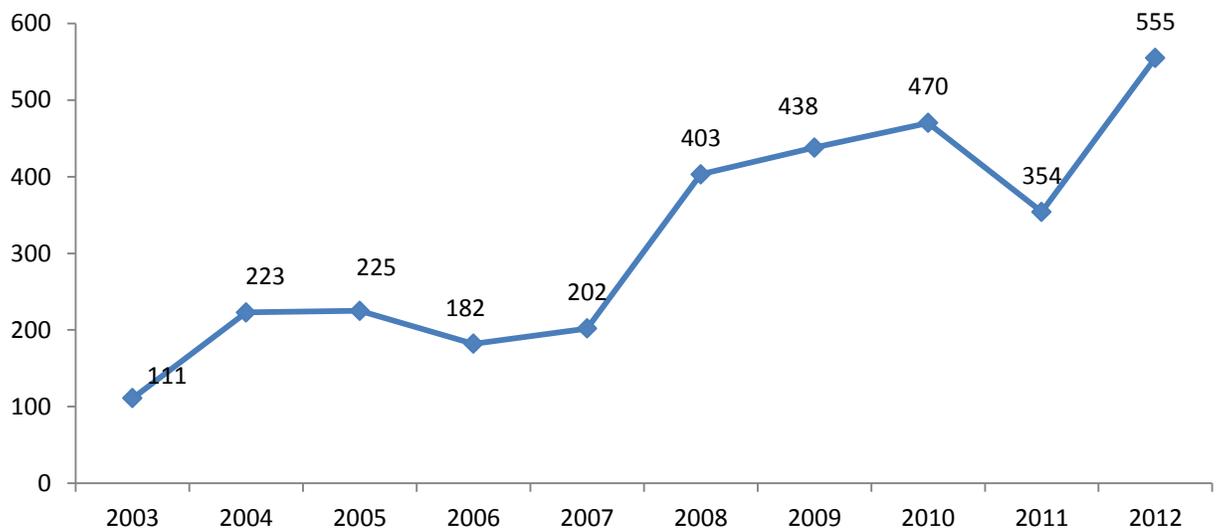


Figure 13. Number of Refugees Entering North Dakota, 2003-2012

North Dakota Refugee Services, FFY 2003-2012. The data do not include secondary migrations, refugees who initially reside in other states and resettle in North Dakota.

Table 25. Refugees by Country of Origin

Country of Origin	2011		2012	
	Number of Refugees	Percent of Refugees	Number of Refugees	Percent of Refugees
Afghanistan	5	1.4%		
Bhutan	273	77.1%	431	77.7%
Burma			3	0.5%
Burundi	2	0.6%		
Congo	14	4.0%	19	3.4%
Eretria	14	4.0%	1	0.2%
Iraq	30	8.5%	22	4.0%
Ivory Coast	1	0.3%		
Libera			8	1.4%
Somalia	8	2.3%	46	8.3%
Sudan	4	1.1%	25	4.5%
Ukraine	3	0.8%		
Total	354	100.0%	555	100.0%

North Dakota Refugee Services, FFY 2011-2012.

Adoption

Introduction

The goal of the Adoption Program is to recruit families and place children in permanent family homes consistent with the needs of the child and family. The adoption process is one of the final steps in the continuum of care, with the intent of achieving safety, permanency, and well-being for the child. The types of adoption vary in process while adhering to the goal of permanency. The following section includes demographics of the adoptee population and adoption types, with particular attention given to children placed for adoption from foster care (many of whom have special needs). An explanation of the adoption process, adoption types, and definitions of adoption terminology are included in the analysis using figures and tables. The data collected throughout this publication were obtained from the Comprehensive Child Welfare Information and Payment System (CCWIPS).

Each waiting child varies in age, race, gender, special needs, and family background. Waiting children are defined as children in foster care who cannot return to their birth homes due to the termination of parental rights. These children do not have a family identified who will adopt them. Generally speaking, the waiting child population is a sub-population of the children in the foster care system. An adoptee, or an adopted person, is the population of interest in the following data on finalized agency adoptions.

The adoption process is composed of a series of steps that have greater complexity than the general descriptions listed in this bulletin. Prospective adoptive parents will generally:

- research different types of adoptions
- choose an adoption agency
- have an awareness of the fees associated with adoption
- fill out an application
- complete a home study (adoption assessment)
- experience a waiting period prior to placement of a child
- experience a placement supervision period
- complete legal procedures.

All North Dakota adoptions are facilitated through private adoption agencies. An agency adoption is an adoptive placement made by a licensed child placement agency that screens prospective adoptive parents and supervises the placement of a child in an adoptive home until the adoption is finalized. Private adoption agencies are generally privately funded; however they can receive public funding through contracts to provide adoption services for children in foster care in North Dakota. A "public agency adoption" is the adoption of children from the foster care system.

Finalized agency adoptions are the data of particular interest to determine the demographics of adoptee children. Finalization is the final legal step in the adoption process and involves a court hearing, during which the judge orders the adoptive parents to become the child's legal parent. Prior to this legal proceeding, there is a legal requirement that parental rights to the child be terminated through either a voluntary relinquishment by the birth parent(s) or an involuntary termination by the court.

North Dakota Adoptions

There were 207 children adopted in North Dakota in FFY 2011 (October 1, 2010 through September 30, 2011). There were 185 children adopted in North Dakota in FFY 2012 (October 1, 2011 through September 30, 2012). Finalized agency adoptions, the focus of this section, accounted for 61.8% (n=128) of all adoptions in 2011 and 62.7% (n=116) in 2012 (Figure 14). Figure 15 shows non-agency adoption data for 2011 and 2012.

Agency and non-agency adoptions are categorized based on whether or not an adoption agency is a party in the adoption process. For relative non-agency adoptions, the adoption process requires the legal procedures of relinquishment of parental rights and adoption finalization, but at no time during the process is the child under the intermediary custody of the county.

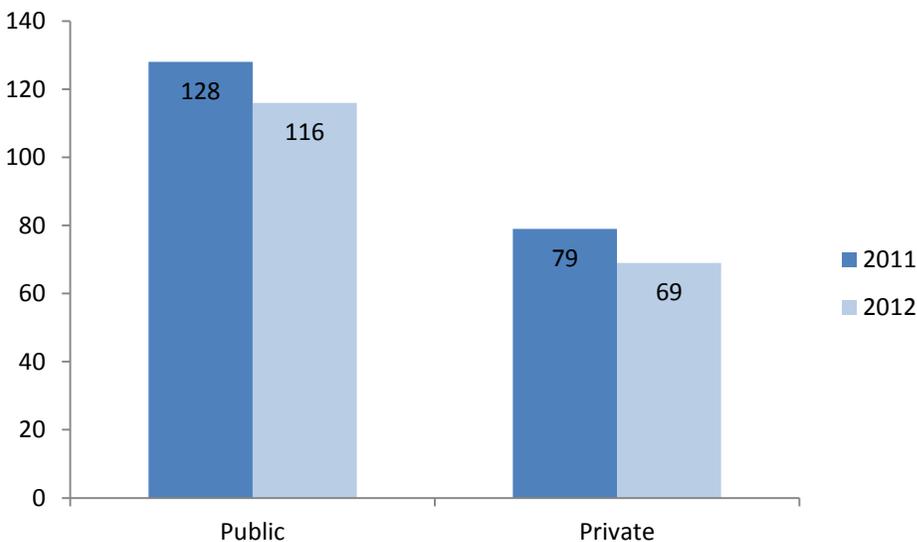


Figure 14. Number of Agency Adoptions by FFY

CCWIPS FFY 2011 & 2012; (2011 Agency: N=207; 2012 Agency: N=185). The federal fiscal year (FFY) runs from October through September.

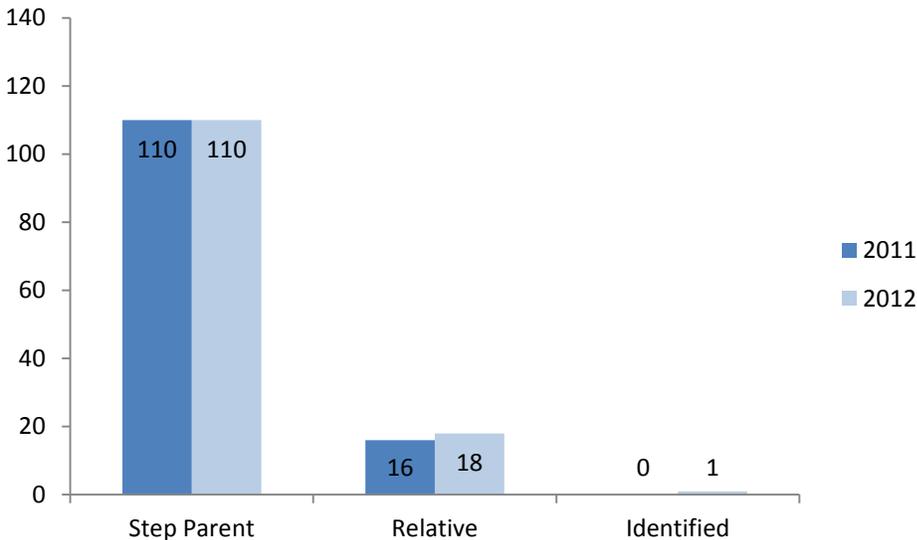


Figure 15. Number of Non-Agency Adoptions by FFY

CCWIPS FFY 2011 & 2012; (2011 Non-Agency: N=126; 2012 Non-Agency: N=129). The federal fiscal year (FFY) runs from October through September.

Finalized Agency Adoptions

Agency adoptions (Figure 16) are classified as special needs, infant/regular, international, or identified. The criteria for categorizing children as special needs include the following:

- the presence of a physical, emotional, or mental disability;
- the child is high risk for a future physical, emotional, or mental disability as diagnosed by a licensed physician;
- the waiting child is part of sibling group being placed together for adoption;
- the waiting child belongs to a minority race; or
- the waiting child is age seven or older.

An infant/regular adoption is when children are voluntarily placed through an adoption agency by their parent(s). These children have generally not been in public foster care. In North Dakota, the majority of regular adoptions involve infants. International adoptions, referred to as foreign adoptions in previous bulletins, pertain to children residing in countries outside the United States. The legal procedures of the adoption typically occur in the child's birth country. Identified adoptions are direct adoptions where the parent(s) have pre-selected an adoptive family. Temporary custody is not granted to an agency in an identified adoption, but is rather placed directly with the prospective adoptive parent by the court, pending adoption finalization.

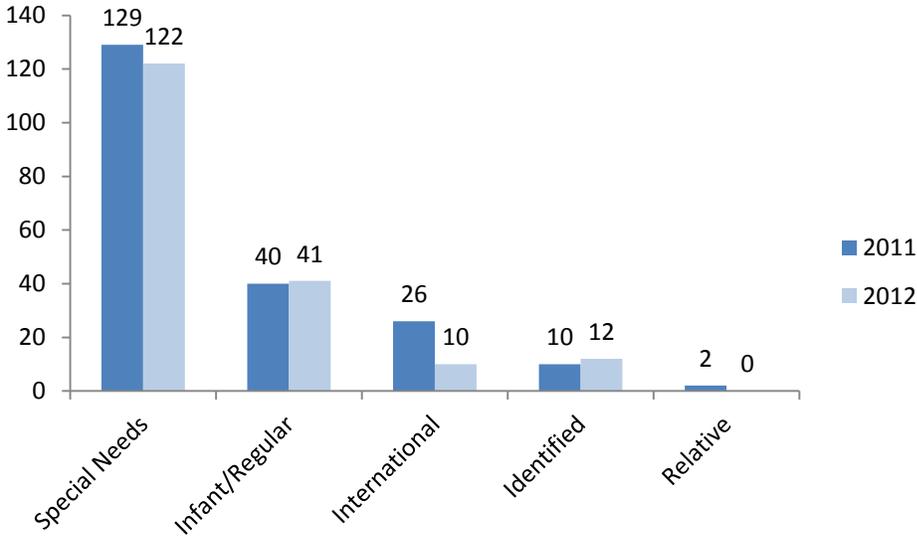


Figure 16. Number of Finalized Agency Adoptions by Type
 CCWIPS FFY 2011 & 2012 (2011 Agency: N=207; 2012 Agency: N=185).

Demographics

Included in the following sections are data regarding infant regular, international, identified, and special needs adoption types. The following does not include data for non-agency adoptions.

Gender

Males accounted for 46.1% of public agency adoptions and 54.4% of private agency adoption in 2011 (Figure 17).

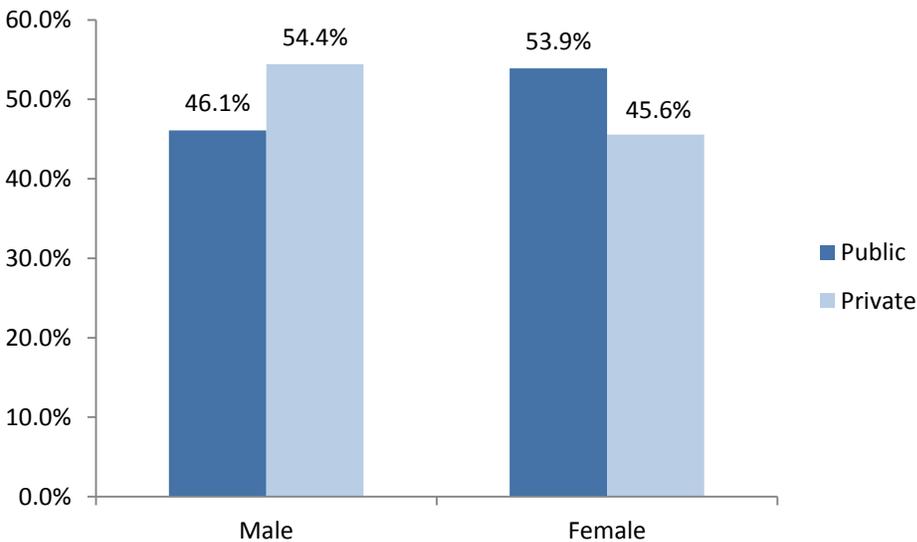


Figure 17. Percent of 2011 Finalized Agency Adoptions by Gender
 CCWIPS FFY 2011 (Public Agency: N=128; Private Agency: N=79).

Males accounted for 56.9% of public agency adoptions and 55.1% of private agency adoption in 2012 (Figure 18).

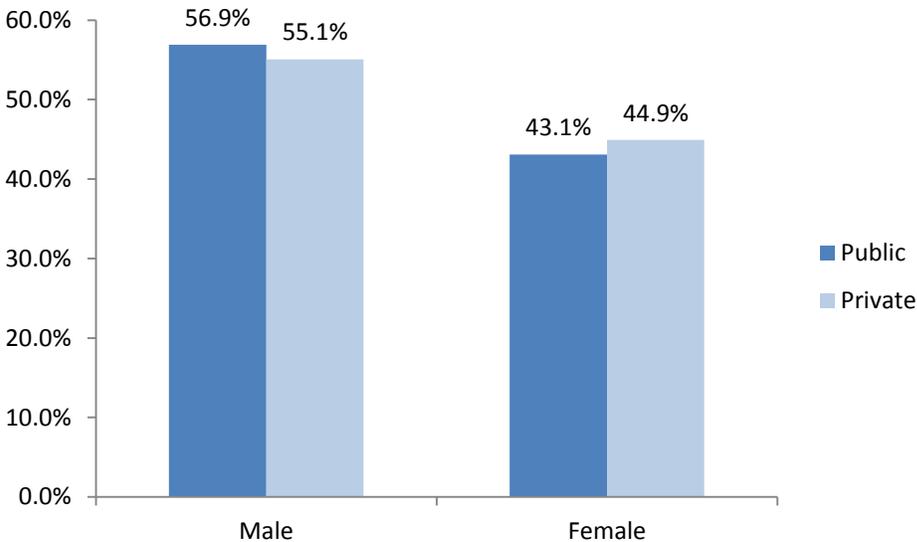


Figure 18. Percent of 2012 Finalized Agency Adoptions by Gender
CCWIPS FFY 2012 (Public Agency: N=116; Private Agency: N=69).

Age

In North Dakota, younger children are more likely to be adopted (Figures 19 and 20). This is particularly true of private agency adoptions. In 2011, most private agency adoptions are either infants (under 1 year, 57.0%) or children 1 to 6 years of age (30.4%). Similar to private agency adoption, public agency adoptions include a substantial (50.8%) number of children ages 1-6 years of age. However, public agency adoptions also include higher percent of older children. In 2011, 35.2% of all public agency adoptions were children 7 to 12 years of age, and public agencies accounted for nearly all agency adoptions of children 13 years old or older.

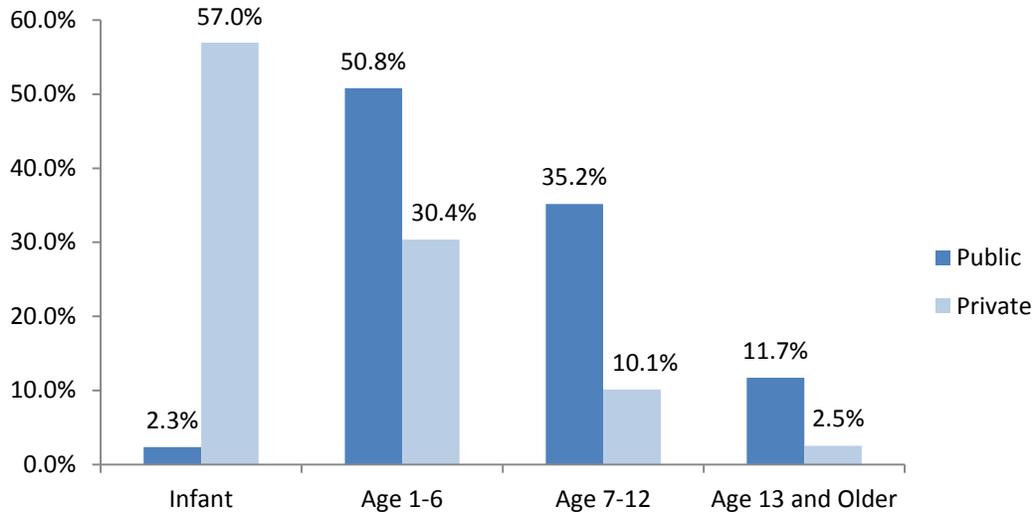


Figure 19. Percent of 2011 Finalized Agency Adoptions by Age Range

CCWIPS FFY 2011 (Public Agency: N=128; Private Agency: N=79).

In 2012, most private agency adoptions are either infants (under 1 year, 75.4%) or children 1 to 6 years of age (20.3%). Similar to private agency adoption, public agency adoptions include a substantial (61.2%) number of children ages 1-6 years of age. However, public agency adoptions also include higher percent of older children. In 2012, 25.9% of all public agency adoptions were children 7 to 12 years of age, and public agencies accounted for all agency adoptions of children 13 years old or older.

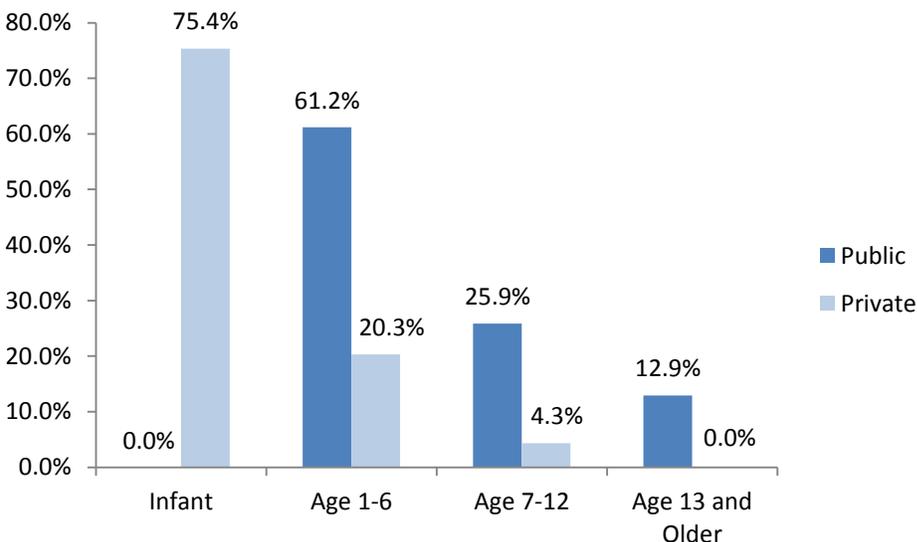


Figure 20. Percent of 2012 Finalized Agency Adoptions by Age Range

CCWIPS FFY 2012 (Public Agency: N=116; Private Agency: N=69).

Race

Figure 21 shows the racial composition of children whose agency (public and private) adoptions were finalized in 2011 and 2012. White children (44.4% and 53.0%) were adopted more often than any other race in North Dakota.

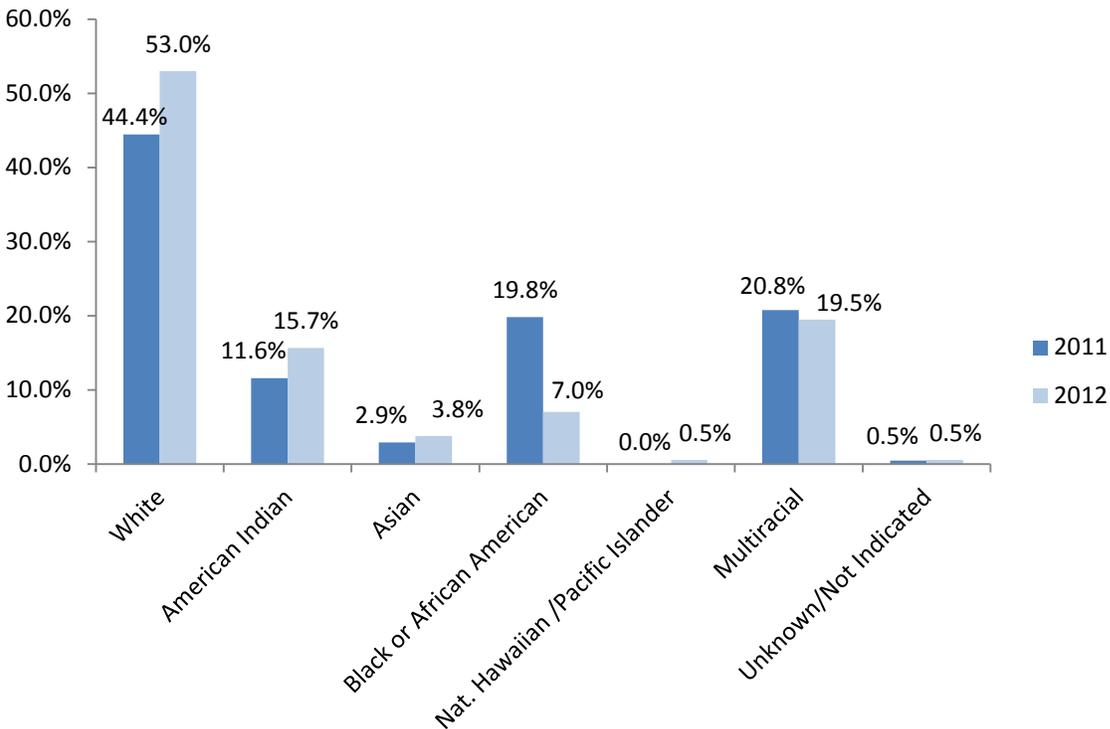


Figure 21. Percent of Finalized Public and Private Agency Adoptions by Race
CCWIPS FFY 2011 (Public and Private Agency: N=207) & FFY 2012 (Public and Private Agency: N=185).

Adoption by Foster Parent(s)

As stated above, public agency adoptions are adoptions of foster care children. In North Dakota, 72.7% of adopted foster care children were adopted by their foster parent(s) through a public agency adoption in 2011 (Figure 22). Foster parent adoptions are encouraged because the child is often already settled into their environment and has established a bond with the foster family.

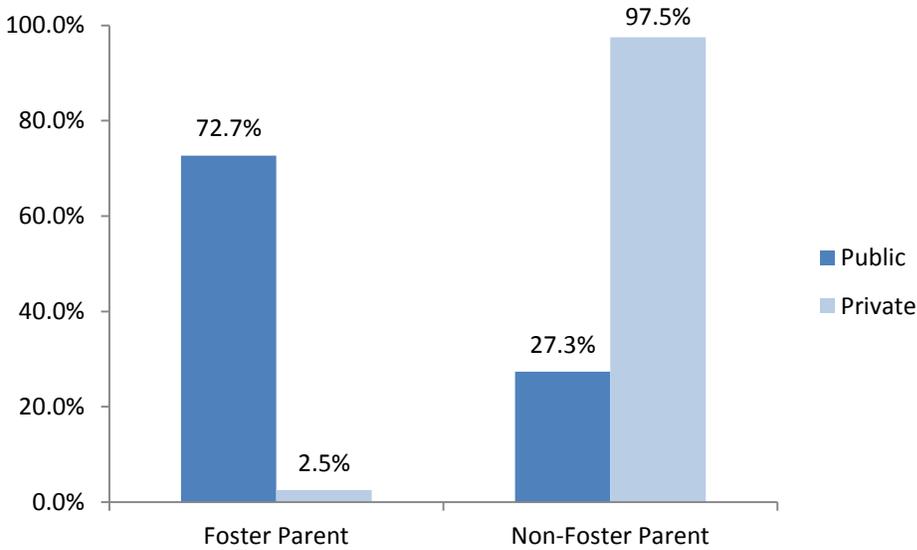


Figure 22. Percent of 2011 Adoptions by Foster Parents
 CCWIPS FFY 2011 (Public Agency: N=128; Private Agency: N=79).

In North Dakota, 80.2% of adopted foster care children were adopted by their foster parent(s) through a public agency adoption in 2012 (Figure 23).

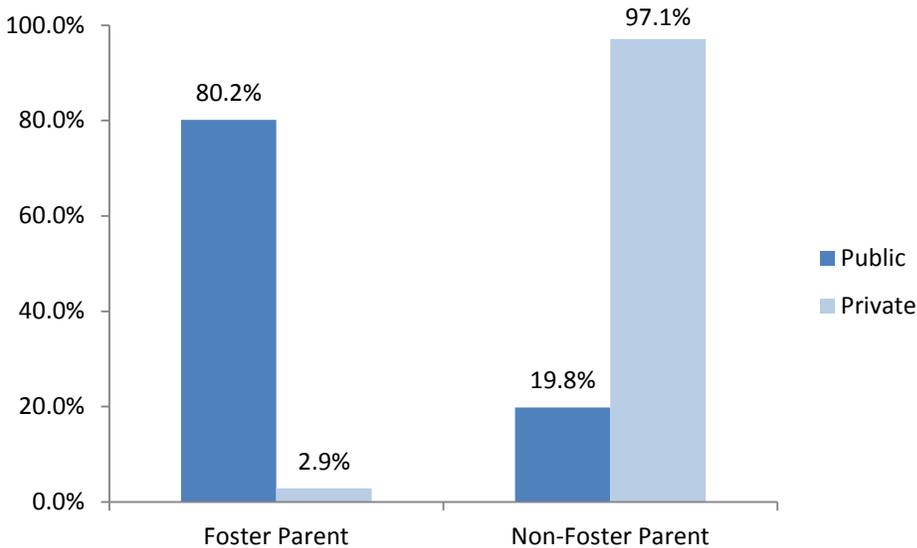


Figure 23. Percent of 2012 Adoptions by Foster Parents
 CCWIPS FFY 2012 (Public Agency: N=116; Private Agency: N=69).

Description of the Special Needs of Children Adopted from Foster Care

Figure 24 shows adoption by primary special needs type. Children are assigned a primary special need, but often meet multiple special needs criteria. The most commonly reported special need is children with disabilities. In both 2011 and 2012, there were 56 adopted children with disability as the primary special need. The

'disability' category includes emotional disturbance, mental retardation, physical disability, visual/hearing impaired, and other. The 'high risk of disability' category combines all other disabilities where children are at high risk for a future mental, physical, or emotional disability, as diagnosed by a physician. This is the most recent disability typology. An example of a child at high risk might be a child whose birth parent used alcohol or drugs while pregnant, putting the child at risk for disability in the future.

Children face a difficult time separating from their parents. If children have siblings, it is critical to keep these siblings together. In 2011, there were 46 adopted children with a primary special need of sibling group. In 2012, there were 37 adopted children with a primary special need of sibling group.

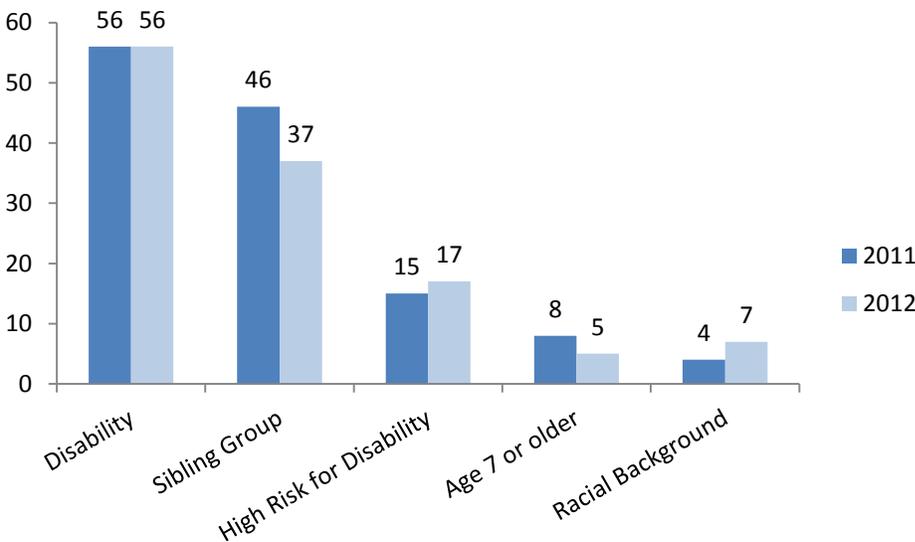


Figure 24. Number of Special Needs Adoptions by Primary Special Needs Type
CCWIPS FFY 2011 (N=129) & FFY 2012 (N=122)

Adoption assistance is designed to provide adoptive families of any economic level needed social services, medical and financial support to care for children adopted from foster care who have special needs. Adoption assistance can take three forms: a monthly payment (subsidy) to meet the special and ordinary needs of the child, Medical Assistance as a backup to the adoptive family's private health insurance, and reimbursement for non-recurring adoption expenses (up to \$2,000/child).

Children and Family Services: Well-Being

- Head Start and Early Head Start
- Early childhood Services

Head Start and Early Head Start

Head Start and Early Head Start Programs are funded by federal grants to local public and private agencies to provide comprehensive child development services to children from low-income households. Head Start serves children ages 3-5 and their families. Early Head Start serves pregnant women, children from birth to age 3 and their families.

The role of the North Dakota Head Start State Collaboration Office is to facilitate collaboration between Head Start and Early Head Start programs and state/community agencies that provide services that benefit children and their families including health care, welfare, child care, education, family literacy, children with disabilities and homeless children.

The federal Office of Head Start provided funding for 4,055 North Dakota participants in 2011 and for 4,041 North Dakota participants in 2012. In both 2011 and 2012, the majority of participants (81.3% and 78.1%) were enrolled in Head Start (Figure 25).

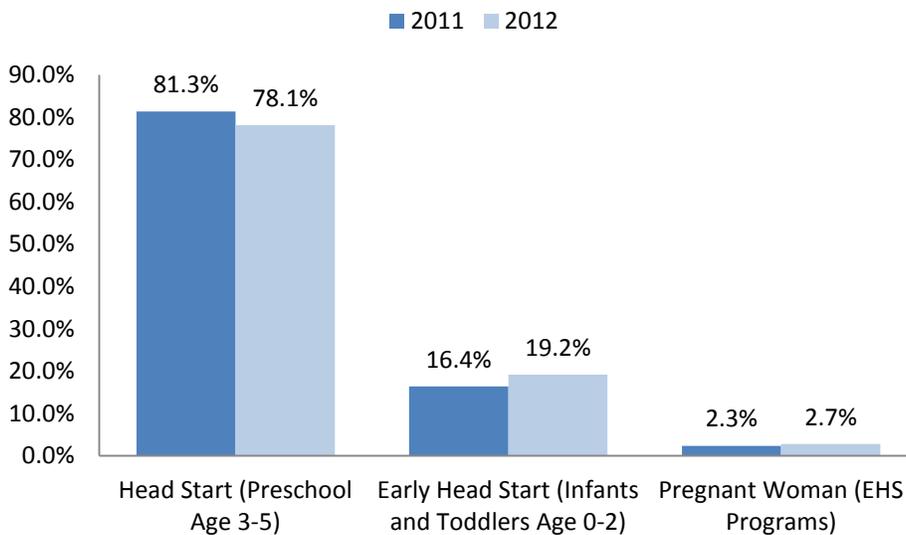


Figure 25. Percent of Head Start/Early Head Start Enrollees by Program Participation

2011 (N=4,055), 2012 (N=4,041) Program Information Report data available at <https://hses.ohs.acf.hhs.gov/>

In 2011 and 2012, approximately half (50.0% and 49.8%) of all participants enrolled in Head Start/Early Head start were White, and over one third (36.2% and 34.1%) were American Indian/Alaskan Native (Figure 26).

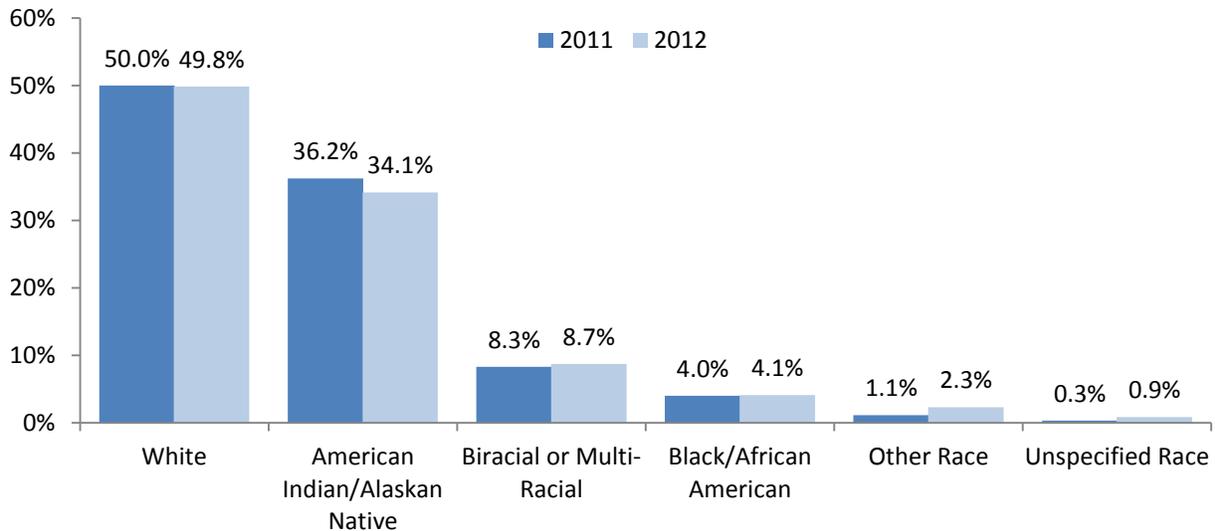


Figure 26. Percent of Head Start/Early Head Start Participants by Race
 2011 (N=4,055), 2012 (N=4,041) Program Information Report data available at <https://hses.ohs.acf.hhs.gov/>

In 2011, single-parent households comprised 53.2% of families with child enrollees in Head Start/Early Head Start. This increased from 51.5% in 2010. The remaining families with children enrolled in Head Start/Early Head Start were from two-parent households, 46.8%. Similarly in 2012, 55.0% of families with child enrollees in Head Start/Early Head Start were from single-parent households and 45.0% were from two-parent households.

Head Start/Early Head Start families in North Dakota received many needed services during 2011 with 82.5% of families accessing at least one family service through Head Start. In 2012, the number of Head Start/Early Head Start families in North Dakota who received at least one family service through Head Start dropped to 71.1%. This decrease may be due a change in federal definition of services.

As shown in Table 26, families accessed a broad range of services.

Table 26. Percent of Families with Child(ren) Enrolled in Head Start/Early Head Start Receiving Family Services

	2011	2012
Total Number of Families	3651	3612
Percent of Families receiving at least 1 service	82.5%	71.1%
Percent of Families who received:		
Health Education	67.3%	48.8%
Parenting Education	75.7%	58.5%
Mental Health Services	36.4%	16.3%
Emergency/crisis intervention services	38.1%	28.6%
Domestic Violence Services	22.6%	9.4%
Housing Assistance	29.1%	14.6%
Substance Abuse Prevention or Treatment	21.2%	2.7%
Child Abuse and Neglect Services	34.5%	13.7%
Marriage Education	22.4%	13.4%
Child Support Assistance	21.4%	2.8%
Adult Education	24.8%	6.3%
Job Training	24.4%	4.2%
Assistance to Families of Incarcerated Individuals	8.6%	2.1%
English as a Second Language (ESL) services	10.3%	1.3%

2011 & 2012 Program Information Report data available at <https://hses.ohs.acf.hhs.gov/>.

Based on the principle that healthy children are ready to learn, a major focus of Head Start/Early Head Start and the Collaboration Office is to enhance the medical, dental and mental health of children. Table 27 shows that many children enrolled in Head Start receive medical, dental, and mental health screenings and services to address their health needs.

Table 27. Medical, Dental, and Mental Health Services for Children Enrolled in Head Start/Early Head Start

	2011	2012
Number of Children Enrolled in Head Start	3,298	3156
Number of Children Enrolled in Early Head Start	663	774
Total Number of Children	3,961	3930
Medical (Head Start and Early Head Start)		
Increase in Children with Accessible Health Care During Enrollment	3,775 to 3,862 (2.3% increase)	3,612 to 3,752 (3.9% increase)
Completed all Medical Screenings	3,637 (91.8%)	3,594 (91.5%)
Diagnosed as Needing Medical Treatment	354	276
Received Medical Treatment	332 (93.8%)	262 (94.9%)
Dental		
Increase in Children with Accessible Dental Care During Enrollment	3,281 to 3,534 (7.7% increase)	3,325 to 3,708 (11.5% increase)
Received Dental Preventive Care (Head Start Only)	2,882 (87.4%)	2,826 (89.5%)
Completed Oral Health Examination (Head Start Only)	3,094 (93.8%)	2,939 (93.1%)
Diagnosed as Needing Dental Treatment (Head Start Only)	570	608
Received Dental Treatment (Head Start Only)	517 (90.7%)	440 (72.4%)
Mental Health		
Children Referred for Mental Health Services	80	75
Children Referred that Received Services	50 (62.5%)	57 (76.0%)

2011 & 2012 Program Information Report data available at <https://hses.ohs.acf.hhs.gov/>.

Early Childhood Services

The number of North Dakota children potentially in need of child care has continued to increase during 2011 and 2012. In 2011, the number of children in potential need of child care (81,712) far outweighed the capacity of licensed child care providers (33,174). While the capacity of licensed child care providers increased in 2012 to 33,190 it still did not come close to the number of children potentially needing child care (88,936). Even if all of these child care slots were filled, only 37.3% of the potential children in need of care would be served. The statistics in this section are obtained from Child Care Aware of North Dakota. While not all families use Child Care Aware of North Dakota to search for child care, this service can be accessed by the public at www.ndchildcare.org.

The infant to 2 year-old age group had the highest number of referrals in 2011 and 2012 (28.2% and 19.4%) based on the North Dakota general child population (Table 28). Overall, referrals were provided for 10.8% and 7.8% of the child population in North Dakota.

Table 28. Number of North Dakota Children and Child Referrals by Age

Age	Children in ND by Age		Child Referrals by Age		Percent of Referrals in the ND Child Population by Age	
	2011	2012	2011	2012	2011	2012
Infant-Age 2	26,117	26,985	7,367	5,238	28.2%	19.4%
Age 3-5	23,322	26,046	2,736	2,406	11.7%	9.2%
Age 6-12	51,931	55,303	1,053	983	2.0%	1.8%
Total	103,381	110,346	11,156	8,627	10.8%	7.8%

U.S. Census Bureau, 2008 & 2010; Child Care Aware of North Dakota, September 2011 & September 2012

Figure 27 represents the age of the child in need of care. In 2011, there were a total of 11,156 requests for child care with over half for the infant through 23 months age bracket (51.2%). In 2012, there were a total of 8,627 requests for child care with slightly less than half for the infant through 23 months age bracket (46.5%). Care for school-age children, kindergarteners included, accounted for the smallest percent of referrals in both 2011 and 2012, 9.4% and 11.4% respectively.

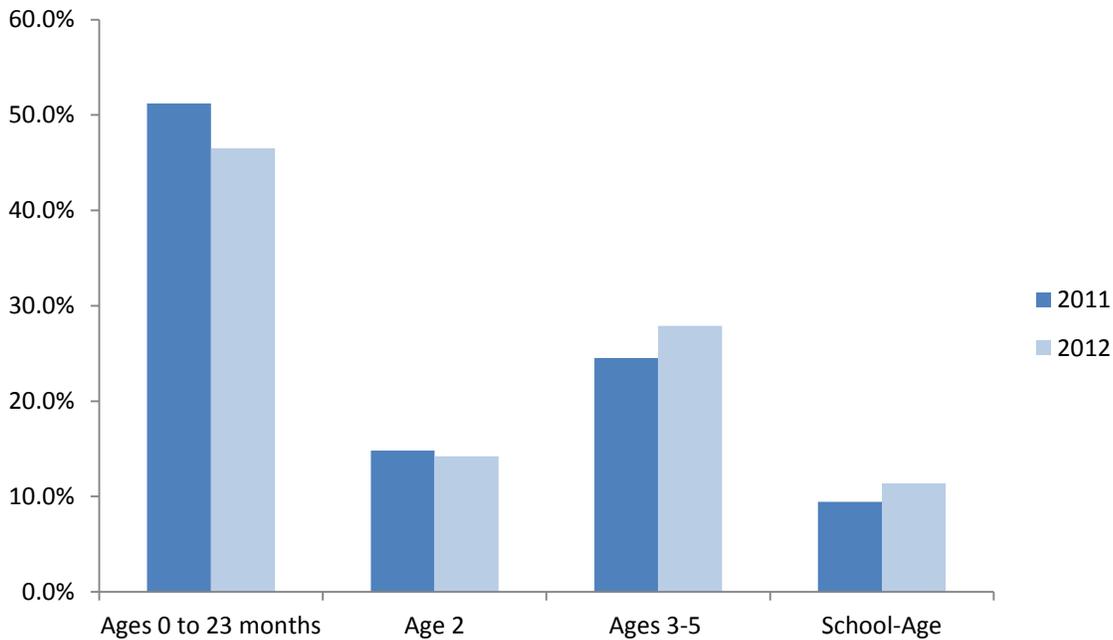


Figure 27. Percent of Referral Requests by Child Age
 Child Care Aware of North Dakota, September 2011 & September 2012

Due to alternative work or time commitments of families in 2011, 1,203 requests were received for care before 7am, 759 requests for care beyond 6pm, and 561 requests for care on Saturdays or Sundays. In 2012, 1,024 requests were received for care before 7am, 621 requests for care beyond 6pm, and 472 requests for care on Saturdays or Sundays.

Licensed child care program data is being reported for family-group childcare, child care centers, and school-age programs (Figure 28). The programs vary in staff-child ratio and the limitations placed on the number and ages of children cared for in the setting. In both 2011 and 2012, the majority of programs in North Dakota were family-group. In addition, family-group has the highest licensed capacity of the program types. Centers have the highest number of staff in their workforce, 16.9 and 16.4 per program in 2011 and 2012. In 2011, the licensed capacity in relationship to size of workforce was 8.6 for family-group, 5.5 for center, and 11.5 for school-age. In 2012, the licensed capacity in relationship to size of workforce was 8.4 for family-group, 5.6 for center, and 10.1 for school-age. Figures 29 and 30 summarize this data.

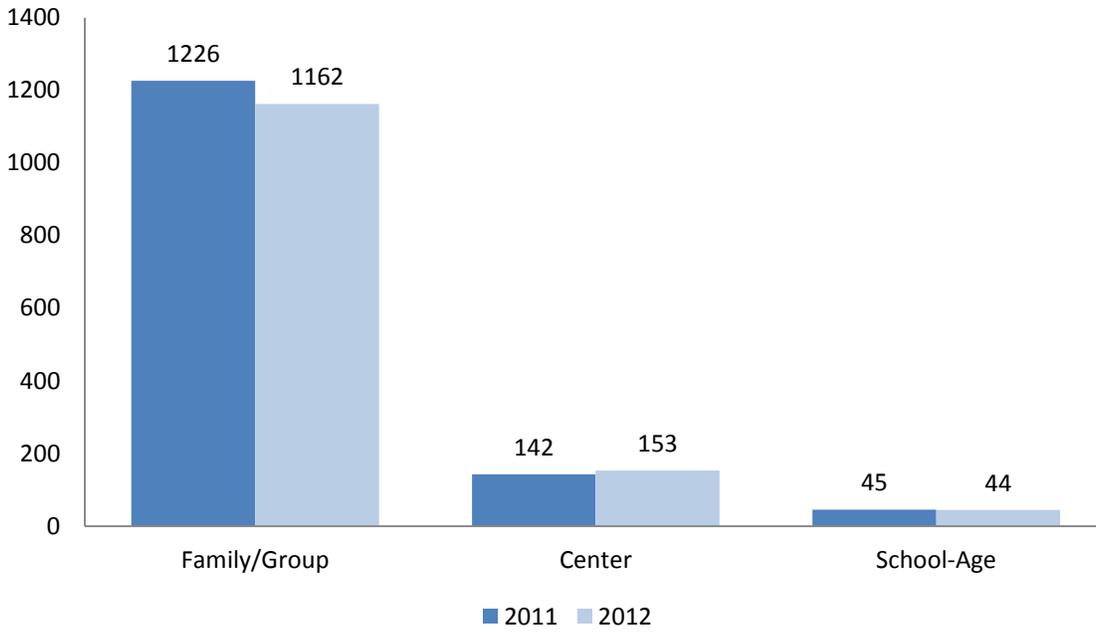


Figure 28. Licensed Child Care Program Type

Child Care Aware of North Dakota, September 2011 & September 2012. School-age care numbers reflect only programs licensed as before and after school programs. School-age children are also enrolled in family/group programs and child care centers.

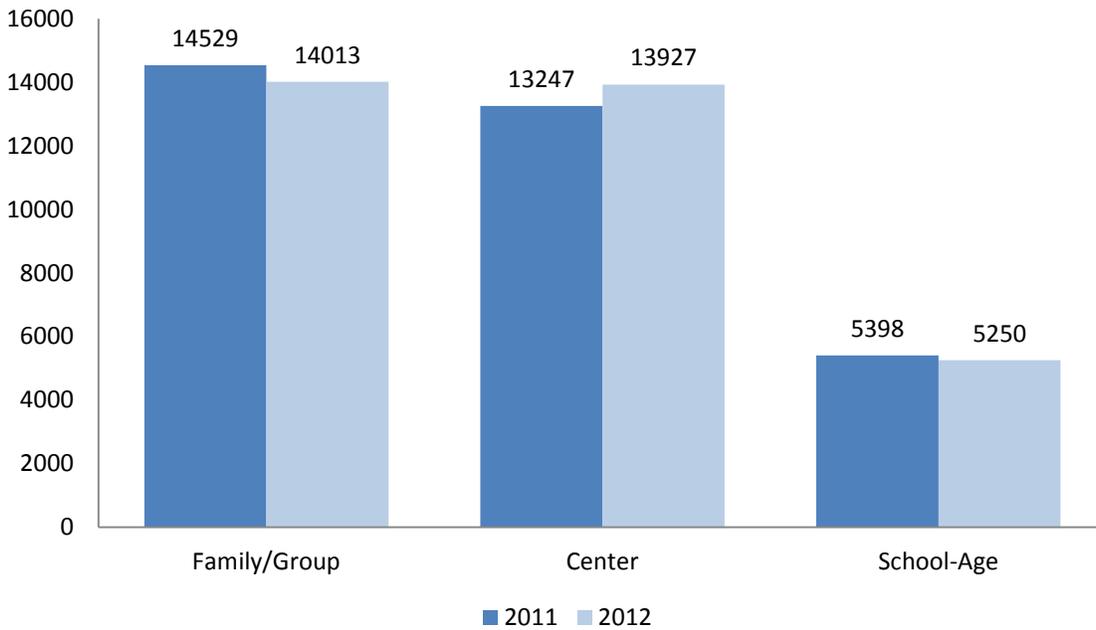


Figure 29. Licensed Child Care Program Capacity

Child Care Aware of North Dakota, September 2011 & September 2012. School-age care numbers reflect only programs licensed as before and after school programs. School-age children are also enrolled in family/group programs and child care centers.

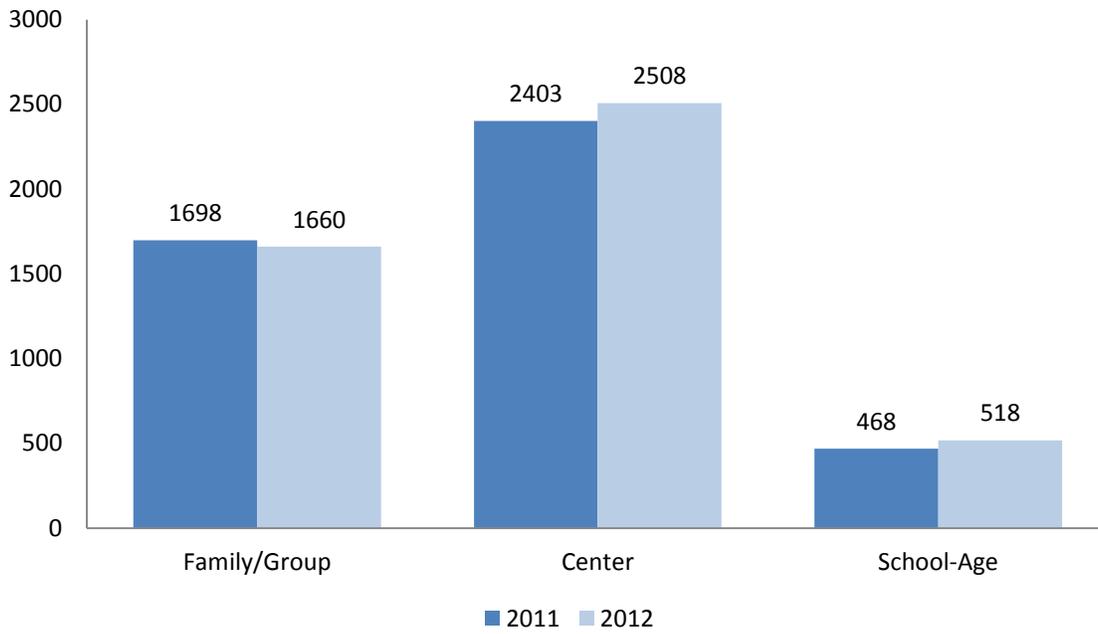


Figure 30. Licensed Child Care Program Workforce

Child Care Aware of North Dakota, September 2011 & September 2012. School-age care numbers reflect only programs licensed as before and after school programs. School-age children are also enrolled in family/group programs and child care centers.