



FFY 2010 Children and Family Services

(October 1, 2009-September 30, 2010)

Statistical Bulletin



Outcomes: Safety, Permanency, and Well-being

Jack Dalrymple-Governor
Carol K. Olson-Executive Director

FFY 2010 Children and Family Services Statistical Bulletin

(October 1, 2009-September 30, 2010)

Contact Information:

Tara Lea Muhlhauser, Director
Children and Family Services Division
600 E. Boulevard Avenue Dept. 325
Bismarck, North Dakota 58505
Phone: (701)328-2316
FAX: (701)328-3538
Email: tmuhlhauser@nd.gov

Becky Brockel
Research Analyst
Phone: (701)328-8925
Email: bbrockel@nd.gov

June 2011

Table of Contents

Children and Family Services: Safety	1
Child Abuse and Neglect	2
Introduction	2
Reports, Full Assessments, Administrative Assessments & Referrals	2
Reported Children and Child Victim Population	11
Types of Child Maltreatment	16
Adult Subject Population in North Dakota	17
Institutional Child Abuse and Neglect	19
Child Fatalities	22
Unintentional Injury Deaths	25
Natural Deaths	26
SIDS	27
Suicide Deaths	27
Homicide Deaths	28
Deaths For Which the Manner Could Not Be Determined	28
Long-Term Trends	28
Family Preservation Services	31
Children and Family Services: Permanency	33
FOSTER CARE	34
Introduction	34
Foster Care Population	34
Subsidized Guardianship Program	40
Chafee Independent Living	42
EDUCATION & TRAINING VOUCHER (ETV) PROGRAM	43
ND Youth Leadership Board	44
Refugee Services	45
Adoption	46
Introduction	46
North Dakota Adoptions	47
Finalized Agency Adoptions	47
Children and Family Services: Well-Being	53
Head Start and Early Head Start	54
Early Childhood Services	57

List of Tables

Table 1. Administrative Assessment & _____	3
Table 2. Administrative Assessments & Referrals by Reason _____	4
Table 3. Number of Full Assessments by Region/County _____	5
Table 4. Full Assessments by Reporter Source _____	7
Table 5. Number of Family Stress Factors for Full Assessments _____	8
Table 6. Number of Post-Assessment Services for Full Assessments _____	10
Table 7. Number of Assessments, reported children and confirmed victims by county and region _____	13
Table 8. Reported and Confirmed Victims by Age _____	15
Table 9. Reported and Confirmed Maltreatments by Maltreatment Type _____	16
Table 10. Confirmed Maltreatments by Maltreatment Type and Gender of Confirmed Victims _____	16
Table 11. Confirmed Maltreatments by Maltreatment Type and Age of Confirmed Victims _____	17
Table 12. Number of Institutional Child Abuse and Neglect Reports by Facility Type and Determination _____	21
Table 13. Number of Child Deaths by Status _____	22
Table 14. Number of Child Fatalities by Manner of Death in Child Fatality Cases that Received an In-Depth Review _____	23
Table 15. Number of Child Deaths by Gender and Race in Child Fatality Cases that Received an In-Depth Review _____	24
Table 16. Number of Child Deaths by Age in Child Fatality Cases that Received an In-Depth Review _____	25
Table 17. Number of Child Unintentional Deaths by Type in Child Fatality Cases That Received an In-Depth Review _____	26
Table 18. Number of Families Served by Type of Family Preservation Service _____	32
Table 19. Percent of Foster Care Children by Placement Type _____	35
Table 20. Percent of Foster Care Children by Permanency Goal _____	37
Table 21. Percent of North Dakota Foster Care Children by Discharge Reason _____	38
Table 22. CFCIP Participants _____	43
Table 23. ETV Participation _____	43
Table 24. Refugees by Country of Origin _____	45
Table 25. Percent of Families with Child(ren) Enrolled in Head Start/Early Head Start Receiving Family Services _____	55
Table 26. Medical, Dental, and Mental Health Services for Children Enrolled in Head Start/Early Head Start _____	56
Table 27. Number of North Dakota Children and Child Referrals by Age _____	57

List of Figures

Figure 1. Number of Full Assessments, Administrative Assessments & Referrals	3
Figure 2. Number of Reported Children	12
Figure 3. Number of Confirmed Victims ("Services Required")	12
Figure 4. Percent of Reported Children and Confirmed Victims by Gender	15
Figure 5. Number of Confirmed Victims and Subjects	17
Figure 6. Percent of United States and North Dakota Confirmed Subjects by Gender	18
Figure 7. Number Institutional Child Abuse and Neglect Reports by Facility	19
Figure 8. Number of Institutional Child Abuse and Neglect Reports by Maltreatment Type	20
Figure 9. Percent of Reports with Indicated Determination by Maltreatment Type	21
Figure 10. Percent of Child Fatalities by Manner of Death that Received an In-Depth Review	23
Figure 11. Percent of Child Deaths by Gender and Race of Child Deaths in Child Fatality Cases that Received an In-Depth Review	24
Figure 12. Percent of Child Deaths by Age in Child Fatality Cases that Received an In-Depth Review	25
Figure 13. Percent of Child Unintentional Deaths by Type in Child Fatality Cases That Received an In-Depth Review	26
Figure 14. Number of Total Child Deaths and In-Depth Reviews	29
Figure 15. Number of Child Deaths by Selected Type and year	30
Figure 16. Number of Foster Care Children by Year	34
Figure 17. Percent of Foster Care Children by Age	36
Figure 18. Percent of Foster Care Children by Race	37
Figure 19. Percent of Children by Age	41
Figure 20. Percent of Children by Current Guardians	41
Figure 21. Number of Refugees Entering North Dakota, 2000-2010	45
Figure 22. Number of Adopted Children by Adoption Type	47
Figure 23. Number of Finalized Agency Adoptions by Type	48
Figure 24. Percent of Finalized Agency Adoptions by Gender	49
Figure 25. Percent of Finalized Agency Adoptions by Age Range	50
Figure 26. Percent of Finalized Public and Private Agency Adoptions by Race	50
Figure 27. Percent of Adoptions by Foster Parents	51
Figure 28. Number of Special Needs by Special Needs Type	52
Figure 29. Percent of Head Start/Early Head Start Enrollees by Program Participation	54
Figure 30. Percent of Head Start/Early Head Start Participants by Race	55
Figure 31. Percent of Referral Requests by Child Age	57
Figure 32. Licensed Child Care Program Type, Workforce, and Capacity	58

Children and Family Services: Safety

- Child Abuse and Neglect
- Institutional Abuse and Neglect
- Child Fatality
- Safety Permanency Fund

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

In 2009, changes to the CPS data entry system allowed multiple reports for the same case to be counted for a single CPS assessment. In 2010 the North Dakota Child Protection Services Program received 9,540 reports of suspected child abuse and neglect and completed 3,875

full assessments and 4,154 administrative assessments and referrals. While the number of full assessments decreased by 4.4% from 2000 to 2010, the number of administrative assessments and referrals increased by 97.8% during the same time period (Figure 1).

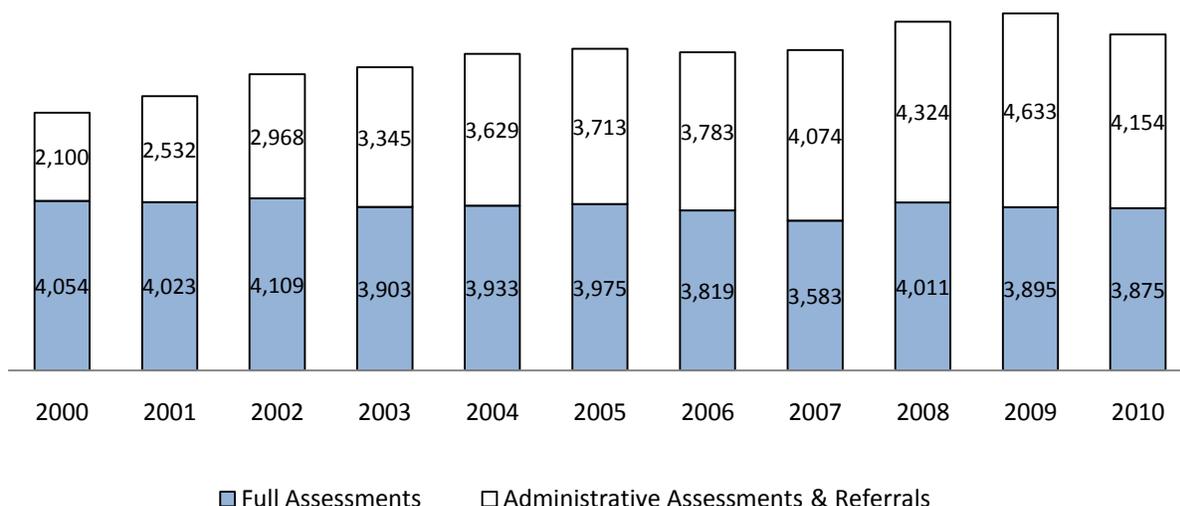


Figure 1. Number of Full Assessments, Administrative Assessments & Referrals

AAR Data Reporting System Child Abuse & Neglect (CY 1999-2003; FFY 2004-2009). NCANDS and FRAME Data Reporting System (FFY 2010). 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	Count	Percent
I	278	6.7%
II	641	15.4%
III	214	5.2%
IV	684	16.5%
V	1,240	29.9%
VI	238	5.7%
VII	665	16.0%
VIII	190	4.6%
Not Indicated	4	<0.1%
Grand Total	4,154	100.0%

FRAME Data Reporting System (FFY 2010).

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 (33.6%) for an administrative assessment. 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 (21.5%).

Table 2. Administrative Assessments & Referrals by Reason

Reason for Administrative Assessment or Referral	Count	Percent
Administrative Assessments		
Assessment terminated in progress	1,396	33.6%
No credible reason to suspect abuse/neglect	892	21.5%
Concerns fall outside of state law	174	4.2%
Report involved a current or prior assessment	164	3.9%
Responsibility of Tribal Government	162	3.9%
Pregnant woman	60	1.4%
Insufficient information to locate or identify	41	1.0%
Already in treatment at a Human Service Center	26	0.6%
Reporter making a false report	9	0.2%
Reason not indicated	4	0.1%
Administrative Referrals		
Referred out of state	468	11.3%
Referred to law enforcement	429	10.3%
Referred to other County Social Service Board	329	7.9%
Total	4,154	100.0%

FRAME Data Reporting System (FFY 2010).

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, and McIntosh County is under Region VII as of July 1, 2005.

Table 3. Number of Full Assessments by Region/County

		Year										
Region	County	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
I	Divide	8	5	14	8	6	8	9	11	8	21	16
	McKenzie	17	12	15	15	14	16	28	10	18	18	21
	Williams	135	155	173	175	140	136	135	109	146	174	149
	Region I Total	160	172	202	198	160	160	172	130	172	213	186
II	Bottineau	30	29	22	23	16	17	22	26	25	26	22
	Burke	4	9	5	6	10	12	6	10	11	7	18
	McHenry	21	17	27	25	23	24	17	23	14	32	32
	Mountrail	9	17	27	21	14	23	23	25	20	22	19
	Pierce	17	16	16	16	14	14	19	15	18	12	29
	Renville	5	2	3	10	4	8	8	17	6	14	15
	Ward	506	522	527	528	602	558	476	488	600	508	463
Region II Total	592	612	627	629	683	656	571	604	694	621	598	
III	Benson	8	11	9	14	10	8	9	9	15	11	13
	Cavalier	12	13	11	4	10	11	13	7	7	7	15
	Eddy	6	4	5	5	--	--	--	--	--	--	--
	Ramsey	98	90	107	115	119	97	91	87	61	86	85
	Rolette	48	39	55	42	53	62	49	42	50	59	46
	Towner	8	10	13	15	15	13	12	3	3	5	2
Region III Total	180	167	200	195	207	191	174	148	136	168	161	
IV	Grand Forks	609	571	589	530	513	513	478	421	496	456	413
	Nelson	20	16	19	18	9	11	8	10	4	10	9
	Pembina	42	41	46	38	50	37	25	30	18	22	18
	Walsh	104	107	92	91	84	82	62	74	75	77	73
Region IV Total	775	735	746	677	656	643	573	535	593	565	513	
V	Cass	1,064	991	981	914	953	1,017	1,044	927	1,043	978	1,021
	Ransom	11	23	16	12	12	18	13	8	4	6	7
	Richland	73	94	104	71	52	80	89	96	92	56	82
	Sargent	14	10	16	13	11	7	11	7	10	11	4
	Steele	9	6	3	2	4	3	2	4	4	2	2
	Traill	24	40	44	26	16	17	21	13	29	21	22
Region V Total	1,195	1,164	1,164	1,038	1,048	1,142	1,180	1,055	1,182	1,074	1,138	

Region	County	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
VI	Barnes	52	54	57	50	50	32	46	45	62	43	46
	Dickey	15	16	13	12	16	18	29	18	18	21	8
	Eddy	--	--	--	--	3	8	6	7	5	9	8
	Foster	6	13	11	11	11	11	6	7	10	10	11
	Griggs	6	7	7	13	4	1	4	3	6	5	3
	LaMoure	8	12	19	13	8	13	14	7	9	9	11
	Logan	0	0	3	1	1	1	0	1	8	4	6
	McIntosh	8	4	9	14	12	5	--	--	--	--	--
	Stutsman	101	118	103	96	123	104	97	102	103	126	115
	Wells	10	10	14	11	20	22	11	16	17	16	25
Region VI Total		206	234	236	221	248	215	213	206	238	243	233
VII	Burleigh	467	410	433	450	477	503	460	446	514	492	553
	Emmons	5	5	1	4	13	6	4	6	8	14	3
	Grant	5	4	7	12	6	5	4	6	12	11	2
	Kidder	11	15	12	10	10	6	12	11	9	14	2
	McIntosh	--	--	--	--	--	--	8	13	16	9	1
	McLean	23	21	27	15	16	20	12	9	15	7	13
	Mercer	23	20	26	20	19	13	13	24	14	9	32
	Morton	198	223	191	192	181	171	172	165	192	222	146
	Oliver	3	5	7	4	4	4	0	3	1	2	1
	Sheridan	3	4	3	1	4	2	6	6	0	1	3
Sioux	0	1	2	5	8	1	2	1	4	3	2	
Region VII Total		738	708	709	713	738	731	693	690	785	784	758
VIII	Adams	4	12	12	9	10	9	8	4	4	6	6
	Billings	1	1	2	5	4	3	2	1	1	1	2
	Bowman	2	1	7	3	17	13	11	9	16	21	7
	Dunn	10	10	11	15	13	6	15	9	6	6	2
	Golden Valley	5	8	11	6	10	9	12	11	3	7	3
	Hettinger	7	5	4	1	8	10	10	7	2	3	7
	Slope	0	1	1	0	3	3	2	2	1	0	0
	Stark	179	193	177	193	157	184	183	172	178	183	261
Region VIII Total		208	231	225	232	222	237	243	215	211	227	288
State Total		4,054	4,023	4,109	3,903	3,962	3,975	3,819	3,583	4,011	3,895	3,875

AAR Data Reporting System Child Abuse & Neglect (CY 2000-2003; FFY 2004-2009), NCANDS (FFY 2010). 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 3,875 full assessments completed in FFY 2010, 584 (15.1%) had a decision of "Services Required" and 3,291 (84.9%) were "No Services Required" assessments.

Full Assessments by Reporter

Table 4 lists 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 (70.6%) originated with mandated reporters.

Table 4. Full Assessments by Reporter Source

	Reporter	"Services Required"		"No Services Required"		Total	
		Count	Percent	Count	Percent	Count	Percent
Mandated Reporters	Law Enforcement Personnel	233	39.9%	911	27.7%	1,144	29.5%
	Education Personnel	87	14.9%	711	21.6%	798	20.6%
	Social Service Personnel	55	9.4%	303	9.2%	358	9.2%
	Medical Personnel	48	8.2%	218	6.6%	266	6.9%
	Mental Health Personnel	12	2.1%	86	2.6%	98	2.5%
	Child Daycare Provider	5	0.9%	53	1.6%	58	1.5%
	Substitute Care Provider	3	0.5%	9	0.3%	12	0.3%
	Clergy	1	0.2%	1	0.0%	2	0.1%
	Total Mandatory Reporters	444	76.0%	2,292	69.6%	2,736	70.6%
Non-Mandated Reporters	Parent	27	4.6%	269	8.2%	296	7.6%
	Other Relative	38	6.5%	196	6.0%	234	6.0%
	Friends or Neighbors	25	4.3%	152	4.6%	177	4.6%
	Anonymous reporter	11	1.9%	102	3.1%	113	2.9%
	Alleged Victim	1	0.2%	9	0.3%	10	0.3%
	Alleged Perpetrator	1	0.2%	5	0.2%	6	0.2%
	Other	37	6.3%	266	8.1%	303	7.8%
	Total Non-Mandatory Reporters	140	24.0%	999	30.4%	1,139	29.4%
Total		584	100.0%	3,291	100.0%	3,875	100.0%

NCANDS & FRAME Data Reporting System (FFY 2010).

Full Assessments: Family Stress Factors

Did family stress factors influence the likelihood of child abuse and neglect? The following data exhibit that families, in which child maltreatment is assessed, face multiple hardships. Table 5 depicts family stress factors by assessment decision. The table categorizes stress factors by economic or living conditions, family interaction problems, health and other risk factors. The family stress 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 stress factors due to pregnancy, insufficient income, and methamphetamine use by caregiver.

In 2010 there were 13,060 stress factors for all full, completed assessments. For "Services Required" assessments, family interaction problems (46.9%) and health-related problems of the caregiver (23.4%) accounted for a majority of family stress factors. "No Services Required" assessments have an average of 3.5 stress factors per assessment; whereas "Services Required" assessments have 6.5 stress factors per assessment. This suggests that stress plays a role in child abuse and neglect.

Table 5. Number of Family Stress Factors for Full Assessments

Family Stress Factors	"Services Required"	"No Services Required"	Total
Economic or Physical Living Conditions			
Child support issues	14	41	55
Homeless/inadequate housing	83	102	185
Income management/mismanagement issues	40	45	85
Insufficient income	89	185	274
Job-related problems	84	157	241
Social isolation	52	111	163
Transient or unstable living conditions	90	125	215
Other economic problems	62	179	241
Total Economic or Physical Living Conditions	514	945	1,459
Family Interaction Factors			
Absent caregiver (death, deployment, incarceration)	232	539	771
Child behavior problem (Juvenile Court, runaway)	55	221	276
Concerns with parenting/single-parenting stress	580	1,354	1,934
Custody concerns	57	321	378
Domestic violence	246	662	908
New baby/pregnancy	88	263	351
Relationship problems/Instability	201	691	892
Other family interaction risk factors	143	552	695
Total Family Interaction Factors	1,602	4,603	6,205

Family Stress Factors	"No Services Required"		Total
	"Services Required"	"No Services Required"	
Health Problems - Caregiver			
Alcohol/drug misuse	396	821	1,217
Hearing/visually impaired	3	9	12
Intellectually impaired/developmental disability	25	39	64
Learning disability	16	33	49
Medical condition	37	162	199
Medical/physical disability	25	90	115
Mental/emotional health	272	649	921
Other caregiver health concerns	26	64	90
Total Health Problems - Caregiver	800	1,867	2,667
Health Problems - Child			
Alcohol/drug misuse	42	126	168
Hearing/visually impaired	7	26	33
Intellectually impaired/developmental disability	35	109	144
Learning disability	34	124	158
Medical condition	33	120	153
Medical/physical disability	17	43	60
Mental/emotional health	172	671	843
Other child health concerns	15	26	41
Total Health Problems - Child	355	1,245	1,600
Other Stress Factors	142	635	777
No risk factors	4	348	352
Total	3,417	9,643	13,060

NCANDS and FRAME Data Reporting System (FFY 2010).

Full Assessments: Post-Assessment Services Provided or Arranged

Since family stress factors may increase the incidence of child maltreatment, Child Protection Services utilizes a network of programs and organizations to provide needed services to families. Table 6 list the types of services made available to children and families who have experienced child abuse and neglect.

Table 6. Number of Post-Assessment Services for Full Assessments

Post-Assessment Services Provided or Arranged	"Services Required"	"No Services Required"	Total
Addiction Services			
Aftercare services	28	61	89
Drug screening	38	17	55
Evaluation	178	379	557
Inpatient treatment	30	18	48
Treatment	81	101	182
Other addiction services	72	96	168
Total Addiction Services	427	672	1,099
Domestic Violence			
Anger management	49	67	116
Services for Batterer	66	173	239
Services for Child	52	118	170
Services for Victim	75	225	300
Total Domestic Violence	242	583	825
Economic/Housing Services			
Budgeting/Home management services	10	6	16
Child care	7	15	22
Education-related services/referral	17	8	25
Employment services	21	6	27
Financial/Economic Assistance	26	33	59
Home and Community-Based Services (HCBS)	1	2	3
Housing Assistance	27	17	44
Independent and Transitional Living Services	4	2	6
Total Economic/Housing Services	113	89	202
Family Preservation			
Crossroads (childcare)	2	1	3
Family Group Decision Making	9	20	29
Intensive In-home	24	105	129
Parent Aide	67	104	171
Prime Time Child Care	6	10	16
Respite Care	21	10	31
Safety/Permanency funds	31	13	44
Other	24	145	169
Total Family Preservation	184	408	592

Post-Assessment Services Provided or Arranged	"Services Required"	"No Services Required"	Total
Law Enforcement/Legal Services			
Children's Advocacy Center Referral	26	14	40
Emergency Shelter Care	46	6	52
Foster Care or out-of-home placement	80	5	85
Joint investigation with Law Enforcement	132	68	200
Juvenile Court referral	146	24	170
Legal services	15	22	37
State's Attorney referral for deprivation	96	7	103
Victim/Witness Advocacy services	15	4	19
Total Law Enforcement/Legal Services	556	150	706
Mental Health/Counseling			
Intake appointment	87	155	242
Medication monitoring	33	88	121
Mental health case management	49	75	124
Parenting evaluation	81	26	107
Partnership program	6	55	61
Psychological evaluation	89	62	151
Sex offender evaluation/services	16	5	21
Therapy - family	50	252	302
Therapy - group	2	8	10
Therapy - individual	141	522	663
Other mental health services	73	210	283
Total Mental Health/Counseling	627	1,458	2,085
Additional Services			
Case management	414	198	612
Community organizations	11	41	52
Health and well-being	110	149	259
Information and Referral Services	36	225	261
Parent services	101	420	521
Other services	196	868	1,064
Total Addition Services	868	1,901	2,769
Assessment only - no other services	31	854	885
Receiving services at time of assessment	95	366	461
Total	3,143	6,481	9,624

NCANDS and FRAME Data Reporting System (FFY 2010).

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. In FFY 2002, the population of reported children peaked at 7,089. In

FFY 2010, there were 6,359 reported children, a drop of 10.3% since the peak in 2002 (Figure 2).

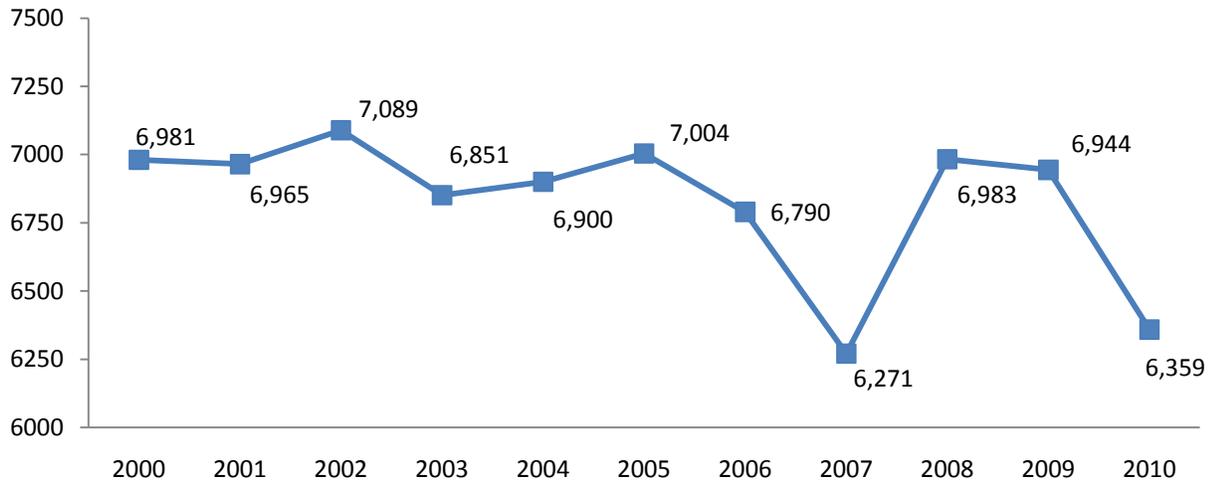


Figure 2. Number of Reported Children

AAR Data Reporting System Child Abuse & Neglect (CY 1999-2003; FFY 2004-2009), NCANDS (FFY 2010). 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 2010, 17.8% of the 6,359 reported children were confirmed victims (n= 1,134).

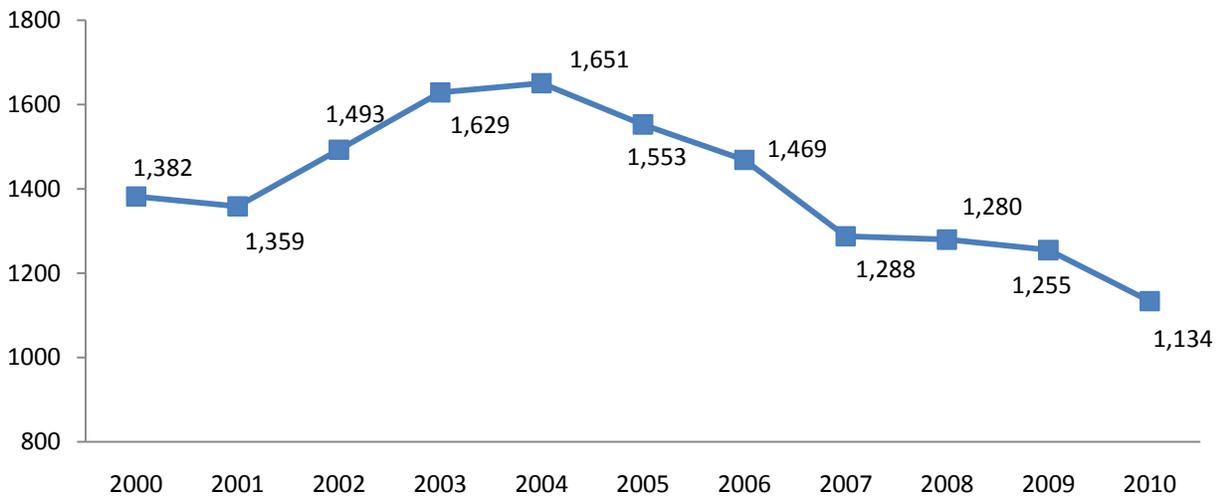


Figure 3. Number of Confirmed Victims ("Services Required")

AAR Data Reporting System Child Abuse & Neglect (CY 1999-2003; FFY 2004-2009), NCANDS (FFY 2010). 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 7 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 7. Number of Assessments, reported children and confirmed victims by county and region

Region	County	Assessments	Reported Children	Confirmed Victims	
		Count	Count	Count	Percent *
I	Divide	16	31	14	45.2%
	McKenzie	21	37	13	35.1%
	Williams	149	257	68	26.5%
	Region I Total	186	325	95	29.2%
II	Bottineau	22	36	4	11.1%
	Burke	18	31	2	6.5%
	McHenry	32	55	2	3.6%
	Mountrail	19	33	1	3.0%
	Pierce	29	48	1	2.1%
	Renville	15	21	1	4.8%
	Ward	463	765	121	15.8%
Region II Total	598	989	132	13.3%	
III	Benson	13	33	11	33.3%
	Cavalier	15	34	6	17.6%
	Ramsey	85	154	34	22.1%
	Rolette	46	77	17	22.1%
	Towner	2	2		
Region III Total	161	300	68	22.7%	
IV	Grand Forks	413	677	173	25.6%
	Nelson	9	13	2	15.4%
	Pembina	18	42	23	54.8%
	Walsh	73	115	24	20.9%
Region IV Total	513	847	222	26.2%	
V	Cass	1,021	1,583	195	12.3%
	Ransom	7	15	3	20.0%
	Richland	82	138	18	13.0%
	Sargent	4	5	2	40.0%
	Steele	2	6	4	66.7%
	Trail	22	32	28	87.5%
Region V Total	1,138	1,779	250	14.1%	

Region	County	Assessments	Reported Children	Confirmed Victims	
		Count	Count	Count	Percent *
VI	Barnes	46	67	4	6.0%
	Dickey	8	14	1	7.1%
	Eddy	8	12	2	16.7%
	Foster	11	21	3	14.3%
	Griggs	3	5		
	LaMoure	11	27		
	Logan	6	14	5	35.7%
	Stutsman	115	173	33	19.1%
	Wells	25	48	12	25.0%
	Region VI Total		233	381	60
VII	Burleigh	553	1,000	182	18.2%
	Emmons	3	3		
	Grant	2	3	2	66.7%
	Kidder	2	2		
	McIntosh	1	1		
	McLean	13	28	8	28.6%
	Mercer	32	52	15	28.8%
	Morton	146	245	27	11.0%
	Oliver	1	1		
	Sheridan	3	4		
	Sioux	2	6	2	33.3%
Region VII Total		758	1,345	236	17.5%
VIII	Adams	6	11	5	45.5%
	Billings	2	4	1	25.0%
	Bowman	7	12	4	33.3%
	Dunn	2	3	2	66.7%
	Golden Valley	3	8		
	Hettinger	7	11	1	9.1%
	Stark	261	384	60	15.6%
	Region VIII Total		288	433	73
State Totals		3,875	6,399	1,136	17.8%
Unduplicated State Total**		3,875	6,359	1,134	17.8%

NCANDS (FFY2010).

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

**Since multiple assessments can occur for the same child in more than one county, unduplicated totals for the state are provided.

Gender of Reported Children and Confirmed Victims

Males and females are equally represented in the number of reported children (males, 51.0% and females, 48.4%) and number of confirmed victims (males, 49.4% and females, 49.6%) in North Dakota (Figure 4). These data are comparable to the gender distribution of child victims nationwide (males, 48.2% and female, 51.1%).

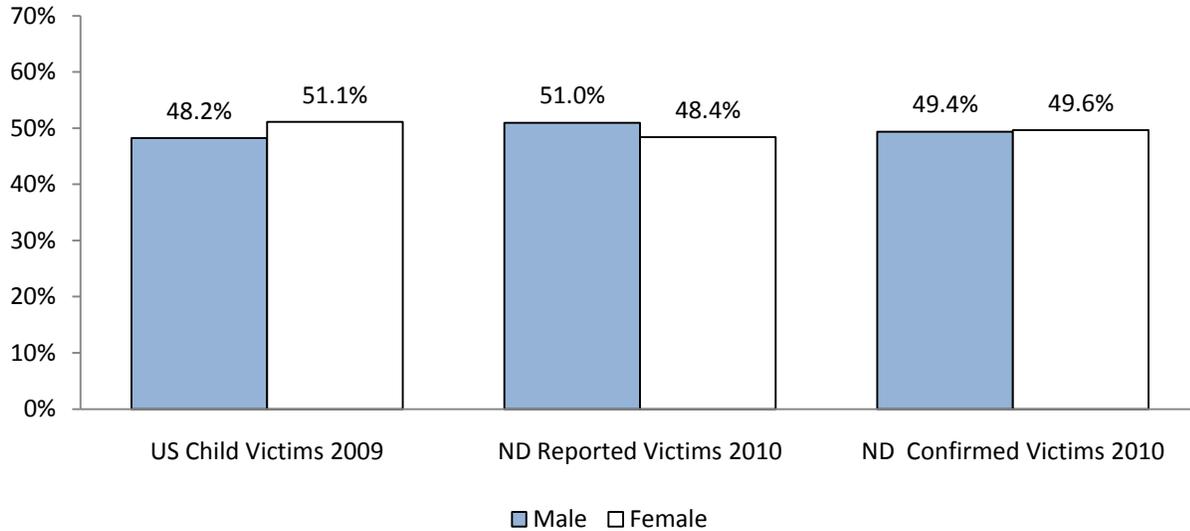


Figure 4. Percent of Reported Children and Confirmed Victims by Gender

Administration of Children & Families, Children's Bureau, *Child Maltreatment 2009*. NCANDS (FFY 2010). US child Victims (N=693,174 with 0.7% not reporting gender), ND Reported Children (N=6,319 with 0.6% not reporting gender), ND Confirmed Victims (N=1,123 with 1.0% 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 8). As children progress in age, the incidence of victimization decreases.

Table 8. Reported and Confirmed Victims by Age

Age Group	US Child Victims 2009		ND Reported Children 2010		ND Confirmed Victims 2010	
	Count	Percent	Count	Percent	Count	Percent
Infant to 3	231,940	33.5%	1,732	27.2%	331	29.2%
Age 4-7	161,289	23.3%	1,534	24.1%	260	22.9%
Age 8-11	130,085	18.8%	1,233	19.4%	199	17.5%
Age 12-15	123,318	17.8%	1,009	15.9%	181	16.0%
Age 16-17	43,835	6.3%	387	6.1%	70	6.2%
Age missing or unknown	2,707	0.4%	464	7.3%	93	8.2%
Total children/victims	693,174	100.0%	6,359	100.0%	1,134	100.0%

Administration of Children & Families, Children's Bureau, *Child Maltreatment 2009*. NCANDS (FFY 2010).

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 9 includes counts for each maltreatment type by decision. In 2010, there were 1,522 maltreatments experienced by 1,134 victims. Neglect was the most common maltreatment type for both reported (49.6%) and confirmed (52.7%) maltreatments.

Table 9. Reported and Confirmed Maltreatments by Maltreatment Type

Maltreatment Type	Reported		Confirmed	
	Count	Percent	Count	Percent
Neglect	4,516	49.6%	802	52.7%
Psychological Maltreatment	2,623	28.8%	487	32.0%
Physical Abuse	1,712	18.8%	180	11.8%
Sexual Abuse	250	2.7%	53	3.5%
Total	9,101	100.0%	1,522	100.0%

NCANDS (FFY 2010)

Confirmed Maltreatment and Gender

Table 10 depicts the distribution of confirmed maltreatment types for males and females. Neglect is the most common maltreatment for both males (n=53.9%) and females (51.2%), and sexual abuse is the least common (males, 1.6%; females, 5.4%). The victim of sexual abuse is most often a female with 41 of the 53 (77.4%) confirmed sexual abuse maltreatments involving a female victim.

Table 10. Confirmed Maltreatments by Maltreatment Type and Gender of Confirmed Victims

Maltreatment Type	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Neglect	403	53.9%	390	51.2%	793	52.6%
Psychological Maltreatment	241	32.3%	243	31.9%	484	32.1%
Physical Abuse	91	12.2%	88	11.5%	179	11.9%
Sexual Abuse	12	1.6%	41	5.4%	53	3.5%
Total	747	100.0%	762	100.0%	1,509	100.0%

NCANDS (FFY 2010). There were 11 child victims with 13 maltreatments with no gender information. These victims and associated maltreatments were excluded from the data presented in this table.

Confirmed Maltreatment and Age

Table 11 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 (30.8% of all maltreatments), and the fewest maltreatments are associated with the oldest children, 16 to 17 age group (7.0% of all maltreatments). Neglect

maltreatments become less prevalent with age. Children in the 12 to 15 age group account for 36.0% of all sexual maltreatments.

Table 11. Confirmed Maltreatments by Maltreatment Type and Age of Confirmed Victims

Age Group	Neglect		Psychological Maltreatment		Physical Abuse		Sexual Abuse		Total	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Infant to 3	262	36.2%	121	26.2%	41	27.3%	3	6.0%	427	30.8%
Age 4-7	178	24.6%	115	24.9%	35	23.3%	8	16.0%	336	24.2%
Age 8-11	132	18.2%	96	20.8%	28	18.7%	13	26.0%	269	19.4%
Age 12-15	111	15.3%	95	20.6%	33	22.0%	18	36.0%	257	18.5%
Age 16-17	41	5.7%	35	7.6%	13	8.7%	8	16.0%	97	7.0%
Total	724	100.0%	462	100.0%	150	100.0%	50	100.0%	1,386	100.0%

NCANDS (FFY 2010). 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. As shown in Figure 5, there were 761 confirmed subjects for confirmed maltreatments against 1,134 victims. This demonstrates that some confirmed subjects required services for the maltreatment of more than one victim.

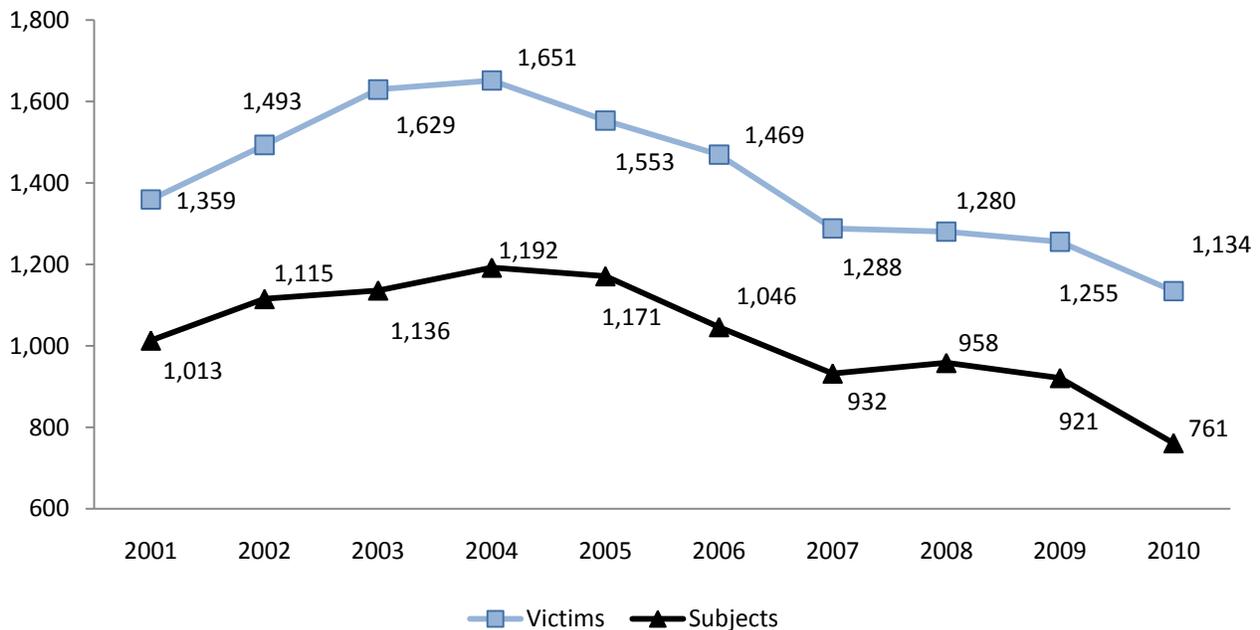


Figure 5. Number of Confirmed Victims and Subjects
NCANDS (FFY 2010).

Subject Gender

Females (59.6%) were disproportionately represented as confirmed subjects in North Dakota (Figure 6) compared to males (40.4%). This gender disparity resembled the national data on reported subjects.

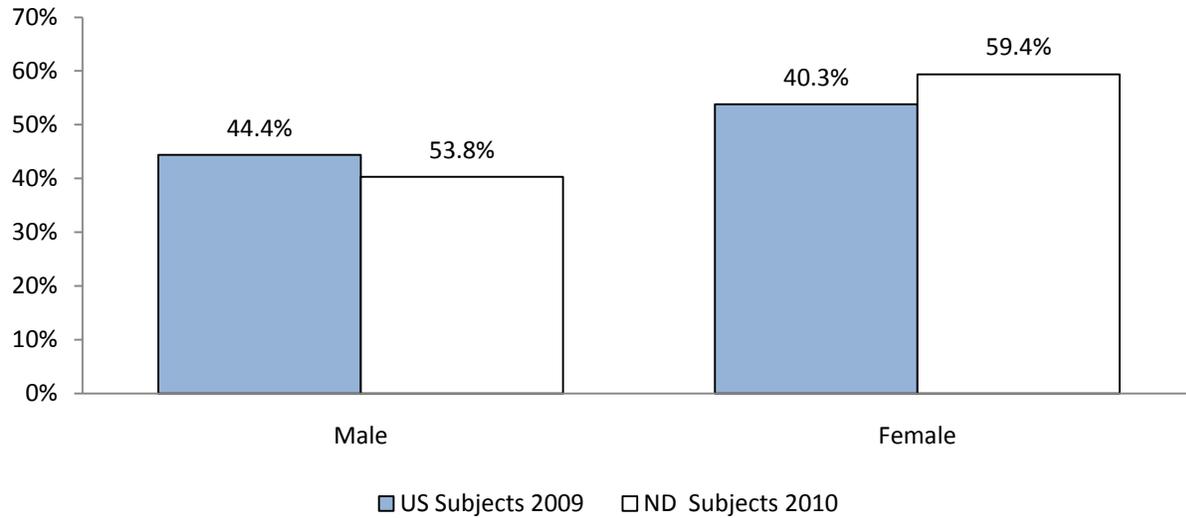


Figure 6. Percent of United States and North Dakota Confirmed Subjects by Gender

Administration of Children & Families, Children's Bureau, *Child Maltreatment 2009*. NCANDS (FFY 2010). US Subjects 2009 (N=512,790 with 1.8% not reporting gender), ND Subjects 2010 (N=761 with 0.3% 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). The subject of each report is the facility itself, not the individuals working within or residing in the facility.

Reports of suspected institutional child abuse and neglect differ from reports of suspected child abuse or neglect by other caregivers. 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 2009 there were a total of 69 reports of institutional child abuse and neglect (Figure 7). Of these reports 28 (40.6%) occurred in residential child care facilities and 25 (36.2%) occurred in psychiatric residential treatment facilities.

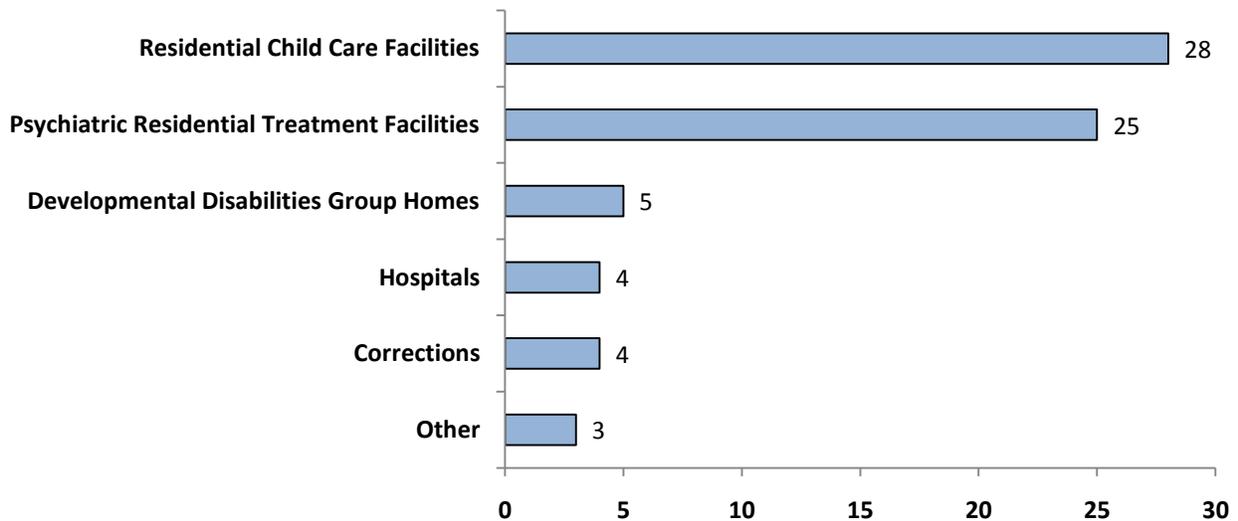


Figure 7. Number Institutional Child Abuse and Neglect Reports by Facility

Institutional Child Abuse & Neglect Reports FFY 2009, (N=69). The federal fiscal year (FFY) runs from October through September.

The majority (34.8%) of all institutional child abuse and neglect reports received were the result of neglect/lack of supervision (Figure 8). Thirteen cases (18.8%) were reported due to psychological maltreatment.

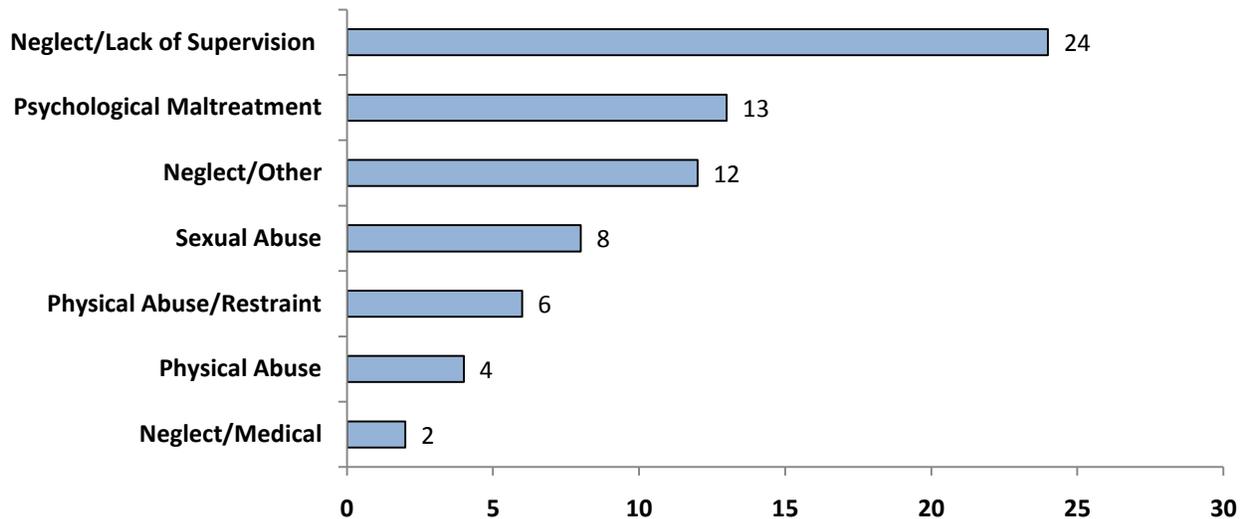


Figure 8. Number of Institutional Child Abuse and Neglect Reports by Maltreatment Type
 Institutional Child Abuse & Neglect Reports FFY 2009 (N=69).

A decision is made based on each reported suspected maltreatment case. Table 12 illustrates the number of reports for each facility type by decision. 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 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 12. Number of Institutional Child Abuse and Neglect Reports by Facility Type and Determination

	Not Indicated	Indicated	Terminated in Progress	Admin Assessment	Admin Referral	Total
Residential Child Care Facilities	17	2	5	1	3	28
Psychiatric Residential Treatment Facilities	11	3	5	2	4	25
Development Disabilities Group Homes			3	2		5
Hospitals	1		1	1	1	4
Corrections	1		1		2	4
Other	1				2	3
Total	31	5	15	6	12	69

Institutional Child Abuse & Neglect Reports, FFY 2009 (N=69).

In calendar year 2009 there were five assessments where the decision of the State Child Protection Team was that institutional child abuse or neglect was "Indicated"; two of these occurring in residential child care facilities and three occurring in psychiatric residential treatment facilities. Below, Figure 9 distinguishes the maltreatment type on the "Indicated" cases.

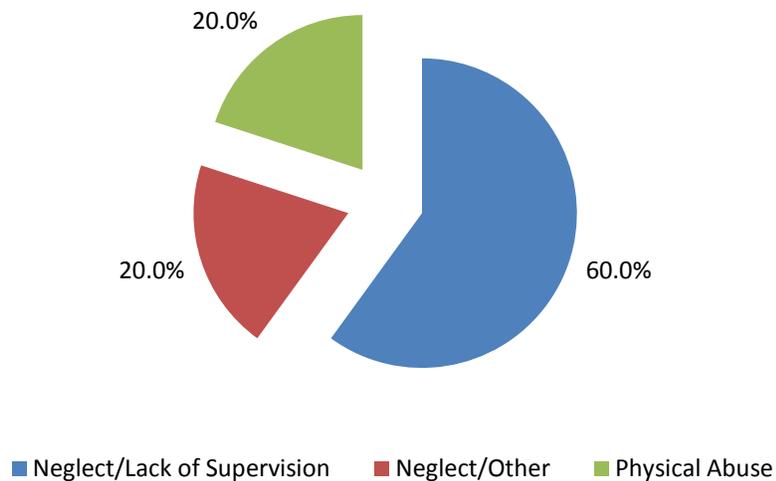


Figure 9. Percent of Reports with Indicated Determination by Maltreatment Type
Institutional Child Abuse & Neglect Reports, FFY 2009 (N=5)

Child Fatalities

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

The Child Fatality Review Panel thoroughly reviews each Status A death. The Panel classifies each death by the manner of death, the type of fatal injury/event, and the preventability of the death. The Panel’s review of the 41 child deaths in 2007, 29 in 2008, and 43 in 2009 determined to be ‘Status A’ deaths form the basis of a Child Fatality Review Panel annual report and the data presented here (Table 13).

Table 13. Number of Child Deaths by Status

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

Data are based on Calendar Years (January 1 through December 31)

¹From all causes.

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

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

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

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

SOURCE: Child Fatality Review Panel

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

The largest category for the manner of death was unintentional injury, which claimed the lives of 19 children in 2007, 13 in 2008, and 20 in 2009 (Figure 10 and Table 14). Natural was the second largest category for the manner of death in 2007 and 2009, resulting in 14 (33.3%) and 11 (23.9%) child deaths, respectively. The number of child deaths where manner of death could not be determined increased each year, from three (7.1%) in 2007 to six (20.7%) in 2008 and seven (15.2%) in 2009.

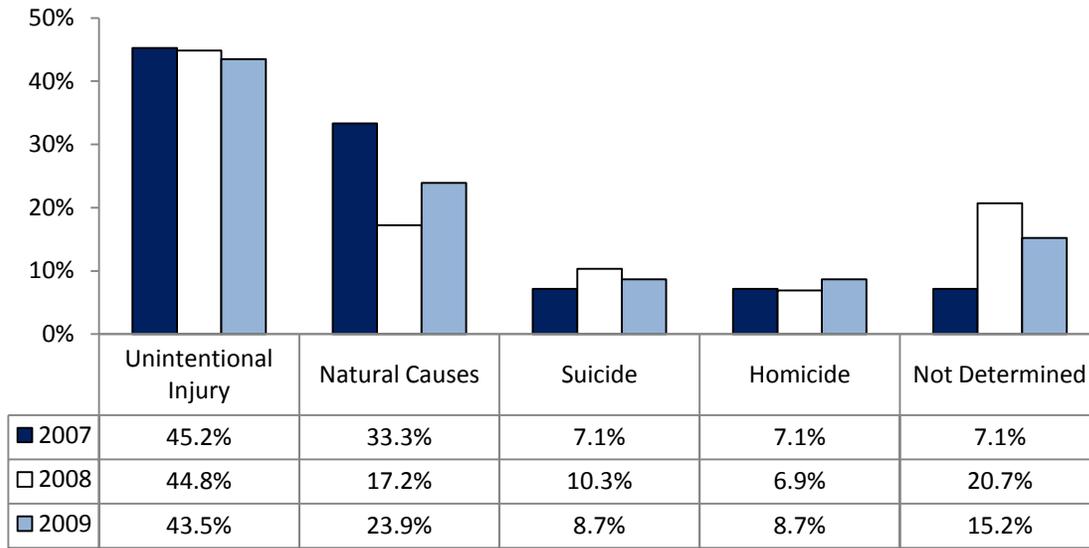


Figure 10. Percent of Child Fatalities by Manner of Death that Received an In-Depth Review
Data are based on Calendar Years (January 1 through December 31)

Table 14. Number of Child Fatalities by Manner of Death in Child Fatality Cases that Received an In-Depth Review

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

Data are based on Calendar Years (January 1 through December 31)

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

Gender

The gender of the children was fairly evenly divided during the three years (Figure 11, Table 15). In 2007 there was one more male than female and in 2008 there was one more female than male. The gap was wider in 2009 with 24 males and 19 females. On average, the data reflect closely the gender distribution of individuals ages 0 to 17 in North Dakota's population which is fairly evenly matched, 49.9% male and 50.1% female (U.S. Census Current Population Survey, Annual Social and Economic Supplement 2009).

Race

Data show that American Indian children are over represented in the child fatality numbers (Figure 11, Table 15). About 13% (one in eight) of North Dakota's child

population is American Indian (U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement). However, of the child deaths reviewed by the Panel during 2007, 2008 and 2009, 34.1% (14) of 41 deaths, 44.8% (13) of 29 deaths, and 25.6% (11) of 43 deaths, respectively, were American Indian.

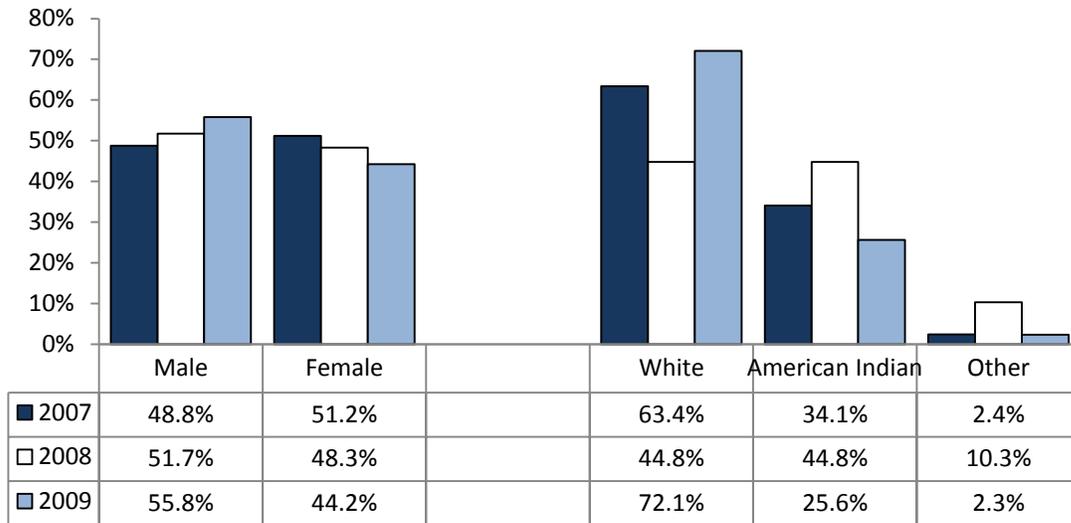


Figure 11. Percent of Child Deaths by Gender and Race of Child Deaths in Child Fatality Cases that Received an In-Depth Review

Data are based on Calendar Years (January 1 through December 31)

Table 15. Number of Child Deaths by Gender and Race in Child Fatality Cases that Received an In-Depth Review

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

Data are based on Calendar Years (January 1 through December 31)

Age

In 2007, 43.9% of child fatality deaths that received in-depth reviews were under age three and 43.9% were between ages 15 and 17 (Figure 12 and Table 16). In 2008, 41.4% were under age three and 34.5% were between ages 15 and 17. Again, in 2009 with 53.5% under age three and 25.6% between ages 15 and 17, the data demonstrate that children at greatest risk of death are the very young and older teenagers.

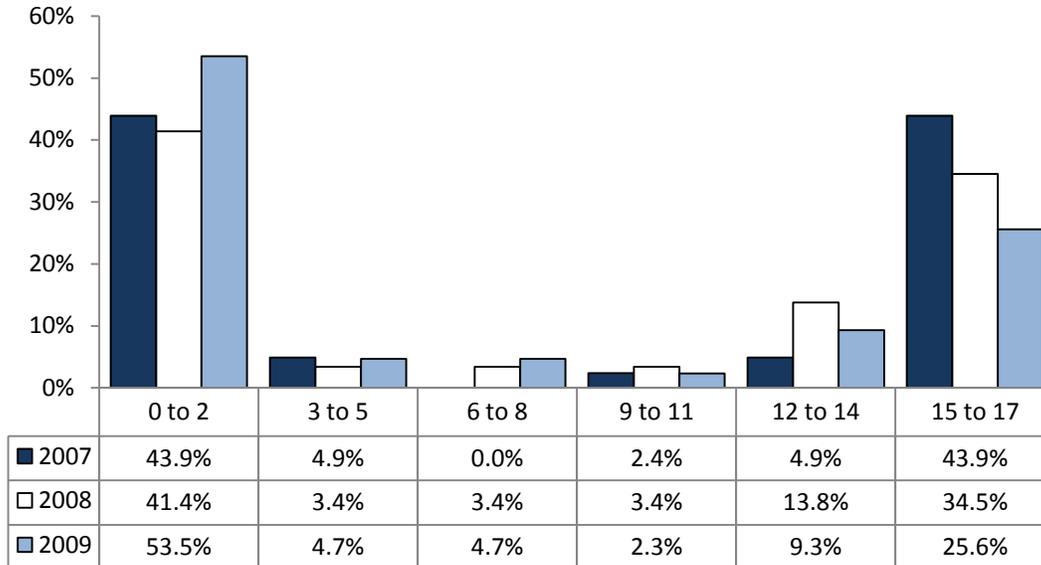


Figure 12. Percent of Child Deaths by Age in Child Fatality Cases that Received an In-Depth Review

Data are based on Calendar Years (January 1 through December 31)

Table 16. Number of Child Deaths by Age in Child Fatality Cases that Received an In-Depth Review

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

Data are based on Calendar Years (January 1 through December 31)

Unintentional Injury Deaths

In 2007, the Panel found that 46.3% (19) deaths were unintentional. There was a decrease in 2008 to 44.8% (13) in deaths found to be unintentional. In 2009, the number of deaths found to be unintentional rose to 20 (46.5%). Figure 13 and Table 17 show the type of unintentional injury deaths. The largest type of unintentional injury deaths, vehicular, accounted for 68.4% in 2007. In 2008, the percent rose to 92.3% and in 2009 the percent decreased to 60.0%.

The largest sub-category of unintentional injury deaths is vehicular, accounting for 13 deaths from unintentional injuries in 2007, 12 in 2008, and 12 in 2009 (Figure 13, Table 17). Other unintentional injuries causing death in 2007 were drowning (2), overdose (2), and accidental hanging (1). In 2008, the one non-vehicular unintentional death was due to drowning. In 2009, the eight non-vehicular unintentional injury deaths

were due to asphyxia (3), firearm (1), head trauma, (2) drowning (1), and starvation and dehydration (1).

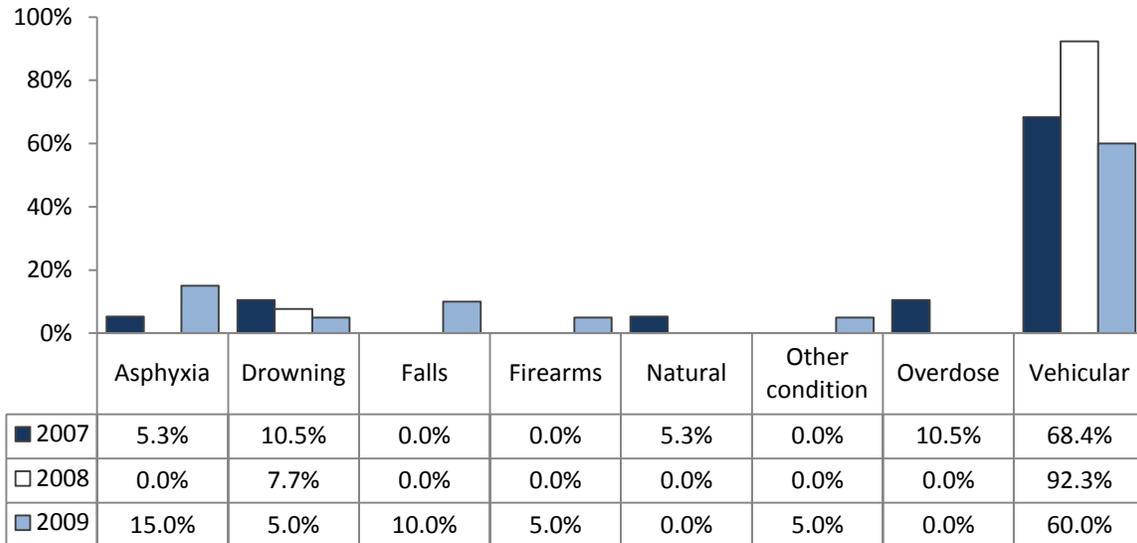


Figure 13. Percent of Child Unintentional Deaths by Type in Child Fatality Cases That Received an In-Depth Review

Data are based on Calendar Years (January 1 through December 31)

Table 17. Number of Child Unintentional Deaths by Type in Child Fatality Cases That Received an In-Depth Review

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

Data are based on Calendar Years (January 1 through December 31)

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

Natural Deaths

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

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

SIDS

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

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

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

Suicide Deaths

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

Homicide Deaths

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

Deaths For Which the Manner Could Not Be Determined

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

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

Long-Term Trends

Figure 14 traces the number of total child deaths and the number of cases that received an in-depth review by the Panel from the years 1996 through 2009. Over the years child deaths requiring in-depth reviews have been between 35 and 54% of total child deaths. The average is about 43%. In 2007, 41 child deaths were reviewed. These accounted for 40.6% of all child deaths in 2007. In 2008, 29 child deaths were reviewed, accounting for 34.9% of all child deaths that year. In 2009, 43 child deaths were reviewed, accounting for 45.3% of all child deaths that year. The lowest number of child fatalities (83) since at least 1996 occurred in 2008.

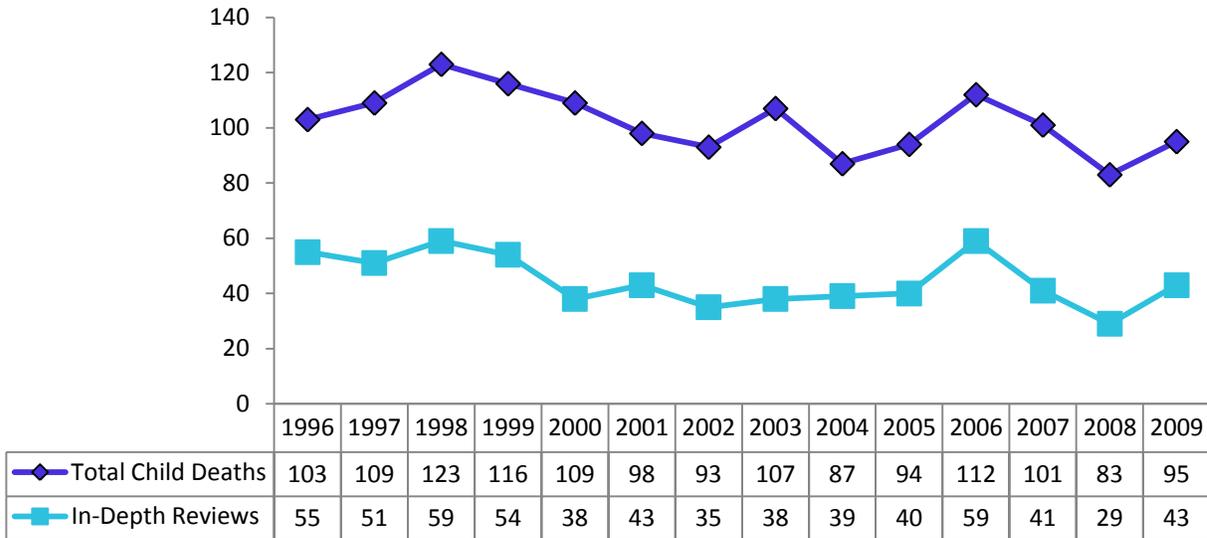


Figure 14. Number of Total Child Deaths and In-Depth Reviews

Data are based on Calendar Years (January 1 through December 31)

Vehicular child deaths have averaged about 16 per year since 1996, with a high of 27 in 2006 and low of 11 in 2002 (Figure 15). The number of vehicular deaths increased dramatically from 2005 to 2006. Compared to 2006 (27), vehicular child deaths decreased by over 50% in 2007 (13), 2008 (12), and 2009 (12). Vehicular deaths have remained the primary cause of child fatalities in North Dakota for at least the last twelve years.

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

Child deaths due to suicide saw an all time high of 11 in 1996 (Figure 15). Excluding 1996 as an atypical year, the yearly average of child deaths (1997 to 2009) due to suicide is just under five (4.75). There were three suicide deaths in each of the years 2007 and 2008, and four child deaths due to suicide in 2009.

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

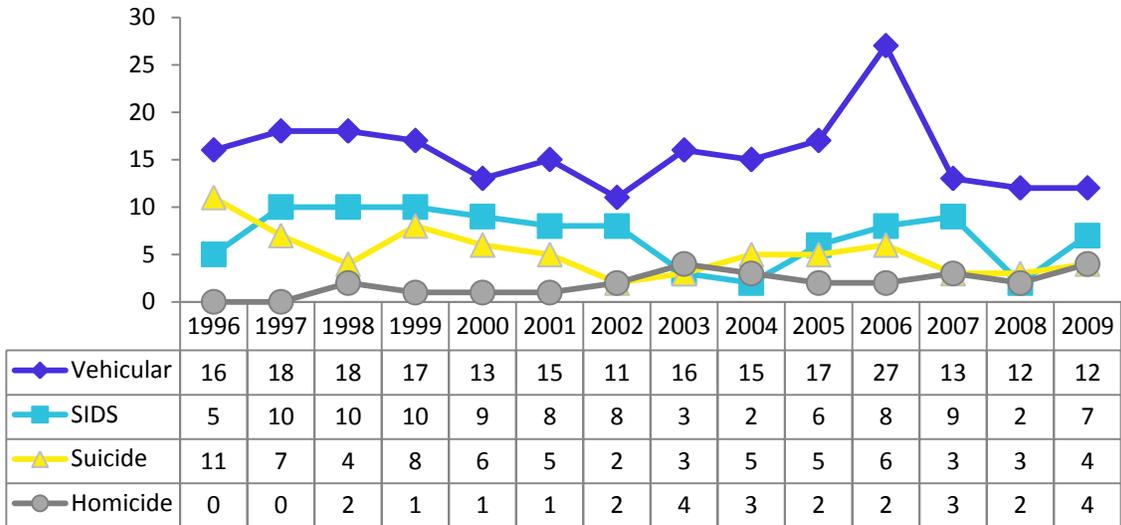


Figure 15. Number of Child Deaths by Selected Type and year
 Data are based on Calendar Years (January 1 through December 31)

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

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 care givers 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.

Crossroads Services

Crossroads Services provide child care assistance for eligible teen-age parents who are pursuing high school, GED or alternative high school education. The goal of the program is to keep young parents in school with the hope that they will become self-supporting.

Table 18 shows the number of families that received Family Preservation Services between May 1, 2009 and April 30, 2010. Crossroads data are the number of applications processed during the 2009-2010 school year.

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

Family Preservation Service	Number of Families Served
Parent Aide	428
Prime Time Child Care	80
Respite Care	6
Safety/Permanency Funds	640
Intensive In-Home Family	270
Family Group Decision Making (FGDM)	102
Crossroads	60

Data obtained from the ND Child & Family Services Plan (Title IV-B), 2010 Annual Progress in Services Report (APSR) and Crossroads Program Administrator.

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 refuse 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, 2009 through September 30, 2010) or on the last day of the federal fiscal year (September 30, 2010). 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 796 admissions and 763 discharges during FFY 2010. On September 30, 2010 there were 1,149 children in care and 1,912 children during the entire year. Figure 16 indicates trends in the total number of children across time. The number of children receiving foster care services annually has decreased by 17.4%, from 2,314 to 1,912 since the population peaked in 2005.

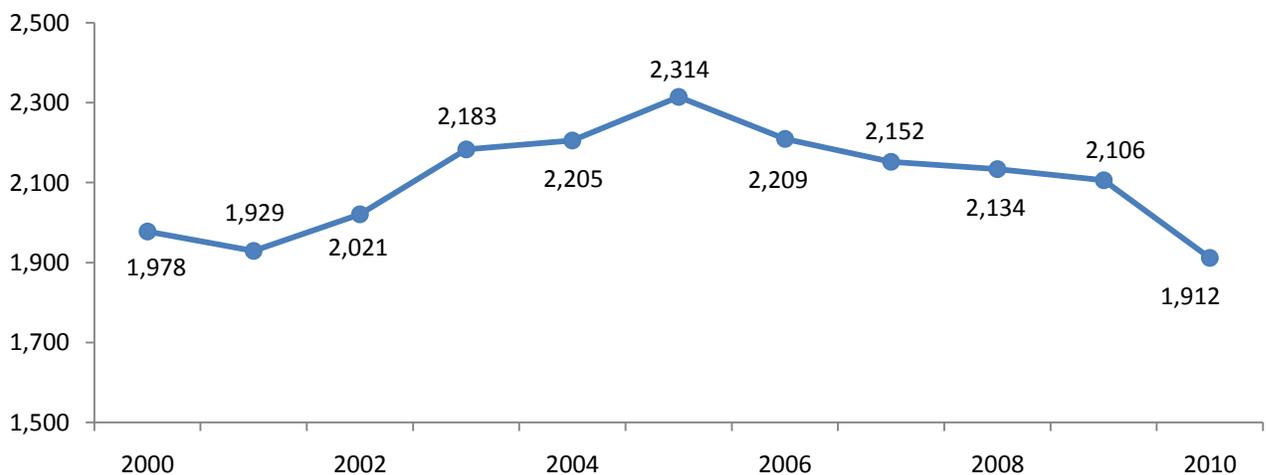


Figure 16. Number of Foster Care Children by Year

AFCARS (FFY 2000 – 2009); 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 by placement type during 2010. While 38.4% of children in foster care resided in non-relative family foster care during FFY 2010, 26.5% were placed with a relative (10.7%) or placed in a trial home visit (15.8%).

Table 19. Percent of Foster Care Children by Placement Type

	Placement Type	Percent of Children
Family-Type Placements	Pre-adoptive Home	11.1%
	Relative Placement	10.7%
	Family Foster Care	38.4%
	Trial Home Visit	15.8%
Facility-Type Placements	Group Home	1.9%
	Facility	20.5%
	Missing Data	1.6%
Total		100.0%

AFCARS 2010: Revised January 2011 from file submitted November 2010 (N=1,912).

Of the placement types, relative placements were the most inexpensive and least restrictive option whereas group home and facilities were 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 relative placements while minimizing facility placements.

Demographics of Foster Care Population

To provide a snapshot of foster care children, the demographic information in this section is for children in foster care (N=1,149) on the last day of FFY 2010 (September 30, 2010).

Gender

Of all the foster children in care in FFY 2010 52.4% were male and 47.6% were female (N=1,146, three individuals had missing data).

Age

Figure 17 portrays the percent of children by age range in the North Dakota foster care population. Youth ages 15 to 17 represent the largest percent (30.9%) of children in foster care. Young children, infants through age 3, account for 20.0% of the foster care population.

Youth age 18 and over constituted 3.2% of the foster care population. Youth over the age of 18 can remain in the family foster care system as long as they are a full-time student and consent to the foster care arrangement. An eighteen-year-old foster care youth is required to have lived with the family for at least six months prior to turning eighteen.

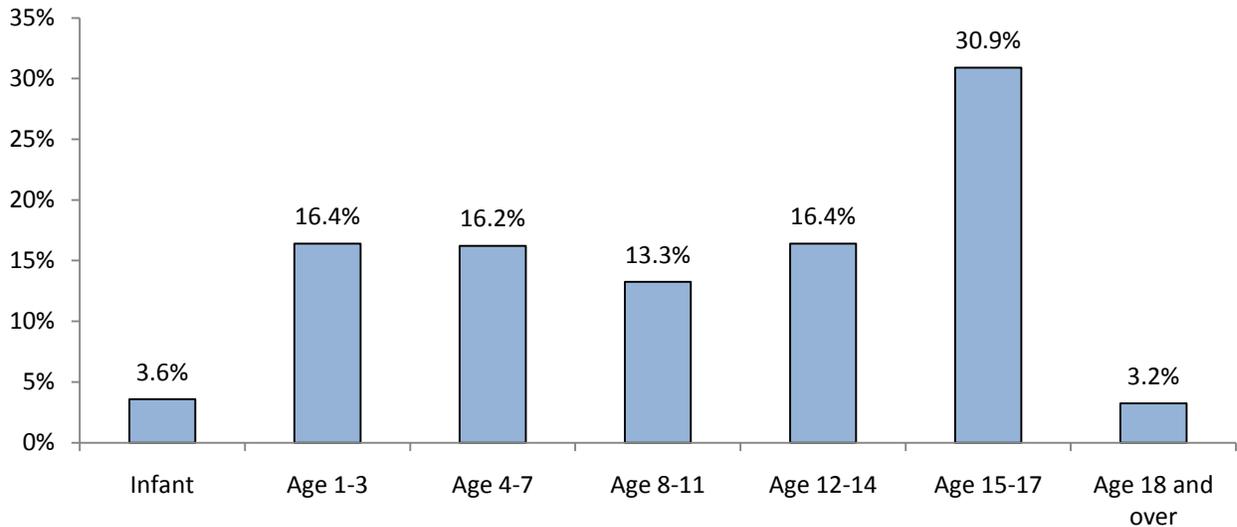


Figure 17. Percent of Foster Care Children by Age

AFCARS 2010: Revised January 2011 from file submitted November 2010 (N=1,146, three children had missing dates of birth).

Race

Figure 18 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 (56.0%) in the North Dakota foster care population are white. Native American children (27.3%) made up a disproportionate number of children in foster care placements.

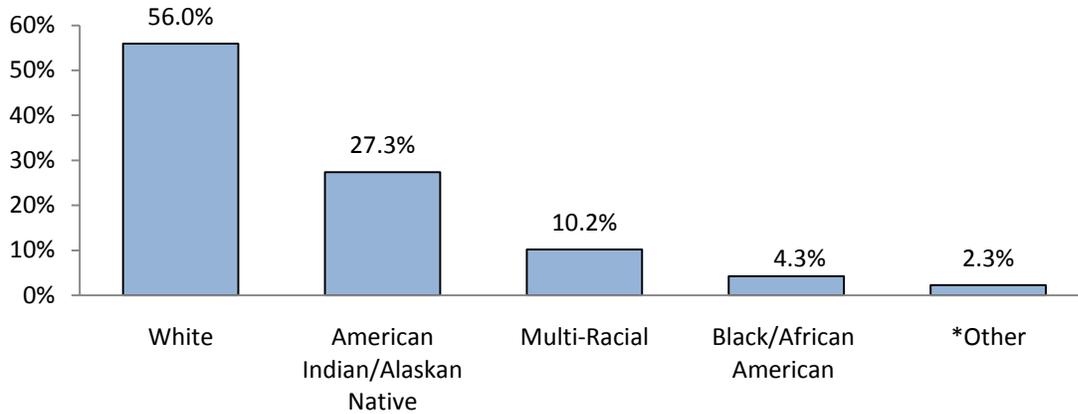


Figure 18. Percent of Foster Care Children by Race

AFCARS 2010: Revised January 2011 from file submitted November 2010 (N=1,149). *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 is reunification with the parents and/or primary caregivers (55.0%). Adoption, the second most prevalent permanency goal (19.3%) 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 8.0% of the permanency goals of the 2010 foster care population (Table 20).

Table 20. Percent of Foster Care Children by Permanency Goal

Permanency Goal	Percentage of Children
Reunification	55.0%
Adoption	19.3%
PPLA	8.0%
Live with other relative(s)	4.7%
Guardianship	1.5%
Live Independently	0.1%
Case Plan Goal Not Yet Established	11.4%

AFCARS 2010: Revised January 2011 from file submitted November 2010 (Children in Foster Care on last day of FFY, N=1,149).

For those children who were discharged during 2010 with an identified reason of discharge, more than half (57.7%) reunified with their families, and 19.2% were adopted (Table 21).

Table 21. Percent of North Dakota Foster Care Children by Discharge Reason

Reason for Discharge	Percent of Children
Reunification	57.7%
Adoption	19.2%
Living Independently	6.9%
Transfer to Another Agency	6.1%
Guardianship	5.6%
Living with Other Relative	4.1%
Runaway	0.5%

AFCARS 2010: Revised January 2011 from file submitted November 2010
(Children in Foster Care on last day of FFY, N=641. Excludes entries with missing discharge reason)

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 (FFY 2010).

Caseworker Visits

Of all children in foster care, 68% 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 (79%).

Reunification

As shown in Tables 20 and 21 above, reunification is the predominant case plan goal and discharge reason for foster care children. Seventy-six percent (76.7%) of children discharged in FFY 2010 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 2010, 8.9% 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 2010, 43.2% were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free.

Subsidized Guardianship Program

The subsidized guardianship program was implemented in March 2000. As of October 1, 2010, 146 of the 192 (76.0%) applications had been approved. The remaining 46 requests were either withdrawn or denied.

Eligibility factors:

- Adoption and reunification must be ruled out before applying for a guardianship subsidy;
- 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. An exception to the 6 month requirement can be requested and granted under certain circumstances.

As of October 1, 2010, Children and Family Services paid subsidies on behalf of 48 children. An additional 6 children have been approved for the subsidized guardianship program and are awaiting a guardianship court order. The 54 participants represent 14 counties, two reservations, and the Division of Juvenile Services. Eighty-one subsidies have been terminated for one of the following reasons; turned age 18, moved out of the home, guardianship dissolved, or no longer fulltime student.

Most children (91.6%) were older than 10 years of age (Figure 19). A third (33.3%) of the children had grandparent(s) as guardians, and another 27.1% had guardians that were foster parents (Figure 20).

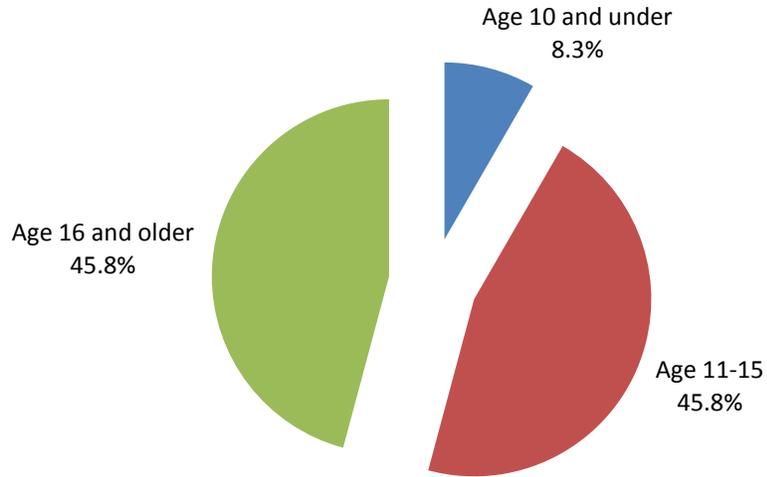


Figure 19. Percent of Children by Age

Data obtained from Foster Care/Interstate Compact Program Administrator, October 1, 2010 (N=48).

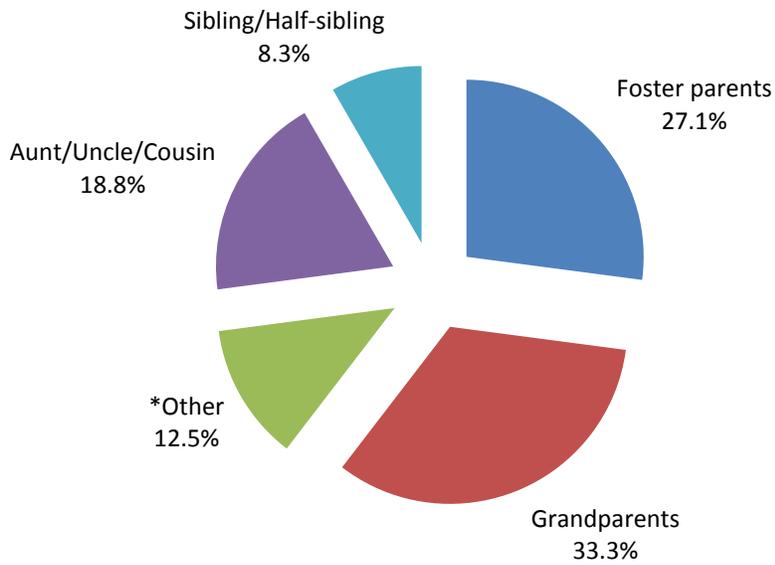


Figure 20. Percent of Children by Current Guardians

Data obtained from Foster Care/Interstate Compact Program Administrator, October 1, 2010 (N=48).

*Other includes non-relatives (psychological grandparents or family friends).

Chafee Independent Living

It is the mission of the Chafee Foster Care Independence Program (CFCIP), also known as the Chafee Independent Living 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
- Have access to physical and mental health services

CFCIP services and supports are available to foster care youth based on priority. Priority I Current Foster Care Youth are youth currently in care, age 16 or older, and 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 CFCIP are required by state regulations to have a plan in place addressing independent living needs. CFCIP is one way for North Dakota foster care youth to have their independent living needs met.

The Chafee Foster Care Independence Program offers:

- Strength-based, youth driven, and individualized programming and plans
- 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.

Chafee Foster Care Independence Program (CFCIP) has worked diligently to increase program awareness and provide services to an increased number of Priority I and Priority II youth. In the past, CFCIP did not have a data management system to consistently capture the number of youth served nor the demographic information of youth. All previous data were captured manually with eight different regional interpretations.

In 2010, 362 youth participants were served in the CFCIP (Table 22). Current Foster Care Youth made up 52% (n=188) of Chafee participation, while Foster Care Alumni, youth who had exited or aged out of foster care, made up 48% (n=174).

Table 22. CFCIP Participants

	Number of Youth	Percent of Youth
In Foster Care	188	51.9%
Foster Care Alumni	174	48.1%
Total	362	100.0%

EDUCATION & TRAINING VOUCHER (ETV) PROGRAM

In 2010, 47% (n=27) of Education & Training Voucher (ETV) awards issued were to first time applicants, while 53% (n=31) were issued to repeat applicants who chose to continue their education for another semester (Table 23). 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 and books to assist applicants in meeting their educational goals. There is a lifetime maximum of \$20,000 for eligible ETV applicants.

Table 23. ETV Participation

	Number of Youth Applicants	Number of ETVs Awarded	Number of Youth Receiving Multiple ETV Awards*
New Applicants	23	27	1
Continued Applicants	19	31	13
Total	42	58	14

*Multiple awards means the applicant was awarded an ETV for more than one semester

ND Youth Leadership Board

CFCIP encourages youth participants to be active on the regional Youth Leadership Council to discuss educational topics and ideas of change that would benefit the North Dakota child welfare system. Each quarter, three representative youth from each region are invited to the ND Youth Leadership Board meeting in Bismarck. At this meeting, they formulate ideas and work on projects that would benefit youth involved in foster care statewide. The latest project completed was the development of the ND Youth Website www.nd.gov/ndyouth with the help from a grant provided by the Annie E. Casey Foundation.

Refugee Services

The numbers of refugees settling in North Dakota increased by 158.2% from 2006 to 2010 (Figure 21). In 2008 - 2010, the substantial increase in refugee numbers, both in North Dakota and nationally, is due to arrivals supported by the US Department of State. As shown in Table 24, 46.0% (216) of the refugees entering North Dakota in 2010 were from Bhutan. An additional 22.3% (105) identify Iraq as their country of origin.

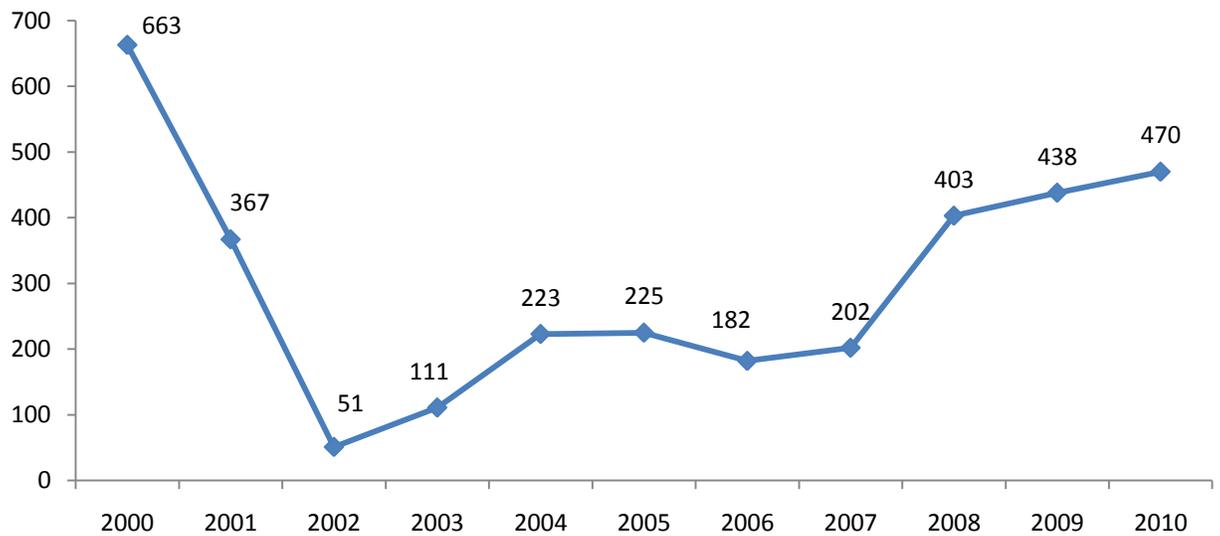


Figure 21. Number of Refugees Entering North Dakota, 2000-2010

North Dakota Refugee Services, FFY 2000-2009. The data do not include secondary migrations, refugees who initially reside in other states and resettle in North Dakota. There were 43 secondary migrations in 2010.

Table 24. Refugees by Country of Origin

Country of Origin	Number of refugees	Percent of Refugees
Bhutan	216	46.0%
Iraq	105	22.3%
Somalia	42	8.9%
Congo	37	7.9%
Sudan	16	3.4%
Ethiopia	15	3.2%
*Other	39	8.3%
Total	470	100.0%

North Dakota Refugee Services, FFY 2010

*Other includes Afghanistan, Burma, Burundi, Eretria, Iran, Lebanon, Liberia, Rwanda, Sierra Leone, and Ukraine.

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 267 children adopted in North Dakota in Federal Fiscal Year 2010 (October 1, 2009 through September 30, 2010). Finalized agency adoptions, the focus of this section, accounted for 59.6% (n=106) of all adoptions (Figure 22).

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.

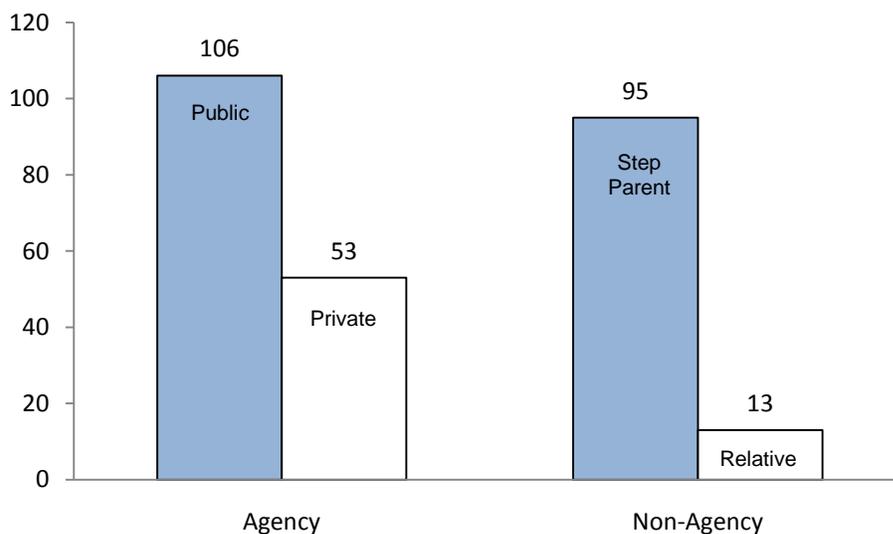


Figure 22. Number of Adopted Children by Adoption Type

CCWIPS FFY 2010; (Agency: N=159; Non-Agency: N=108). The federal fiscal year (FFY) runs from October through September.

Finalized Agency Adoptions

Agency adoptions (Figure 23) 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.

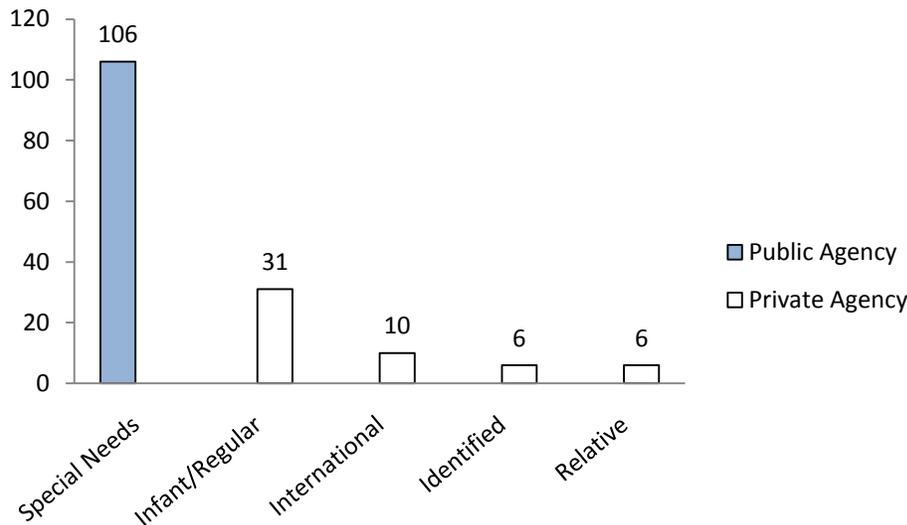


Figure 23. Number of Finalized Agency Adoptions by Type
 CCWIPS FFY 2010 (Public Agency: N=106; Private Agency: N=53).

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 52.8% of public agency adoptions and 56.6% of private agency adoption in 2010 (Figure 24).

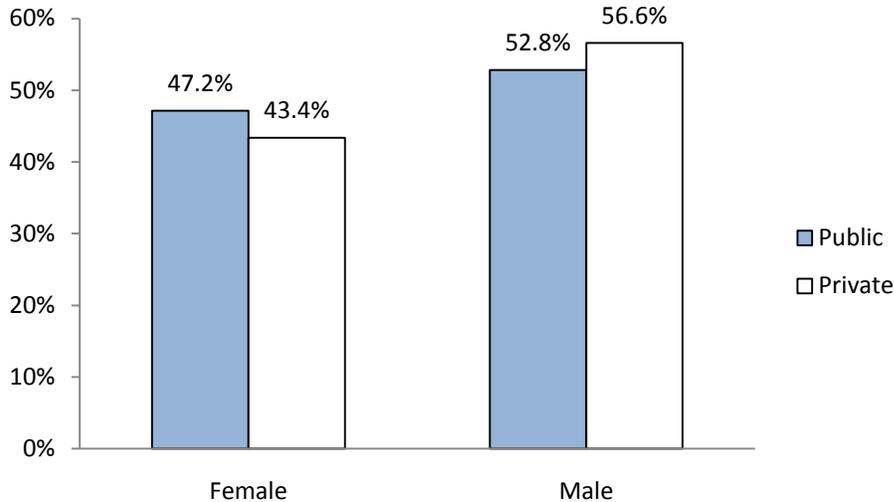


Figure 24. Percent of Finalized Agency Adoptions by Gender
CCWIPS FFY 2010 (Public Agency: N=106; Private Agency: N=53).

Age

In North Dakota, younger children are more likely to be adopted (Figure 25). This is particularly true of private agency adoptions. Most private agency adoptions are either infants (under 1 year, 58.5%) or children 1 to 6 years of age (35.8%). Similar to private agency adoption, public agency adoptions include a substantial (50.9%) number of children ages 1-6 years of age. However, public agency adoptions include higher percent of older children. In 2010, 43.4% 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.

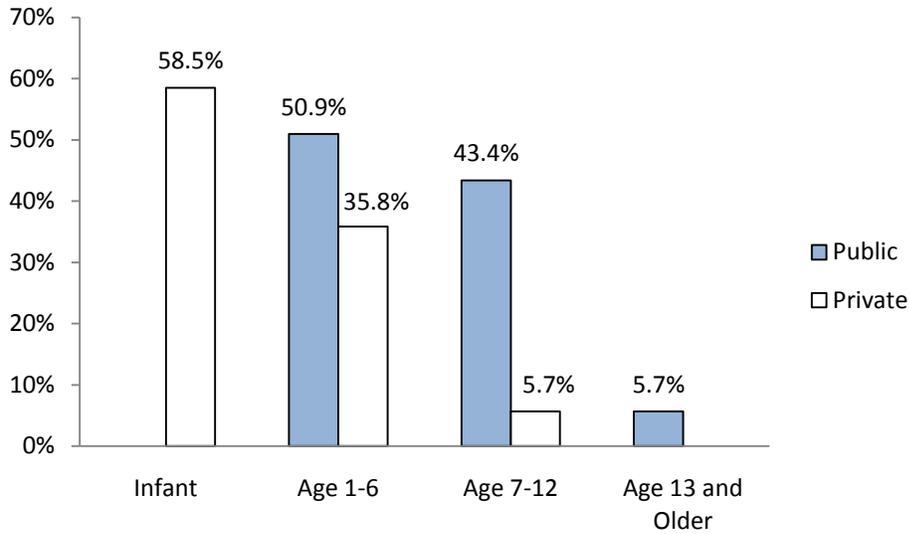


Figure 25. Percent of Finalized Agency Adoptions by Age Range
 CCWIPS FFY 2010 (Public Agency: N=106; Private Agency: N=53).

Race

Figure 26 shows the racial composition of children whose agency (public and private) adoptions were finalized in 2010. White children (67.9%) were adopted more often than any other race in North Dakota.

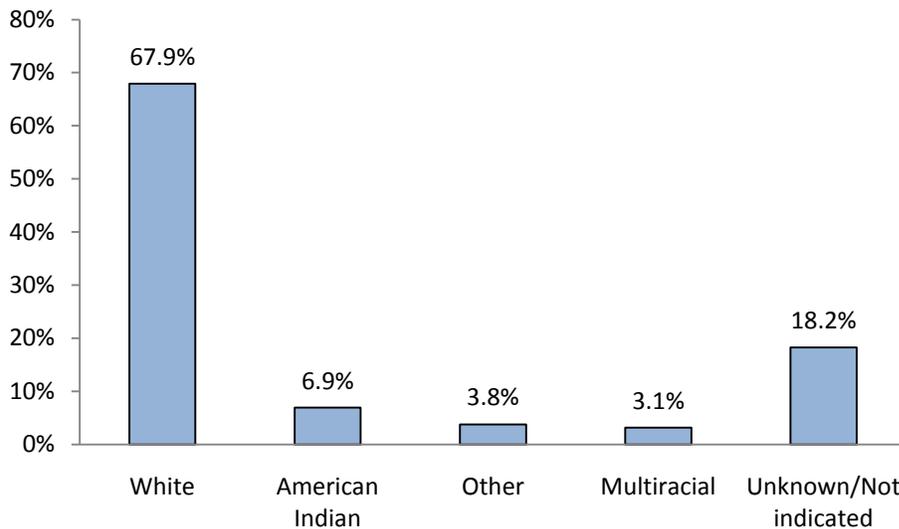


Figure 26. Percent of Finalized Public and Private Agency Adoptions by Race
 CCWIPS FFY 2010 (Public and Private Agency: N=159).

Adoption by Foster Parent(s)

As stated above, public agency adoptions are adoptions of foster care children. In North Dakota, 70.8% of adopted foster care children were adopted by their foster parent(s) through a public agency adoption (Figure 27). Foster parent adoptions are encouraged because the child is often already settled into their environment and has established a bond with the foster family.

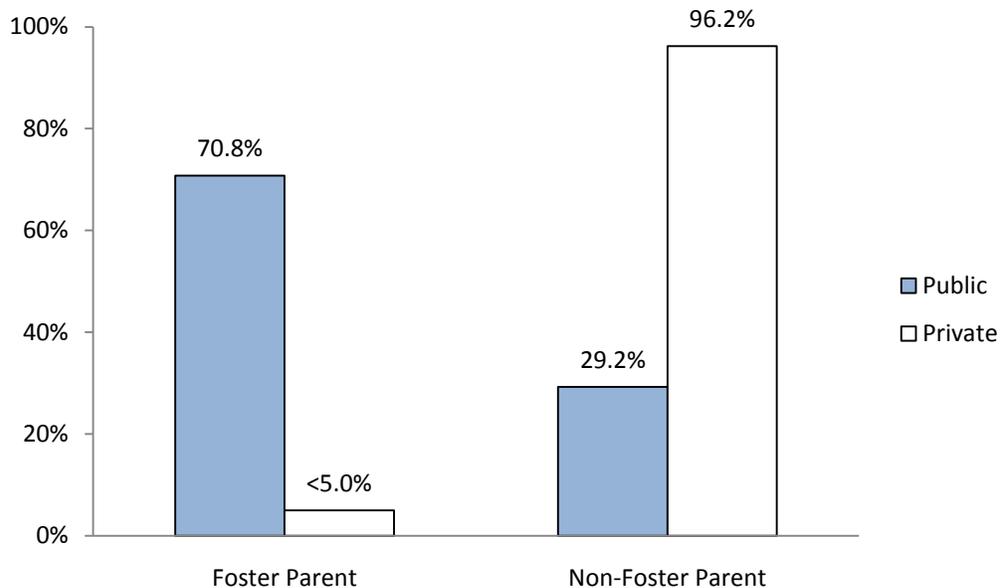


Figure 27. Percent of Adoptions by Foster Parents

CCWIPS FFY 2010 (Public Agency: N=106; Private Agency: N=53).

Description of the Special Needs of Children Adopted from Foster Care

Figure 28 shows adoption by special needs type. The total special needs population (106) does not equal the sum of the special needs categories in Figure 28 because children may be counted more than once (duplicated) if they meet one or more special needs criteria. For example, an adopted child may be counted three times if the child was 10 years old, was being placed with a younger sister as part of a sibling group, and had a physical disability.

In 2010 there were 106 children meeting 253 special needs criteria. Most Special Needs adoptions (79.2%) had more than one type of special need. The most commonly reported special needs are children with disabilities or children at a high risk of a disability. The disability category includes emotional disturbance, mental retardation, physical disability, visual/hearing impaired, and other. The "other" 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 2010, there were 67 adopted children who were part of a sibling group.

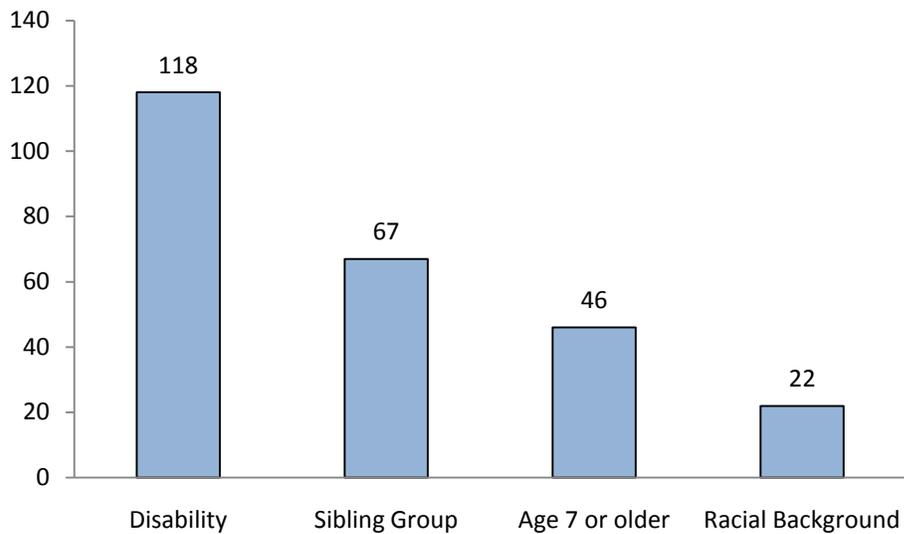


Figure 28. Number of Special Needs by Special Needs Type
CCWIPS FFY 2010 (N=253: 106 Special Needs adoptions with 253 types of special needs)

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 3,914 North Dakota participants in 2009 and 3,926 in 2010. In 2009 and 2010, the majority of participants (84% for 2009 and 2010) were enrolled in Head Start (Figure 29).

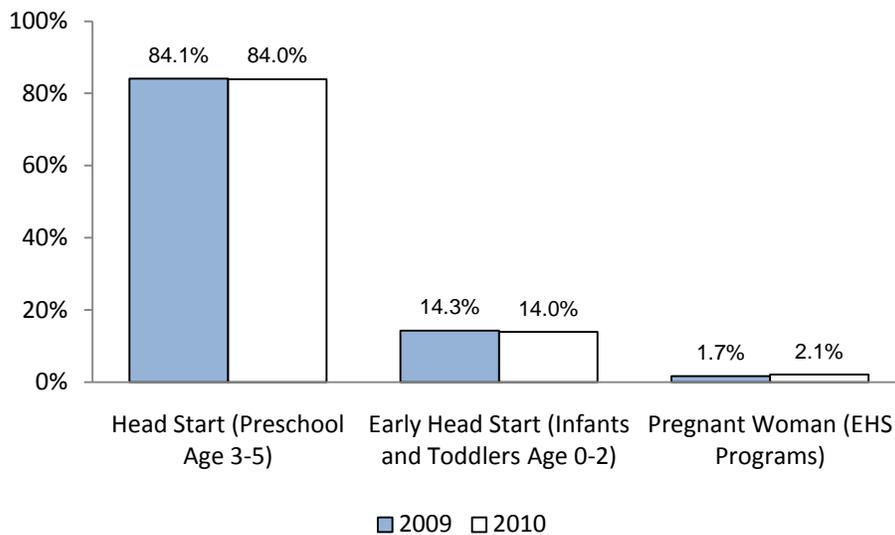


Figure 29. Percent of Head Start/Early Head Start Enrollees by Program Participation

2009 (N=3,914) and 2010 (N=3,926) Program Information Report data available at <https://hses.ohs.acf.hhs.gov/>

Approximately half (48.8% in 2009 and 51.0% in 2010) of participants enrolled in Head Start/Early Head start were White, and over one third (37.7% in 2009 and 35.9% in 2010) were American Indian/Alaskan Native (Figure 30).

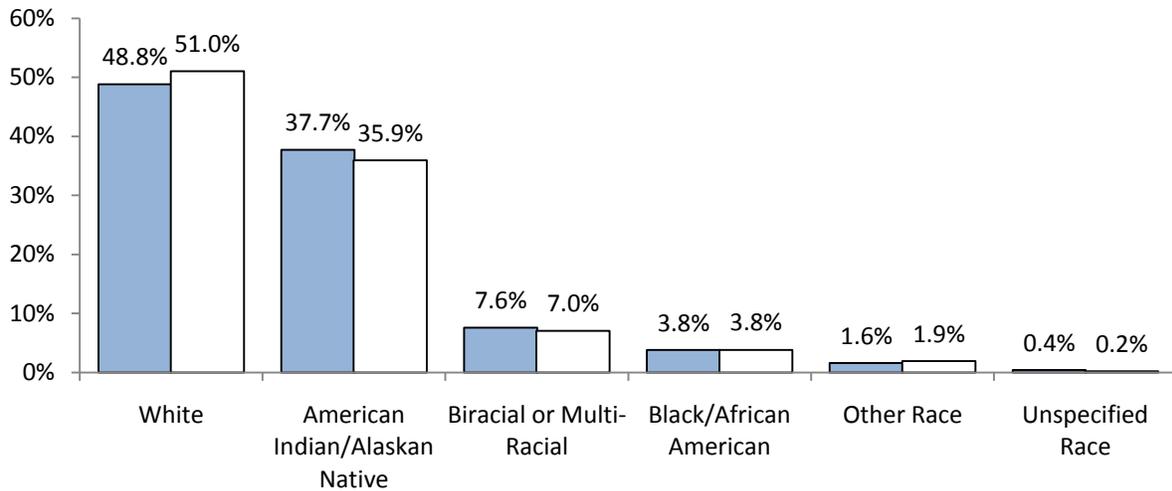


Figure 30. Percent of Head Start/Early Head Start Participants by Race
 2009 (N=3,914) and 2010 (N=3,926) Program Information Report data available at <https://hses.ohs.acf.hhs.gov/>

In 2009 single-parent households comprised 55.9% of families with child enrollees in Head Start/Early Head Start. This decreased to 51.5% in 2010. The remaining families with children enrolled in Head Start/Early Head Start were from two-parent households, 44.1% in 2009 and 48.5% in 2010.

Head Start/Early Head Start families in North Dakota received many needed services with 82.9% of families in 2009 and 91.5% in 2010 accessing at least one family service through Head Start. As shown in Table 25, families accessed a broad range of services.

Table 25. Percent of Families with Child(ren) Enrolled in Head Start/Early Head Start Receiving Family Services

	2009	2010
Total Number of Families	3,566	3,567
Percent of Families receiving at least 1 service	82.9%	91.5%
Percent of Families who received:		
Health Education	69.7%	79.6%
Parenting Education	73.1%	78.2%
Mental Health Services	29.4%	36.9%
Emergency/crisis intervention services	38.1%	33.3%
Domestic Violence Services	26.2%	25.7%
Housing Assistance	20.4%	25.0%
Substance Abuse Prevention or Treatment	26.4%	23.6%
Child Abuse and Neglect Services	30.6%	22.1%
Marriage Education	24.8%	22.0%
Child Support Assistance	15.1%	14.8%
Adult Education	13.3%	14.1%
Job Training	14.6%	12.9%
Assistance to Families of Incarcerated Individuals	2.0%	10.2%
English as a Second Language (ESL) services	3.8%	10.1%

2009 and 2010 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 26 shows that many children enrolled in Head Start receive medical, dental, and mental health screenings and services to address their health needs.

Table 26. Medical, Dental, and Mental Health Services for Children Enrolled in Head Start/Early Head Start

	2009	2010
Number of Children Enrolled in Head Start	3,290	3,296
Number of Children Enrolled in Early Head Start	559	548
Total Number of Children	3,849	3,844
Medical (Head Start and Early Head Start)		
Increase in Children with Accessible Health Care During Enrollment	3,521 to 3,661 (4.0% increase)	3,518 to 3,763 (7.0% increase)
Completed all Medical Screenings	3,610 (93.8%)	3,619 (94.1%)
Diagnosed as Needing Medical Treatment	490	616
Received Medical Treatment	470 (95.9%)	578 (93.8%)
Dental		
Increase in Children with Accessible Dental Care During Enrollment	3,068 to 3, 592 (17.1% increase)	3,011 to 3,494 (16.0% increase)
Received Dental Preventive Care (Head Start Only)	2,883 (87.6%)	2,806 (85.1%)
Completed Oral Health Examination (Head Start Only)	2,858 (86.9%)	3,086 (93.6%)
Diagnosed as Needing Dental Treatment (Head Start Only)	695	810
Received Dental Treatment (Head Start Only)	409 (58.8%)	655 (80.9%)
Mental Health		
Children Referred for Mental Health Services	63	48
Children Referred that Received Services	44 (69.8%)	36 (75.0%)

2009 and 2010 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 (80,646) far outweighs the capacity of licensed child care providers (33,100). If all of the child care slots were filled, only 41.4% of the potential children in need of care would be served. The statistics in this section are based on the families that use Child Care Resource and Referral services to search for child care. While not all families use Child Care Resource and Referral, 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 (25.7%) based on the North Dakota general child population (Table 27). Overall, referrals were provided for 9.6% of the child population in North Dakota.

Table 27. Number of North Dakota Children and Child Referrals by Age

	Children in ND by Age	Child Referrals by Age	Percent of Referrals in the ND Child Population by Age
Infant-Age 2	24,682	6,341	25.7%
Age 3-5	22,737	2,182	9.6%
Age 6-12	52,486	1,078	2.1%
Total	99,905	9,601	9.6%

U.S. Census Bureau (2007). Child Care Resource and Referral, September 2010 (N=9,601).

Figure 31 represents the age of the child in need of care. There were a total of 9,601 requests for child care with over half for the infant through 2 year-old age bracket (51.9%). Care for school-age children, kindergarteners included, accounted for the smallest percent of referrals (11.2%).

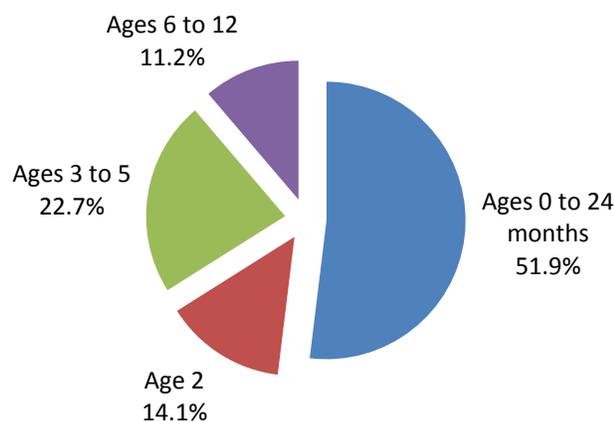


Figure 31. Percent of Referral Requests by Child Age

Child Care Resource and Referral, September 2010 (N=9,601).

Due to alternative work or time commitments of families, 1,073 requests were received for care before 7am, 724 requests for care beyond 6pm, and 387 requests for care on Saturdays or Sundays.

Licensed child care programs fall into three categories; family-group, center, and school-age (Figure 32). The programs vary in staff-child ratio and the limitations placed on the number and ages of children cared for in the setting. The majority of programs in North Dakota are family-group (87.1%). Family-group has the highest licensed capacity of program types (44.3%). Centers have the highest number of staff in their workforce which is approximately 16 per program. The licensed capacity in relationship to size of workforce is 8.6 for family-group, 5.8 for center, and 12.3 for school-age.

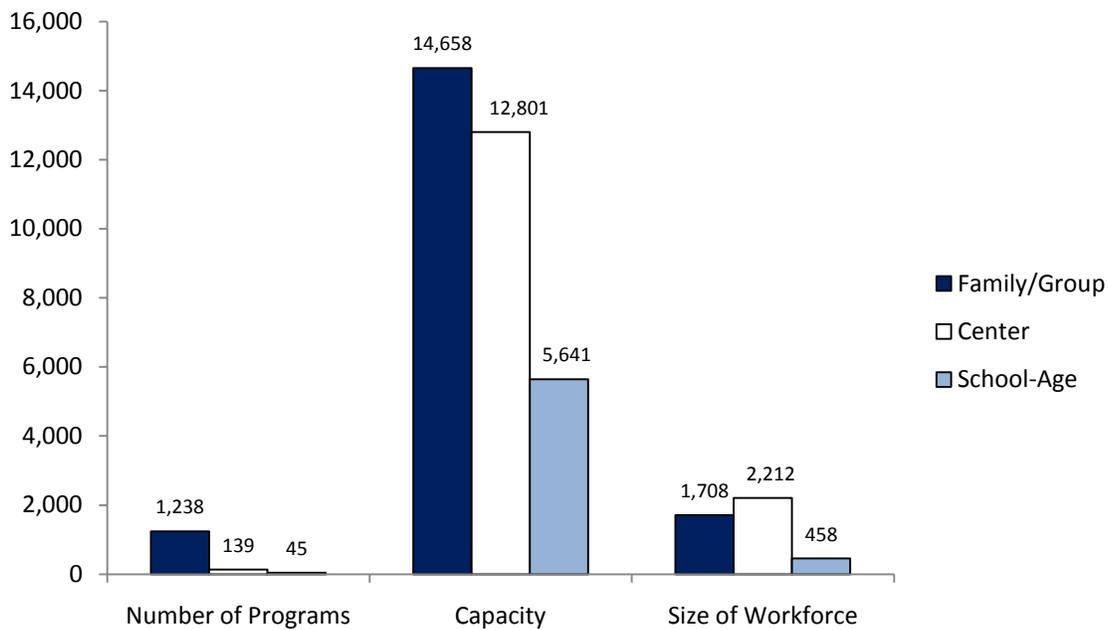


Figure 32. Licensed Child Care Program Type, Workforce, and Capacity

Child Care Resource and Referral, September 2010. 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.