Child Fatality Review Panel (CFRP)

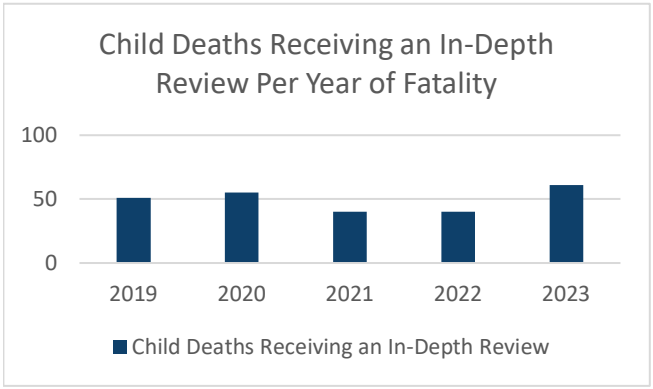
The **ND Child Fatality Review Panel (CFRP)** is a multidisciplinary, member appointed panel created legislatively (NDCC 50-25.1), which reviews deaths and child maltreatment near deaths of all minors that occur in the state.

Each panel member[1] serves as a liaison to their professional counterparts, provides definitions of their profession's terminology, interprets the procedures and policies for their agency and provides information and recommendations necessary for the purpose and duties of the panel. Additionally, each member assists in carrying the recommendations of the Panel. The CFRP serves as the state's Citizen Review Panel as allowed by CAPTA Section 106(c)[2].

No state funding is appropriated to support the operation or programming related to Panel recommendations, necessitating the development of strategies to address concerns and recommendations through partnership and existing resources.

Purpose of the CFRP:
Identify the causes of children's deaths, the circumstances that contribute to children's deaths, and to make recommendations for changes in policy, practices, and law to prevent deaths of children. The CFRP is instrumental in highlighting needed system changes, distinguishing causes of preventable deaths, improving investigations of child deaths and identifying deaths resulting from abuse and neglect of children.

On average, each year, the Panel conducts comprehensive reviews of 70 child deaths and child maltreatment near deaths.

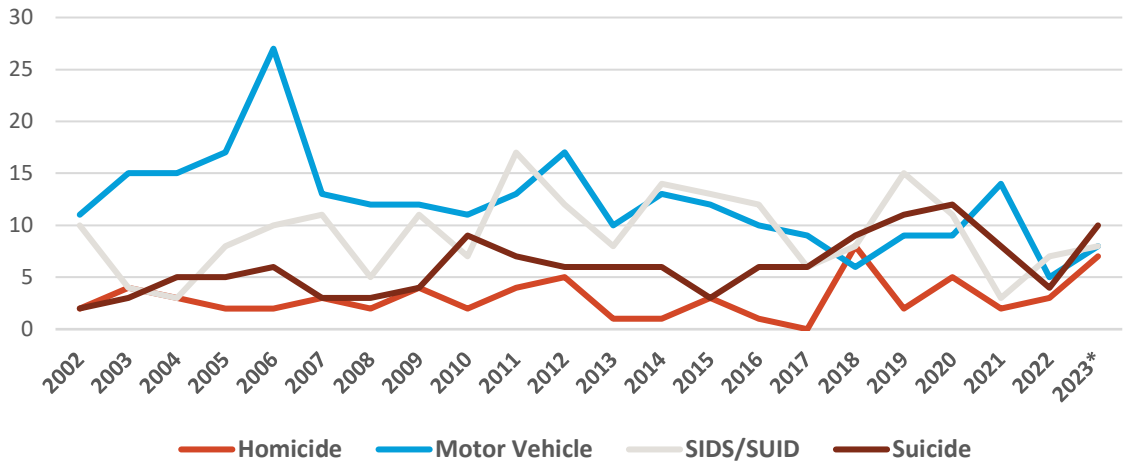


Approximately 75% of child deaths reviewed by the CFRP are preventable. A vast majority of these are motor vehicle related. In 2021, North Dakota had the highest percentage of child traffic fatalities in the nation. Societal factors such as excessive speed, alcohol and drug involvement, distracted driving, young drivers operating recreational vehicles, and lack of seatbelt use were identified by the Panel. Effective social marketing and education focused on injury prevention, traffic safety concepts, and role modeling safe driving practices may positively impact ND youth and their families.

Over the past five years, ND families and communities have lost over 50 infants to Sudden Unexpected Infant Death (SUID) and sleep related asphyxia. In perspective, that is two kindergarten classrooms.

Although Sudden Unexpected Infant Death (SUID) preventability is considered undetermined there are extrinsic factors such as placing an infant on an adult bed, same sleep surface sharing, use of blankets and pillows in the sleeping area, and placing an infant to sleep on their stomach, that greatly increase the risk. As these risks are eliminated, the number of infant deaths decline. Statewide infant safe sleep education and access to safe sleep resources, especially in areas serving tribal and refugee populations, has the potential to positively impact the number of infants deaths in ND. (Note: American Indian children comprise 8% of the child population in ND yet make up over 30% of SUIDs; 15% of SUIDs were infants of refugee parents).

Figure 5. In-Depth Reviews by Selected Cause of Death for Years 2002-2023*
* Preliminary Data (2023)



The number of child suicides in the state is concerning and the age of the youth has been decreasing; 65% of the youth were 14 and 15 years old. Each death highlights the need for continued suicide education prevention and statewide promotion and awareness of 988, the suicide and crisis lifeline. Suicide prevention education includes information on the signs of depression, risk factors and warning signs of suicide, and factors that may protect youth from suicide. Suicide prevention must include information on how to access community mental health resources and what to do when there is a concern. A majority of suicides were by firearm. When a child died by firearm (accident, suicide, homicide) the manner in which the weapon was stored was most often unlocked and loaded. A youth's access to lethal means highlights an opportunity for prevention, especially when the youth is experiencing suicidal thoughts, feelings, or behaviors.

Comprehensive death investigations vary across the state and some lack vital information to determine the cause and manner of the child's death. The unknown circumstances and risk factors impact the provision of death prevention recommendations and interventions.

[1] CFRP Members 2024 (Jenn Grabar, CFRP Presiding Officer, CFS DHHS; Jeremy Ensrud, ND Attorney General's Office; Dr. William Massello, State Forensic Medical Examiner; Dr. Mary Ann Sens, Professor and Chair of Pathology, UND School of Medicine; Dr. Selly Strauch, Forensic Pathologist, UND School of Medicine, Lisa Bjergaard, Division of Juvenile Justice; Karmen Brosten, Bureau of Criminal Investigation; Bobbi Peltier, Indian Health Services, Injury Prevention; Karen Eisenhardt, Citizen Member; Kirsten Hansen, Prevention and Protection Administrator, CFS DHHS; Dr. Melissa Seibel, Sanford Health; Dr. Jada Ingalls, Sanford Health, Child Abuse Specialist; Elizabeth Oestreich, Injury Prevention Administrator, DHHS; Dr. Shauna Eberhardt, Behavioral Health DHHS, Dr. Tracy Miller, Epidemiologist, DHHS; Todd Porter, Emergency Medical Services, State Legislator, Robin Lang, Department of Public Instruction, Melissa Markegard, Suicide Prevention Administrator, Behavioral Health, DHHS, Sergeant Danielle Hendricks, Williston Police Department.

[2] The Child Abuse Prevention and Treatment Act. Including the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act. (hhs.gov)