

# Welcome to the Family First Prevention Services Act Stakeholder Convening !



Comments or questions?

- Email [dhscfs@nd.gov](mailto:dhscfs@nd.gov) to submit your questions for the afternoon panel

Technical Difficulties?

- Email [jviseth@nd.gov](mailto:jviseth@nd.gov) for assistance

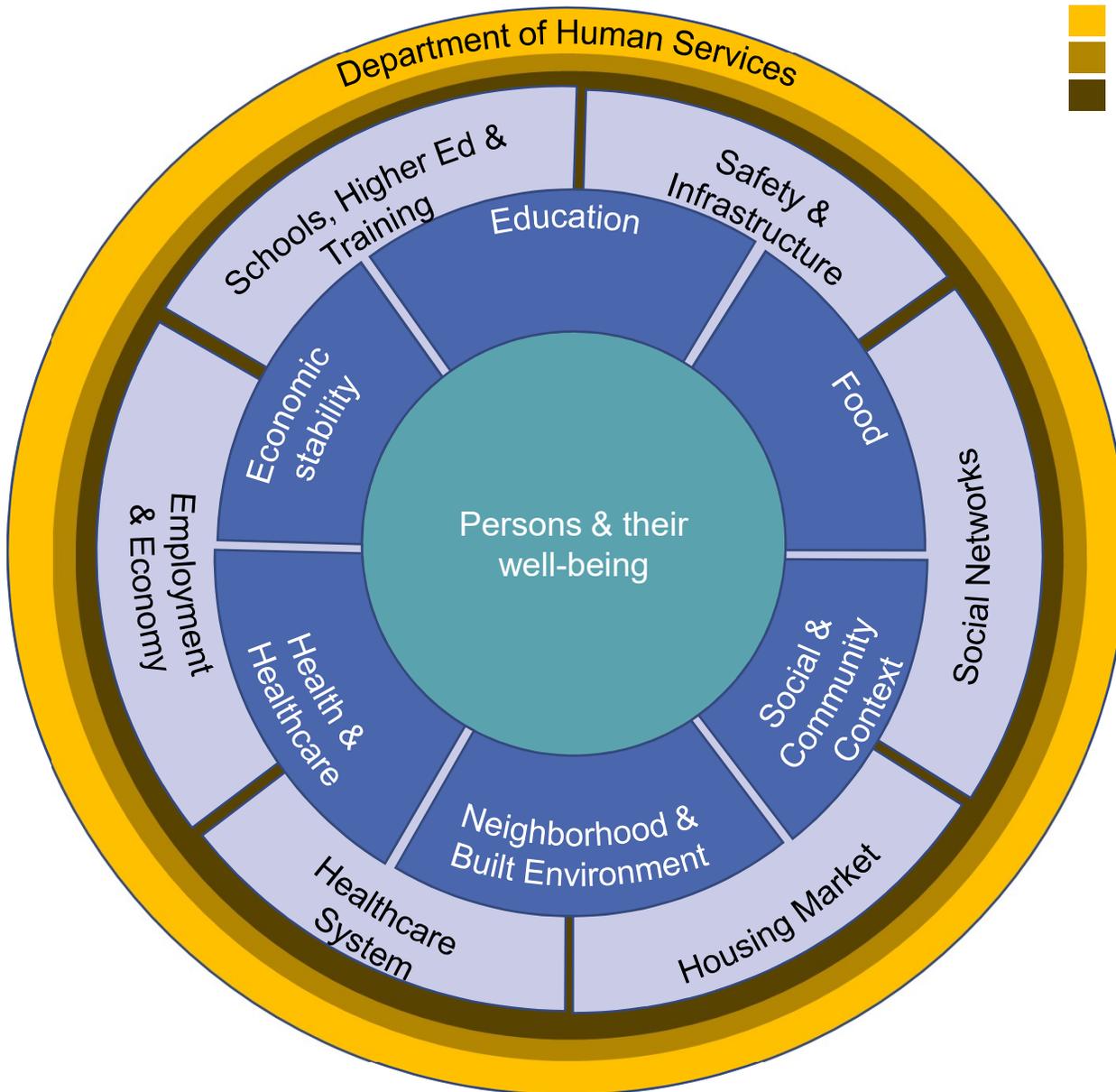
Copy of presentations?

- Access the presentations at <http://www.nd.gov/dhs/services/childfamily/>

# The mission of DHS is to provide quality, efficient, and effective human services, which improve the lives of people

Mission	Principles
Quality services	<ul style="list-style-type: none"><li>▪ Services and care should be provided <b>as close to home as possible</b> to<ul style="list-style-type: none"><li>– Maximize each person’s independence and autonomy</li><li>– Preserve the dignity of all individuals</li><li>– Respect constitutional and civil rights</li></ul></li><li>▪ Services should be <b>provided consistently across service areas</b> to promote equity of access and citizen focus of delivery</li></ul>
Efficient services	<ul style="list-style-type: none"><li>▪ Services should be administered to <b>optimize</b> for a given cost <b>the number served</b> at a service <b>level aligned to need</b></li><li>▪ Investments and funding in DHS should <b>maximize ROI for the most vulnerable</b> through the continuum of care – prevention, early intervention and safety net services – not support economic development goals</li><li>▪ Cost-effectiveness should be considered holistically, acknowledging <b>potential unintended consequences</b> and <b>alignment between state and federal priorities</b></li></ul>
Effective services	<ul style="list-style-type: none"><li>▪ Services should help vulnerable North Dakotans of all ages maintain or enhance quality of life by<ul style="list-style-type: none"><li>– Supporting <b>access to the social determinants of health</b>: economic stability, housing, education, food, community, and health care</li><li>– <b>Mitigating threats</b> to quality of life such as lack of financial resources, emotional crises, disabling conditions, or inability to protect oneself</li></ul></li></ul>

# To improve lives, DHS enables access to social determinants of health when community resources are insufficient

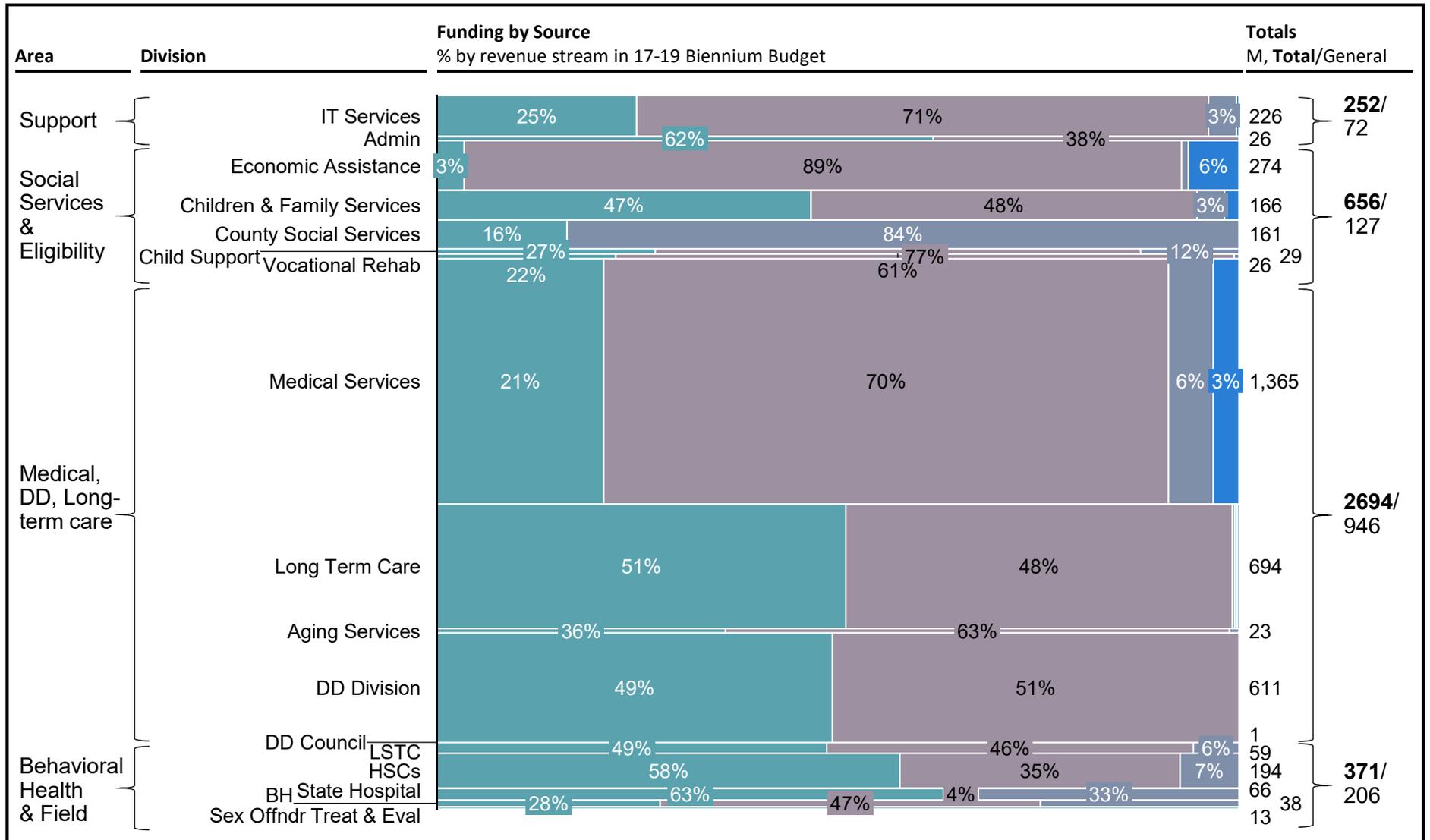


- Safety net
- Community resources
- Early intervention
- Social determinants of health
- Prevention

- **Social determinants of health are all necessary and mutually reinforcing** in securing the well being of an individual or family: **they are only as strong as the weakest link**
- **Community resources** shape and enable **access to the social determinants** (e.g., schools provide access to education, employment provides access to economic stability)
- **Investing in community resources** can in many cases **prevent individuals from needing to access DHS safety net services** to obtain the social determinants of health

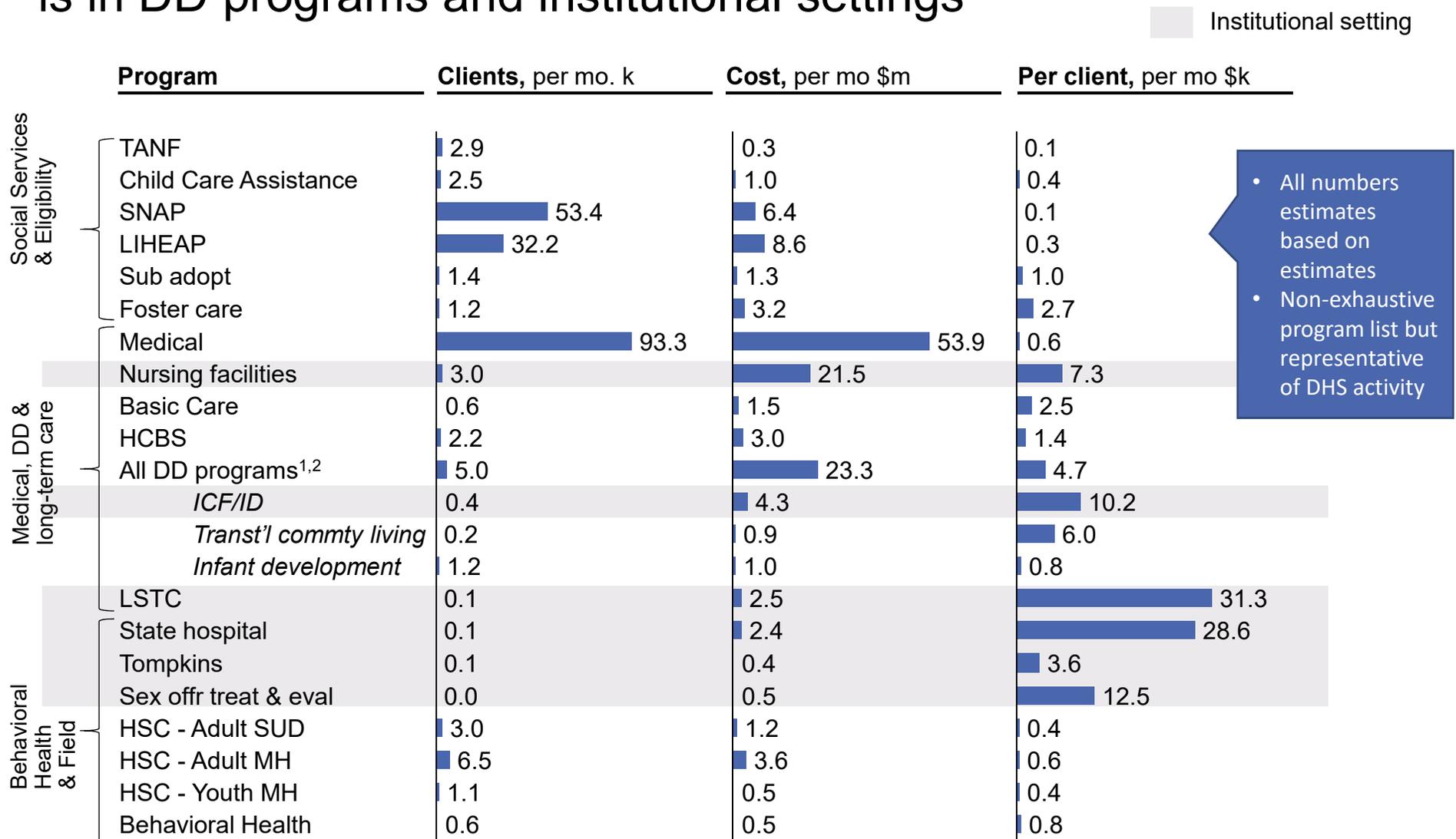
# As a payor DHS spends majority on medical, DD, & long-term care services, a significant share of which is from General fund

General Federal Other Retained County IGT



1 Life Skills and Transition Center 2 Behavioral Health  
 Source: Department of Human Services \* Summary by Divisions with Class Items and Major Funding Sources

# In cost of services, highest spend for care/services per person is in DD programs and institutional settings



1 Total spend represented here does not include medical care for this population such as drugs or therapies

2 Indented programs shown below are sub-segments of the total population represented in this row

Source: DHS QBI

# Overview of key initiatives for the Department of Human Services across service categories and impacted populations

Impacted Populations	Service categories				
	Medical	Long-term services & supports	Behavioral Health	Child Welfare	Economic Assistance
Adults	Improve efficiency of administering coverage	Invest in home and community based services	Expand access to crisis services statewide & home and community based supports	Coordinate Behavioral Health System study implementation	Redesign social services
Children					

# ND Data: Key Questions and Takeaways

- Why change now?
- What are the opportunities for change?
- Where could we start?

# ND Data: Key Questions and Takeaways

- **Why change now?**

- Number of children in care has been growing at a rate of ~6% per year and ND now has 8<sup>th</sup> highest in care rate in US
- Every region has seen an increase in children in care, with most increasing in the rate of children in care as well

- **What are the opportunities for change?**

- **Where could we start?**

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- **What are the opportunities for change?**

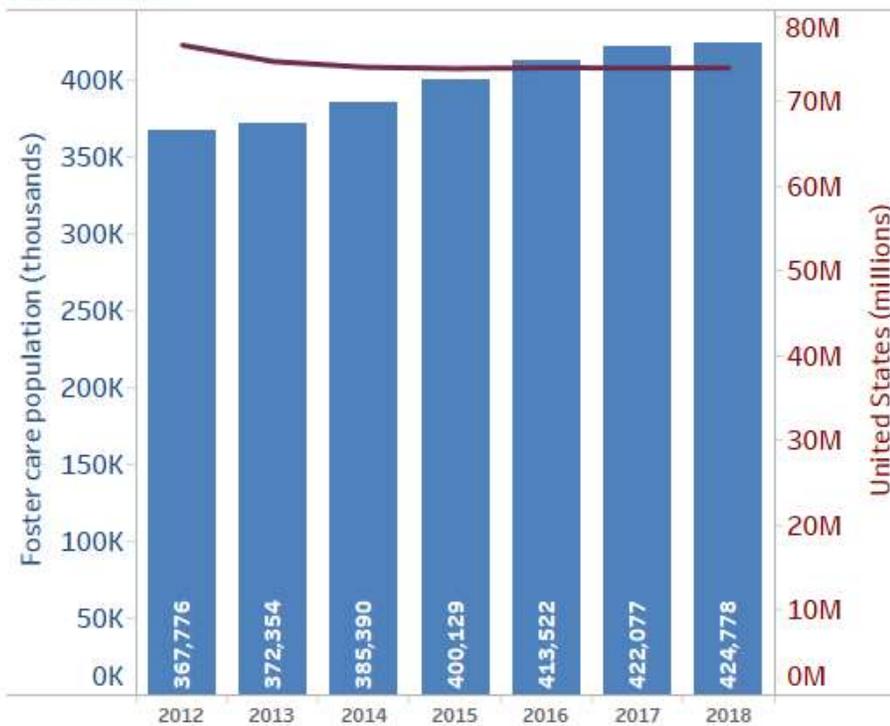
- **Where could we start?**

Number of children in care has been growing at ~6% per year over 6 years, resulting in ~41% cumulative growth since 2012

### Child Populations Change

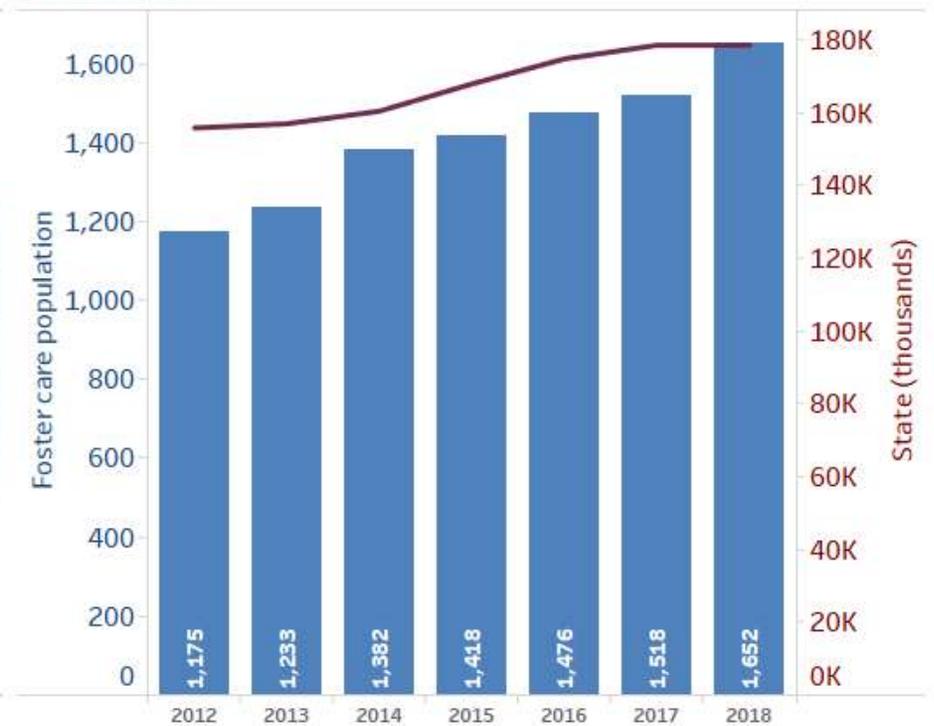
Comparisons of children in care to general child population

#### United States



Change (2012-2018)  
 In care: 15%  
 General population: -3%

#### North Dakota

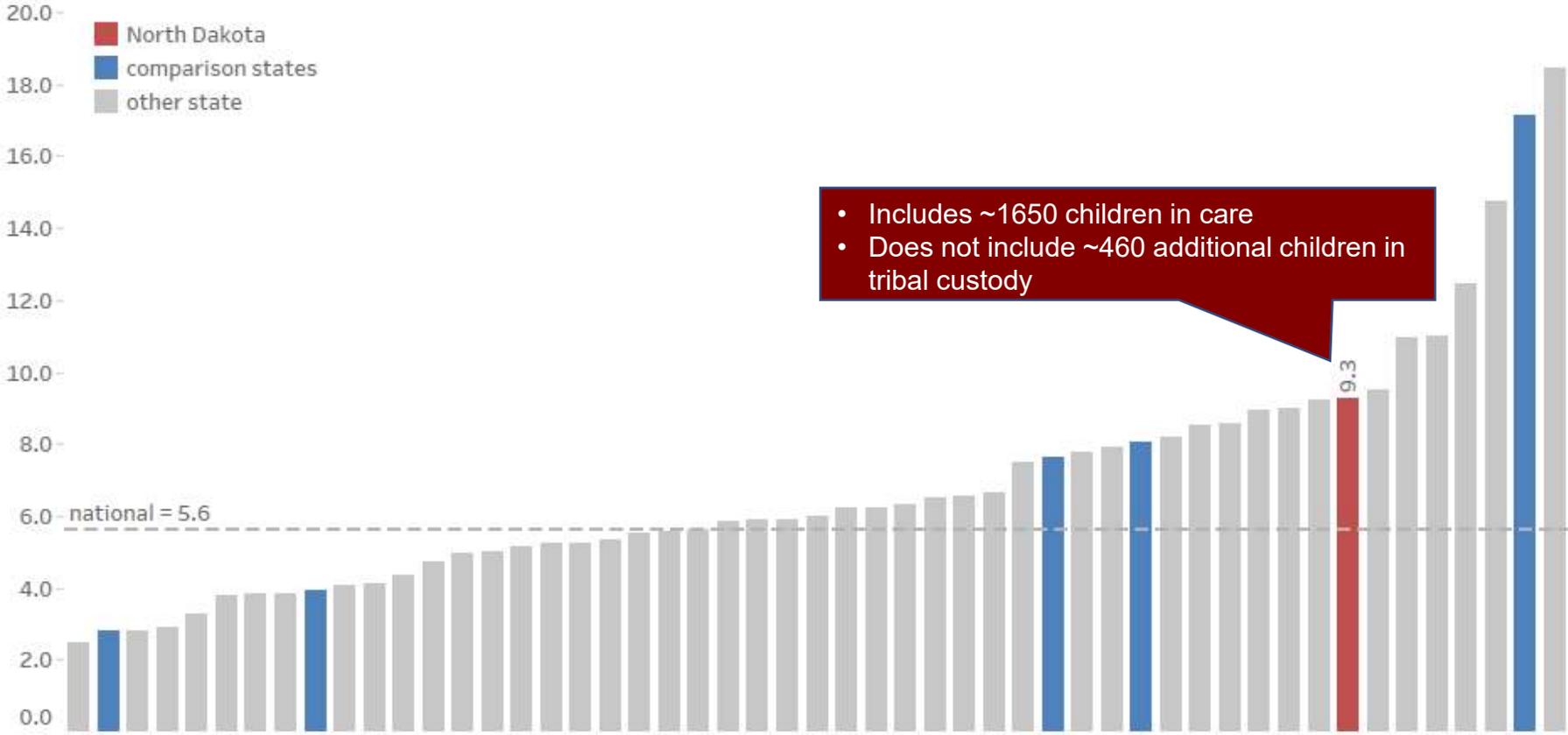


Change (2012-2018)  
 In care: 41%  
 General population: 15%

# ND now has the 8th highest rate in the nation for children in foster care per capita, ~66% higher than the national average

## In Care Rate

Total number of children under age 18 in care on 03/31/18 per 1,000 children under the age 18 in the general population



Note: comparison states include Colorado, Montana, South Dakota, Utah, and Wyoming  
 Data sources: state-submitted AFCARS data, Claritas Population Data

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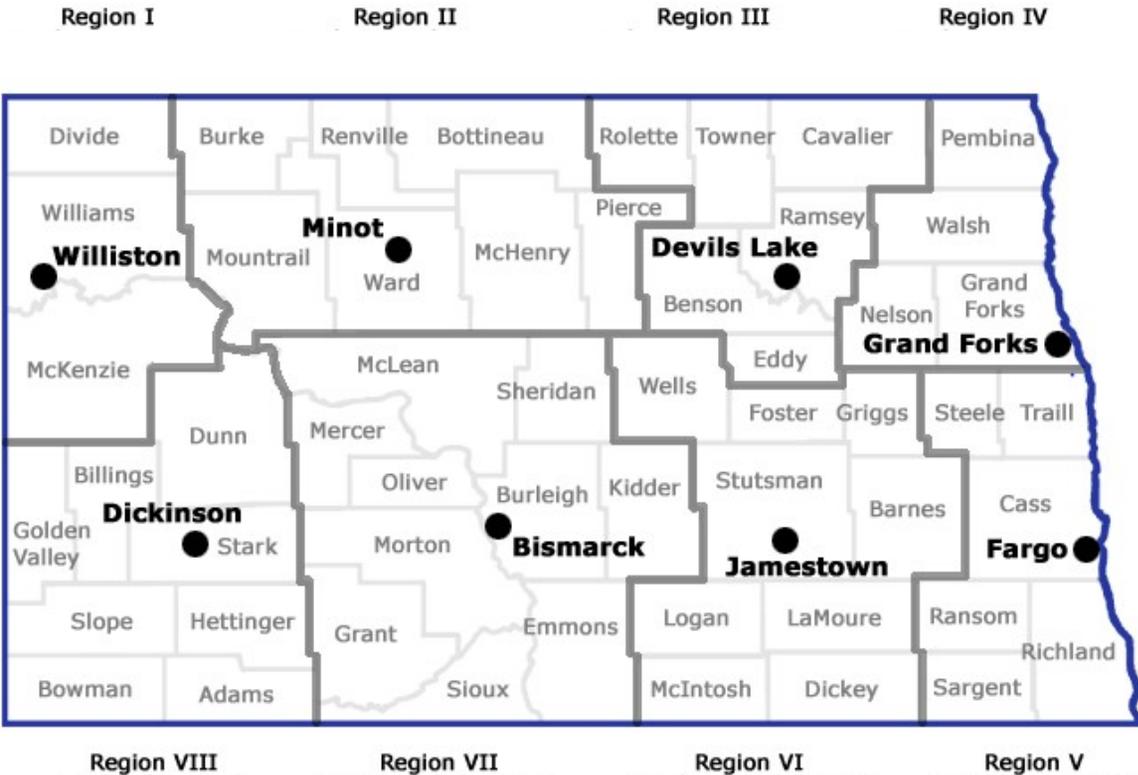
- **Every region has seen an increase in children in care, with most increasing in the rate of children in care as well**

- What are the opportunities for change?

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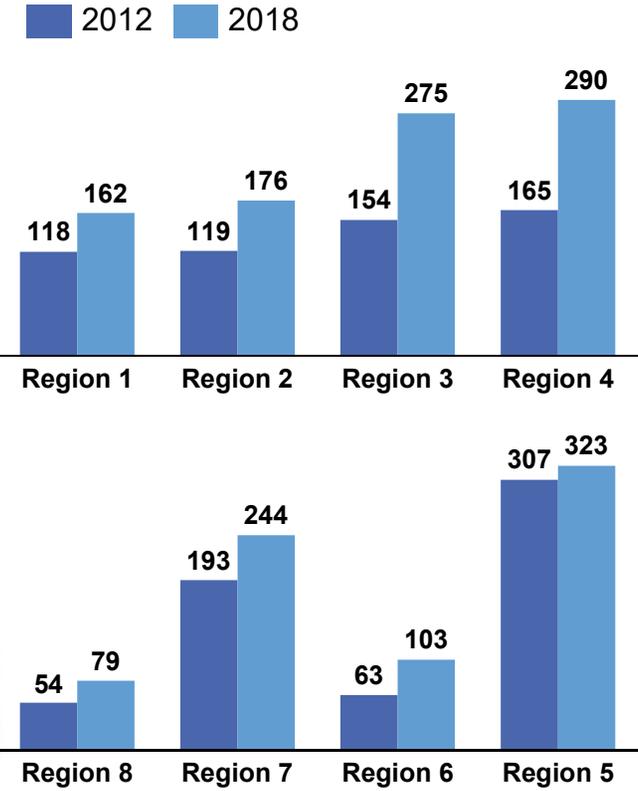
Growth in foster care populations have occurred in every region of the state, with 2/3/4/7 contributing most to overall increase

**Geographic Regions**



**In Care Population**

Total Number of Children

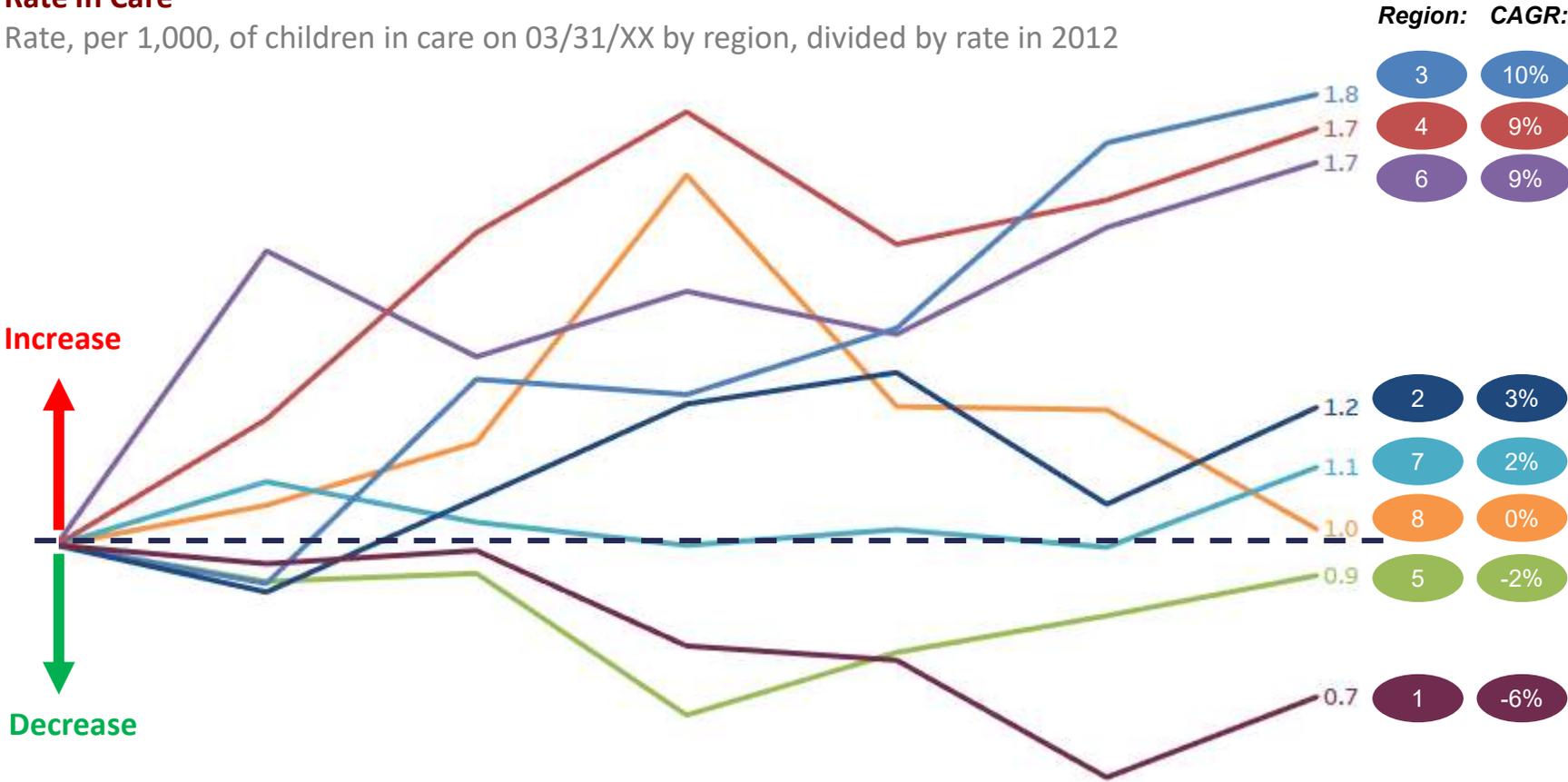


Data sources: state-submitted AFCARS data

# Even when adjusting for child population growth, the majority of the 8 regions have seen increases in the rate of children in care

## Rate In Care

Rate, per 1,000, of children in care on 03/31/XX by region, divided by rate in 2012



Data sources: state-submitted AFCARS data, Claritas Population Data

# ND Data: Key Questions and Takeaways

- Why change now?
- **What are the opportunities for change?**
  - Addressing parental substance abuse and quick re-entries are two levers for slowing growth of children entering care
  - Efforts to reduce rate of children in care must also account for disproportionality of Native American children in care
  - When out-of-home placements occur, there is an opportunity to increase kinship, decrease congregate care
- Where could we start?

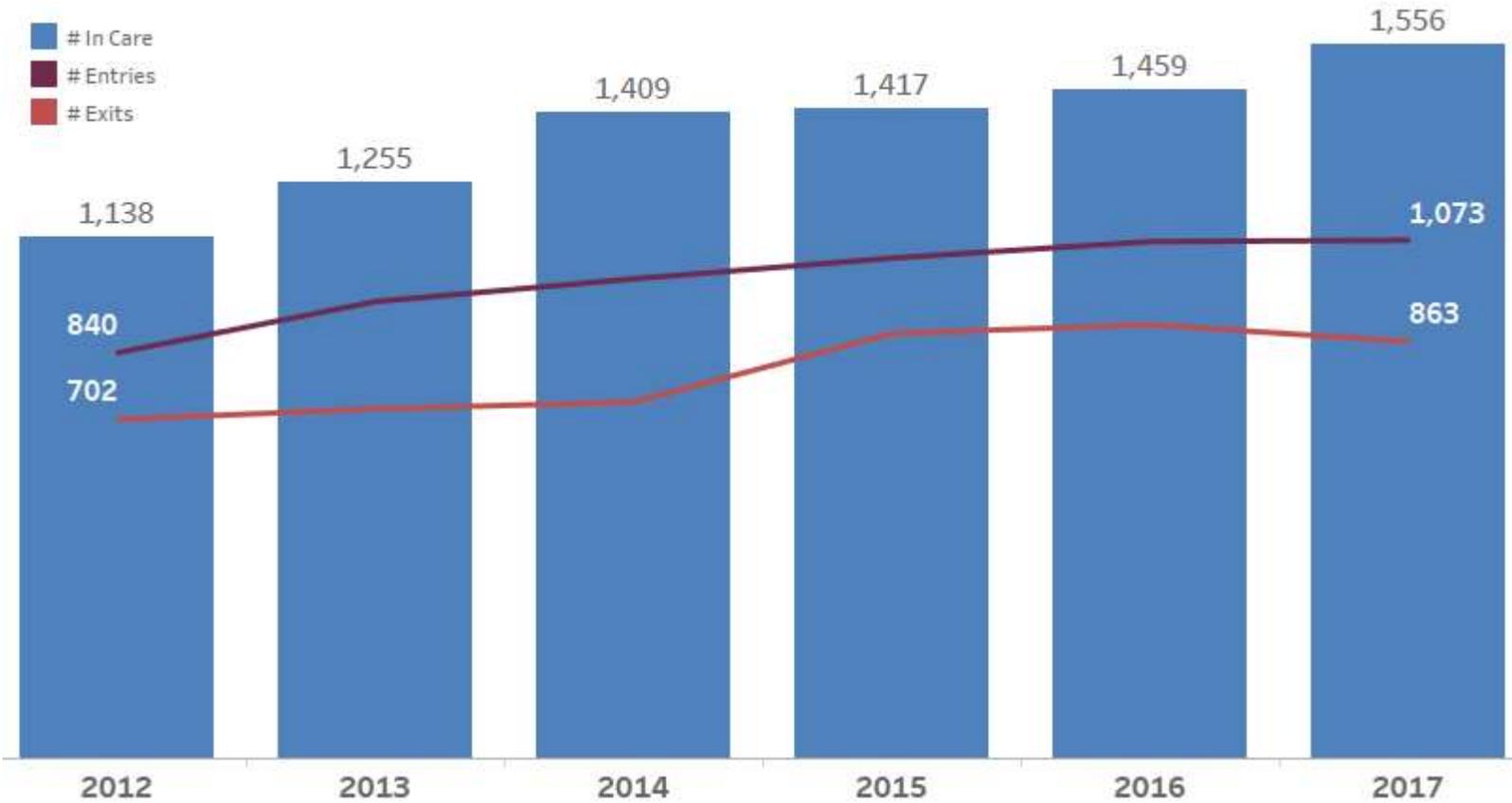
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This growth in the foster care population is due to a gap between entries into care and exits from care

**Drivers of in care counts**

Number of children under age 18 in care at the end of Sept of each year, entries into care, and exits from care

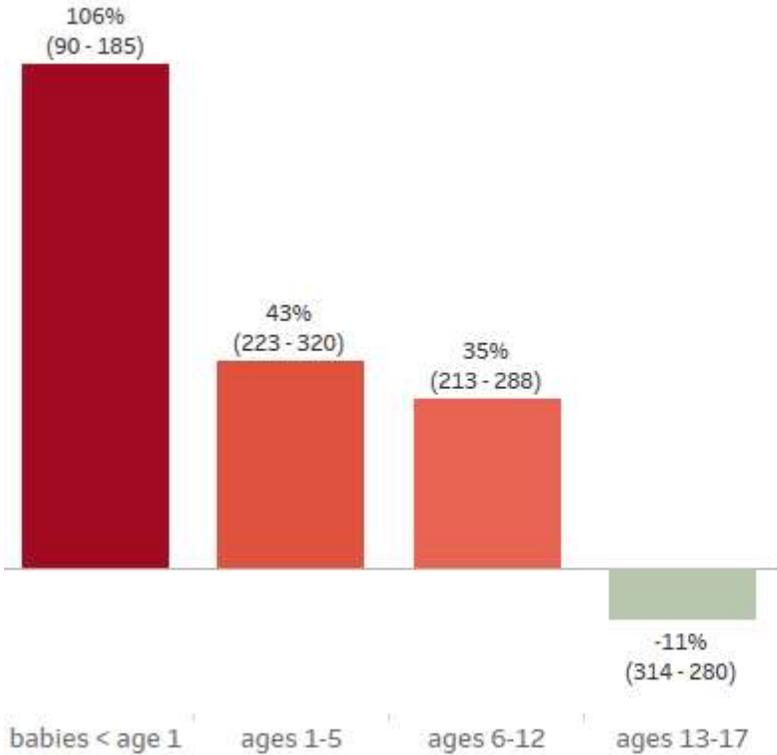


Data source: state-submitted AFCARS data

# The increase in entries to foster care has been driven by removals of children under the age of 12

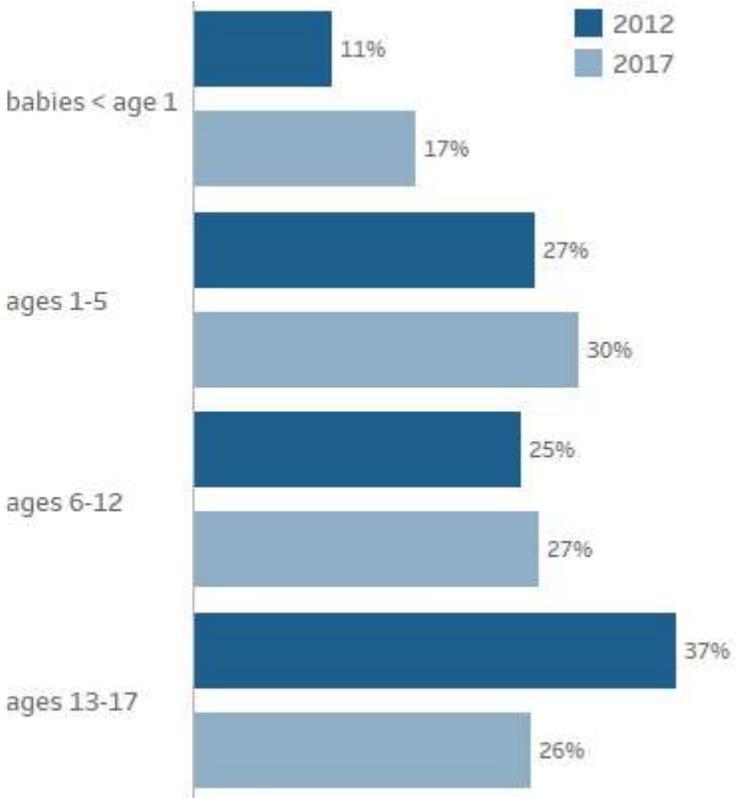
### Entries as a driver

Of all entries into care during the fiscal year, what was the change between 2012-2017 in entries among children by age group?



### Entries as a driver

Of all entries into care during the fiscal years 2012 and 2017, what were the proportions by age group?



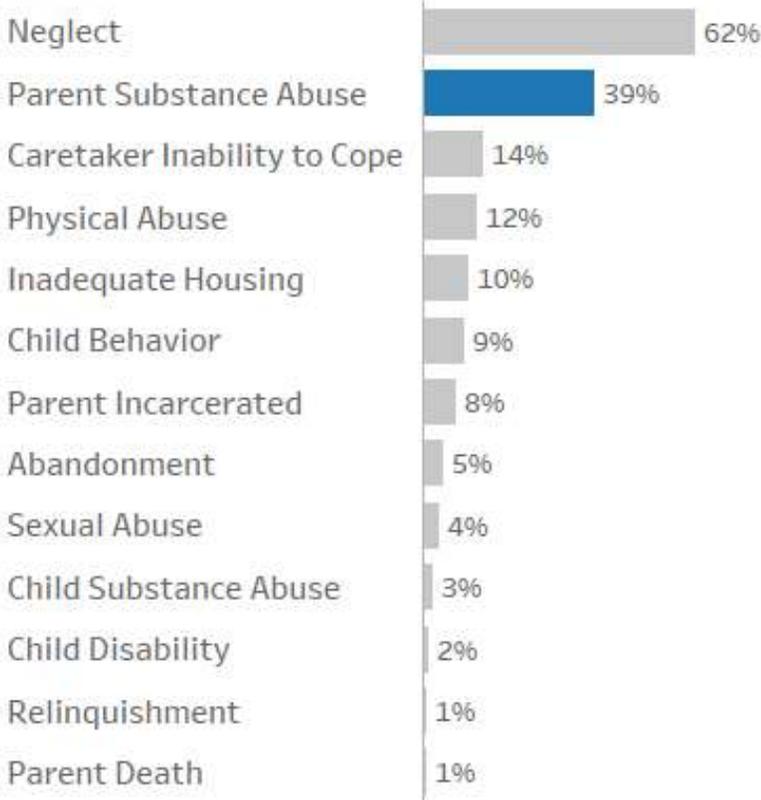
Data source: state-submitted AFCARS data

# To decrease entries, cause of out-of-home placement must be addressed, which in ~42% cases is parental substance abuse

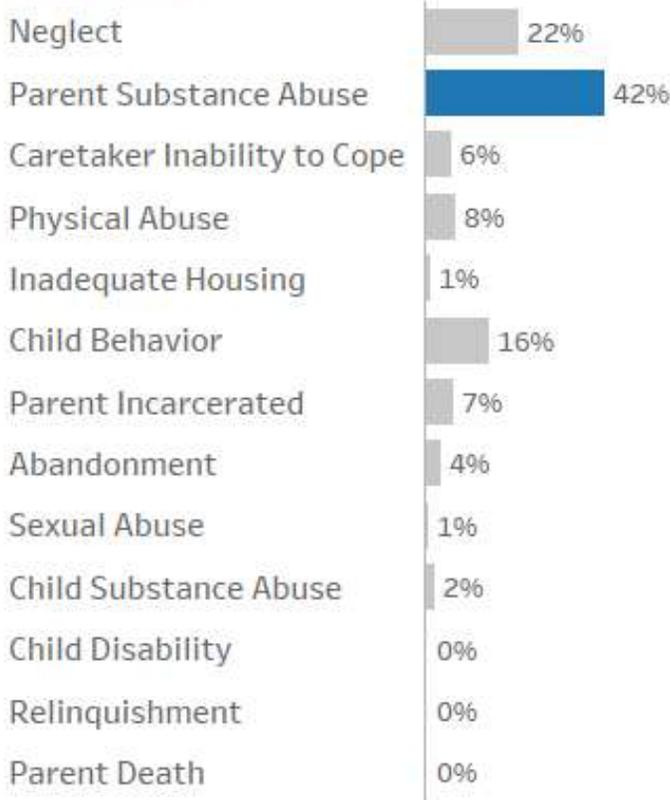
## Removal reasons

Percent of children entering care for each removal reason  
(note: multiple reasons may be selected for a single child, Federal Fiscal Year 2017)

### National



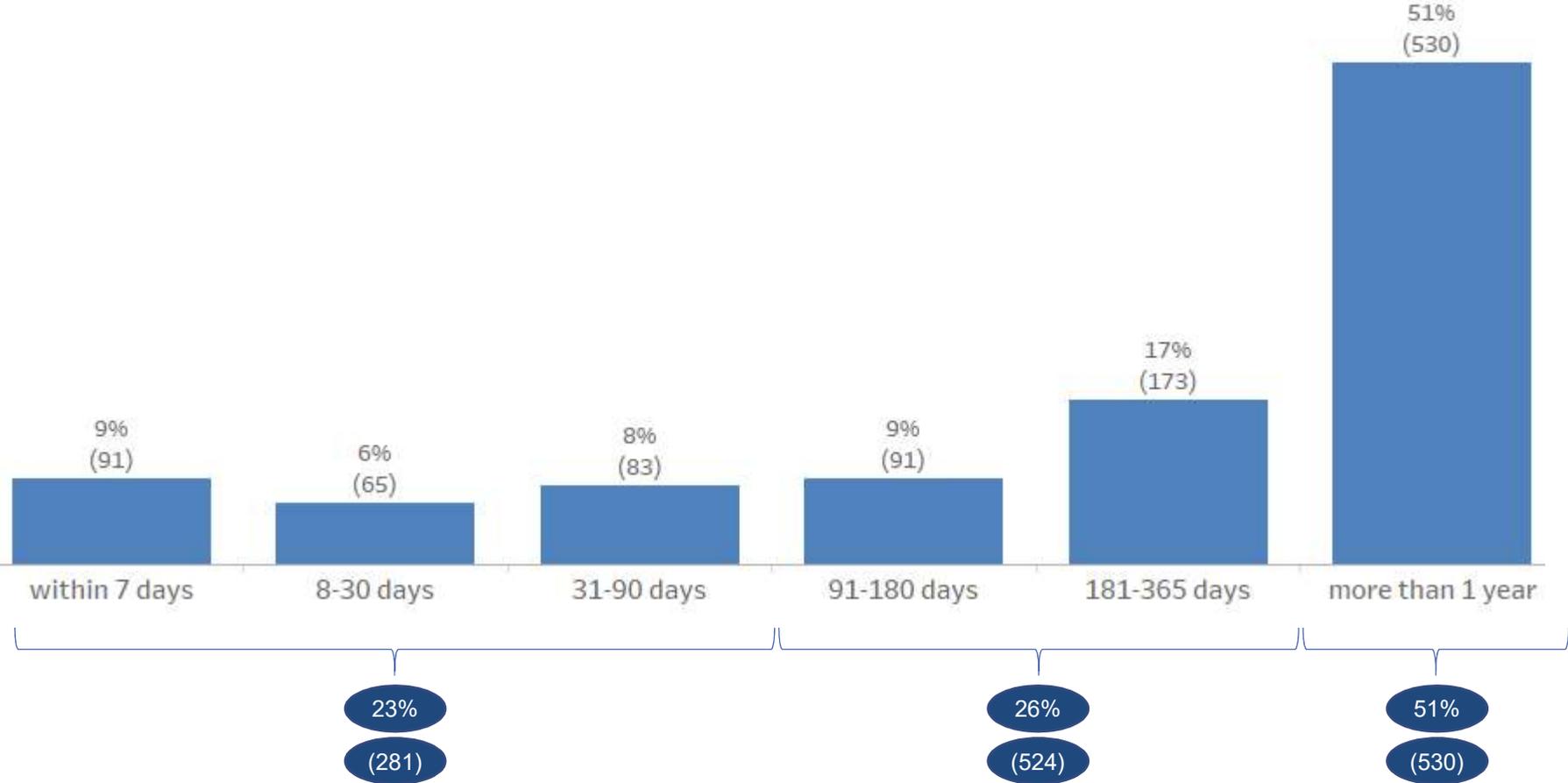
### North Dakota



Moreover, >20% of exits occur within 90 days of placement, suggesting there is a large candidate population for diversion

**Children Exiting Care**

of all children entering care between 04/01/16 - 03/31/17, what percent (number) exit care within exit from care time periods.

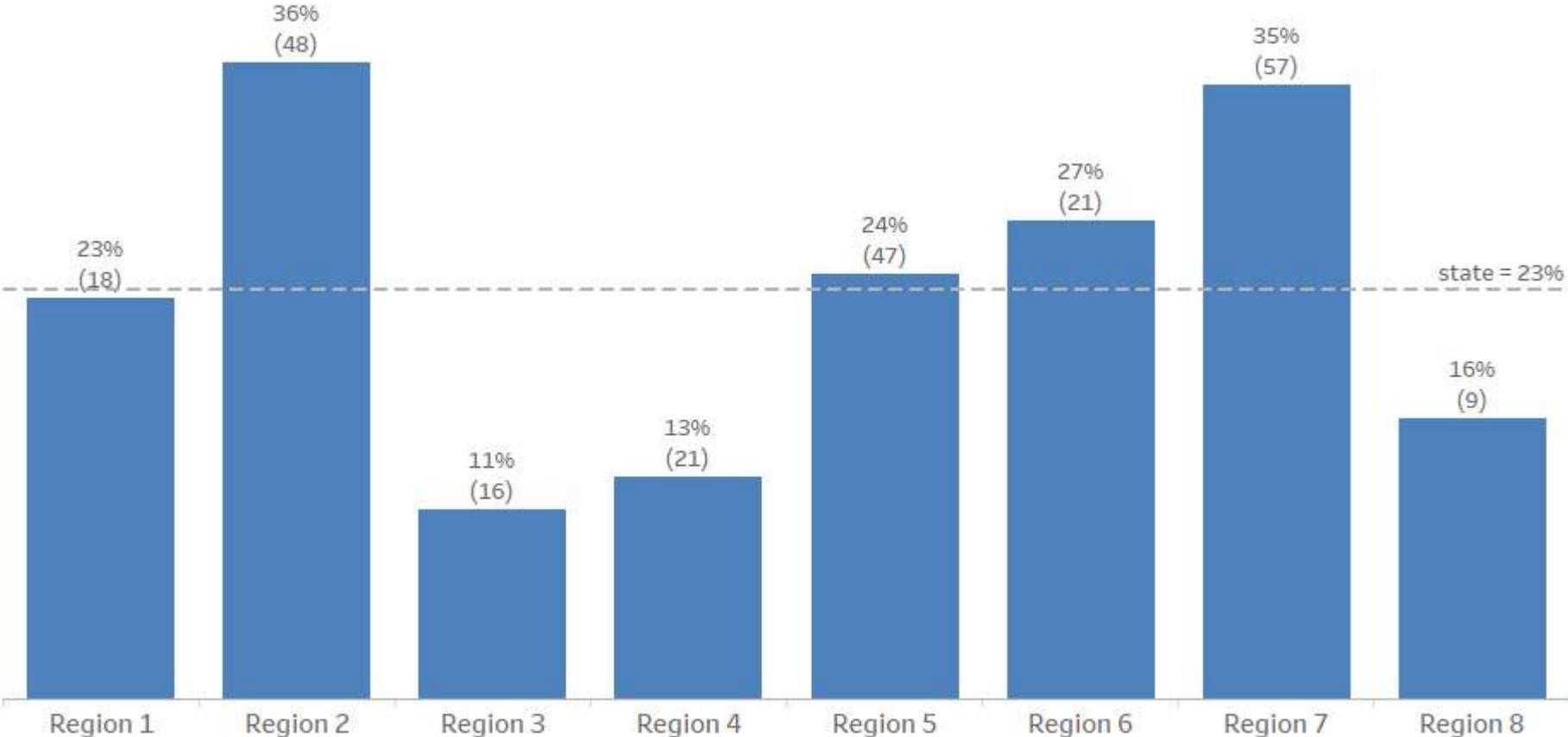


Data source: state-submitted AFCARS data

# There is significant variability across the state as to what fraction of children enter and exit care within a 90 day period

## Children Exiting Care

of children entering care between 04/01/16 - 03/31/17, what percent (number) exit care within 90 days by region



Data source: state-submitted AFCARS data

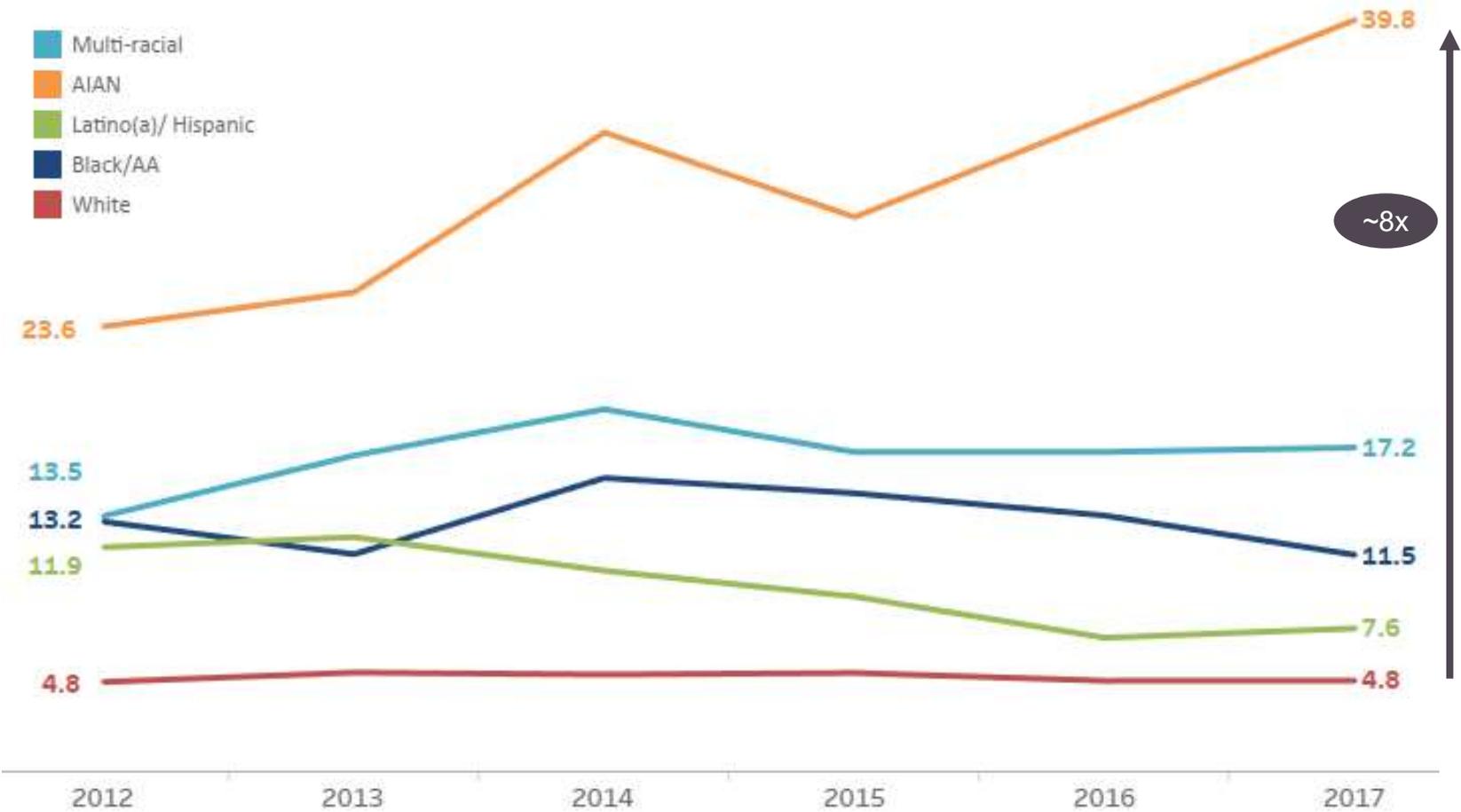
# ND Data: Key Questions and Takeaways

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  - When out-of-home placements occur, there is an opportunity to increase kinship, decrease congregate care
- Where could we start?

# Native American children are at least 8x more likely to be in care than white children, and the rate of Native American children in care at last count is ~68% higher than in 2012

## Rate of children in care

Of children under 18 years of age in care, what is the in care rate, per 1,000 children, by race



Note: data is presented for racial/ethnic groups with at least 50 children in care  
Data source: state-submitted AFCARS data

# Largest growth in Native American children in care has occurred in Region 3, while regions 4 and 5 have highest in care rates

## Rate of children in care

Of children under 18 years of age in care, what is the rate (number), per 1,000 children, of American Indian/Alaska Native children in care by fiscal year and region



Data source: state-submitted AFCARS data

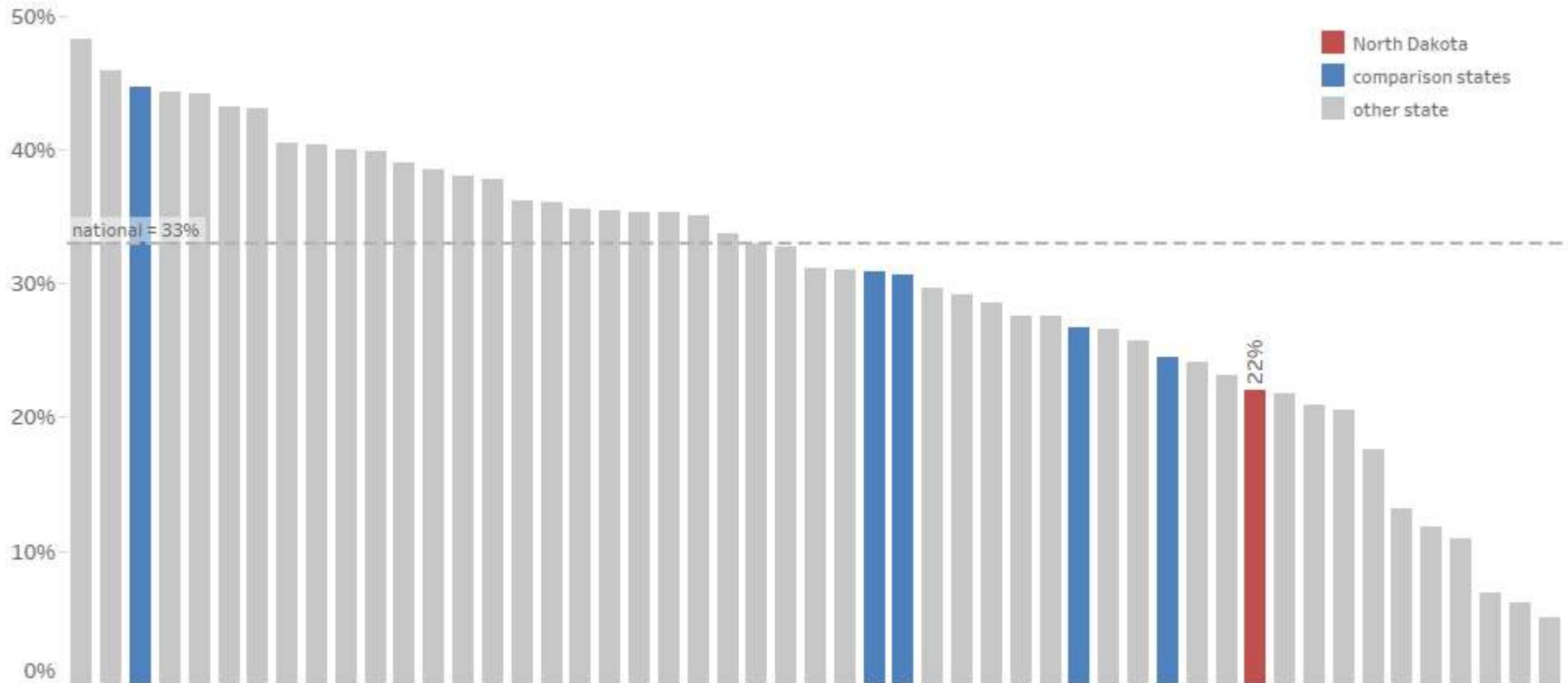
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# When placements occur, ND is 39<sup>th</sup> in nation for children placed with kin/relatives, well below the national average

## Percent of Children in Kinship Care

Of all the children under age 18 in care on 03/31/18, what percent were placed with relatives?

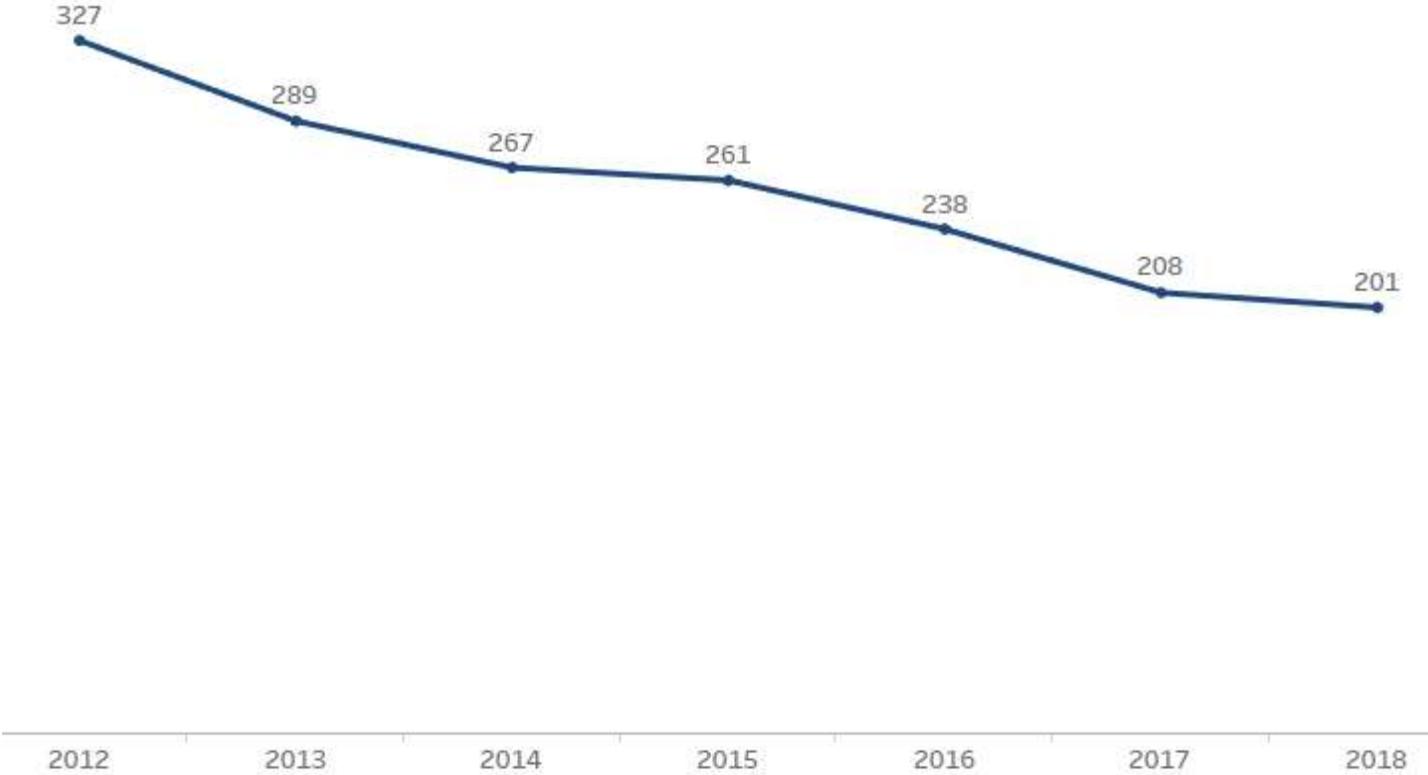


Note: comparison states include Colorado, Montana, South Dakota, Utah, and Wyoming  
Data sources: state-submitted AFCARS data, Claritas Population Data

# ND has made progress in decreasing the number of children in congregate care...

## Number of Children in Congregate Care

Of all the children under age 18 in care on 03/31/18, what number were placed in a congregate care setting?

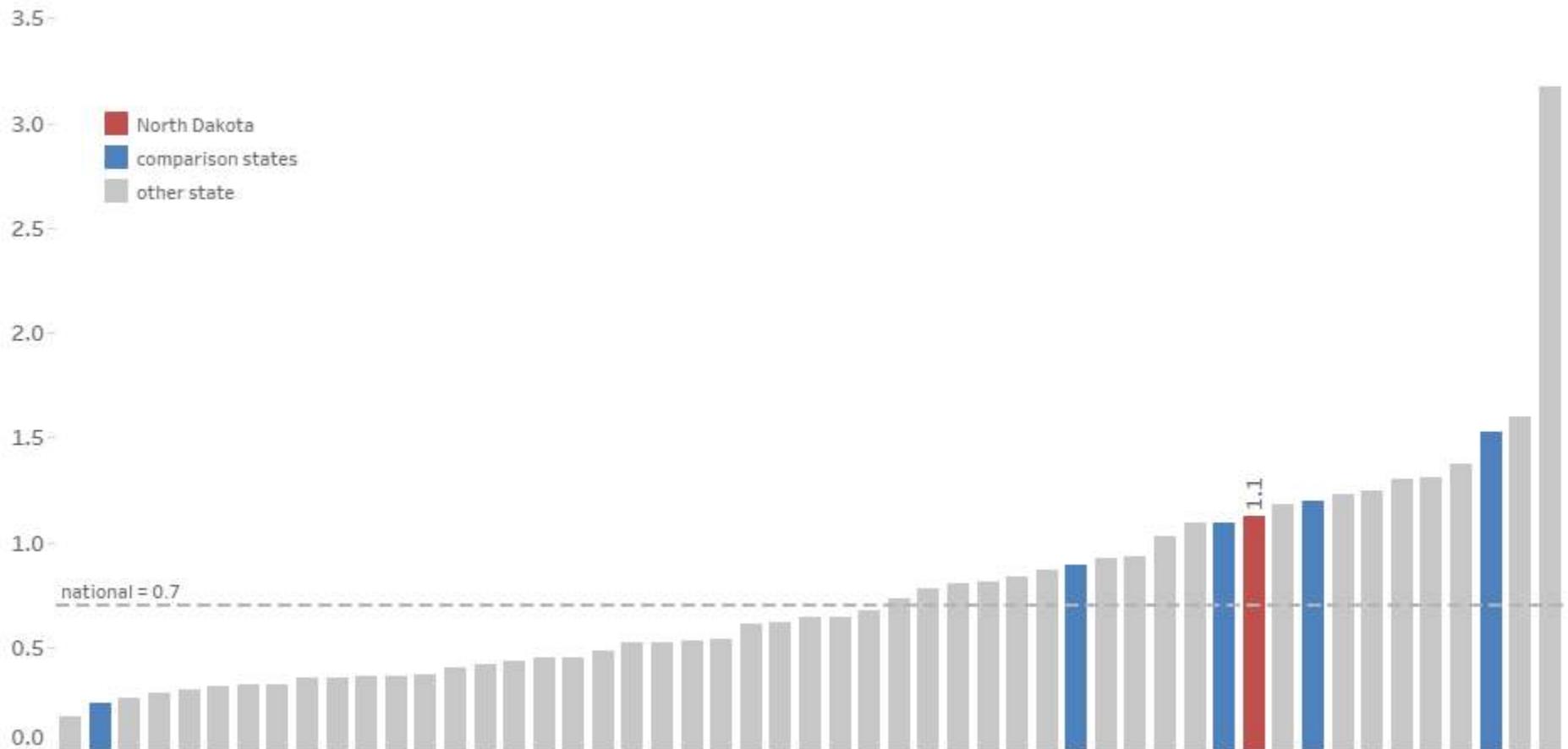


Data source: state-submitted AFCARS data

...and there is still progress to be made, as ND ranks 11<sup>th</sup> – and 60% over the national avg. – for rate in congregate care

### Rate of Children in Congregate Care

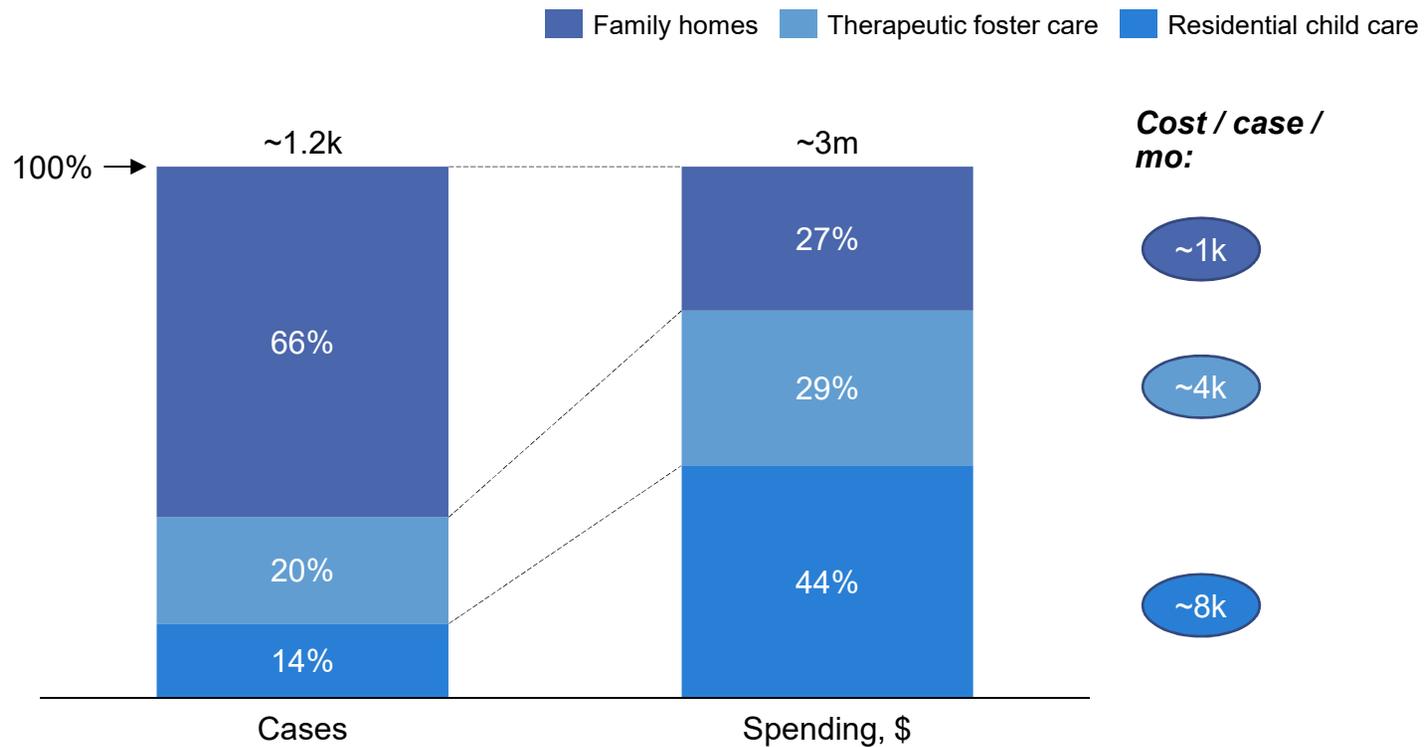
Of all the children under age 18 in care on 03/31/18, what is the rate (per 1,000 children) of placement in a congregate care setting?



Note: comparison states include Colorado, Montana, South Dakota, Utah, and Wyoming  
Data sources: state-submitted AFCARS data, Claritas Population Data

And while congregate placements represent a minority of placements, they constitute a much larger share of spending

### Funding of Placement Settings

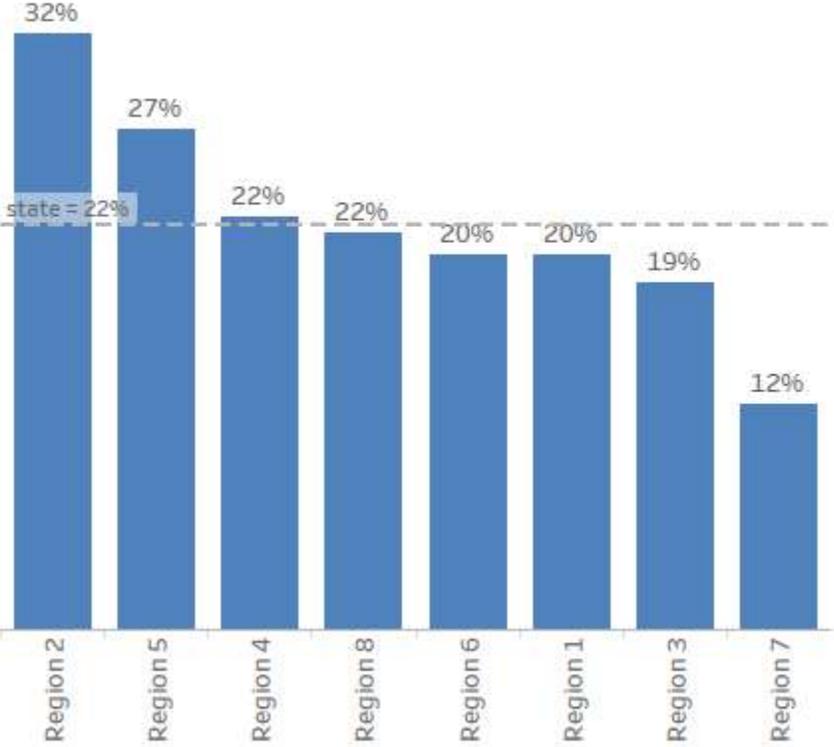


Note: does not include kinship placements  
Source: DHS Quarterly Business Insights

# Within the state, there is significant variation in usage of kinship and congregate care

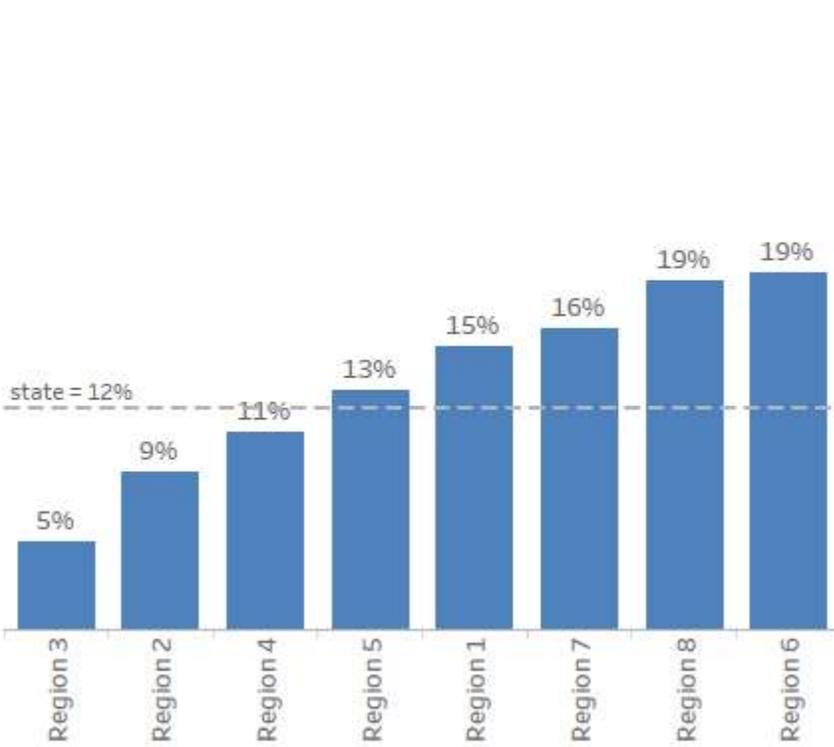
## Percent of Children in Kinship Care, by region

Of all the children under age 18 in care on 03/31/18, what percent were placed with relatives?



## Percent of Children in Congregate Care, by region

Of all the children under age 18 in care on 03/31/18, what percent were placed in a congregate care setting?



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- Why change now?
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- **Where could we start?**

# Every region has an opportunity to expand efforts to prevent removals due to substance abuse or child behavior

## Removal reasons

Percent of children entering care for each removal reason, by region  
 (note: multiple reasons may be selected for a single child, Federal Fiscal Year 2017)

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
Parent Substance Abuse	40%	42%	52%	59%	41%	38%	27%	42%
Neglect	14%	16%	25%	31%	22%	25%	20%	21%
Child Behavior	16%	14%	10%	14%	20%	15%	16%	16%
Physical Abuse	6%	8%	2%	9%	9%	8%	10%	6%
Caretaker Inability to Cope	4%	9%	1%	4%	7%	1%	13%	8%
Parent Incarcerated	5%	13%	2%	2%	8%	4%	11%	5%
Abandonment	3%	1%	11%	2%	1%	5%	5%	5%
Child Substance Abuse	2%	3%	0%	2%	0%	5%	5%	2%
Inadequate Housing	0%	1%	0%	0%	2%	3%	4%	2%
Sexual Abuse	3%	2%	0%	0%	1%	1%	2%	0%
Child Disability	0%	0%	0%	0%	0%	0%	1%	0%
Relinquishment	0%	0%	0%	0%	0%	0%	1%	0%
Parent Death	0%	2%	0%	0%	0%	0%	0%	0%

Across nearly every region of the state, **more than 50% of all removals can be attributed substance abuse (of parent or child) or child behavior**

