Testimony
Department of Human Services
Human Services Interim Committee
Representative Chuck Damschen, Chairman
June 19, 2014

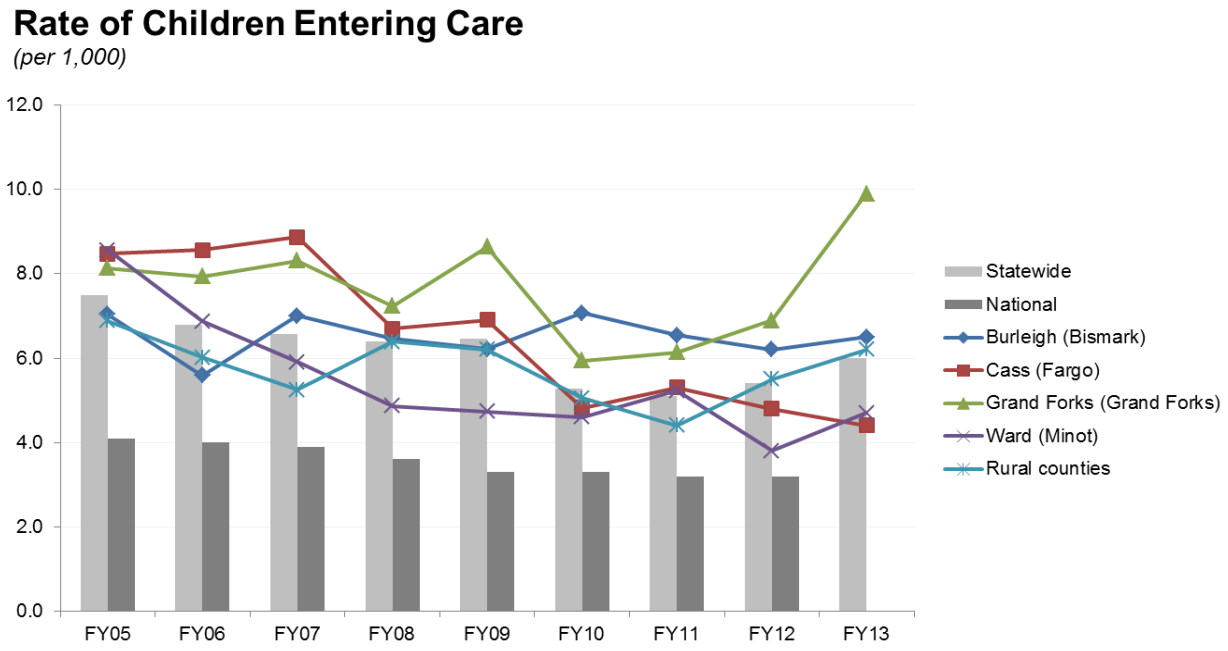
Chairman Damschen, members of the Human Services Interim Committee, I am Shari Doe, Children and Family Services Division Director with the Department of Human Services (DHS). I appear before you to provide information on children's mental health as it relates to the child welfare system.

Behavioral health impacts every facet of child welfare: child protection, foster care, adoption, and in-home services. A parent struggling with untreated mental health/addiction problems often is not capable of caring adequately for their child. A child struggling with untreated mental health/addiction issues struggles at home and in the community. Due to their challenging behaviors, they often are pulled into the juvenile justice or the child welfare system versus the mental health system. Families involved with the child welfare system cannot be successful without their mental health conditions treated.

Foster Care

North Dakota exceeds the national average percentage of children placed in foster care in both family foster homes and congregate care facilities. At the end of SFY 2012, 1,178 children were in foster care. At the end of SFY 2013 the number increased to 1,373 – this is a 16.6% increase in one year. Furthermore, nearly 70% of those aged 12 and older entered foster care because of their challenging behaviors. These behaviors often lead to unruly

or delinquent adjudications and custody of the youth is given to county social services or the Division Juvenile Services. These children also have mental health or addiction issues that impair their ability to remain in a community setting. The following chart indicates the rate of children entering foster care in FFY 2005 – 2013.



In a recent review of North Dakota data on children in foster care from October 1, 2013, to March 30, 2014 - approximately 42% of those children entered care because of the parent's mental health or addiction[1].

Many youth, unfortunately, do not receive mental health services until they enter the child welfare or juvenile justice system. Child Welfare League of America data indicates that nationally 70%-80% of children who enter foster care have mental health issues. Limited access to and delivery of mental health services continues to be a problem for youth especially in certain parts of the state. Some county staff and families have to travel long distances to access behavioral health services for the youth.

[1] Source: Adoption and Foster Care Analysis and Reporting System (AFCARS), 2014 A submission.

I've heard over and over from social workers, county directors, educators, therapists, and other providers that the child welfare cases today are much more "complex". That *complexity* is difficult to quantify but factors most often attributed to increased complexity include: mental health issues, addiction, violence, lack of natural supports, complicated family structures, more siblings and lack of community-based services, so workers and families have to travel long distances to stay connected.

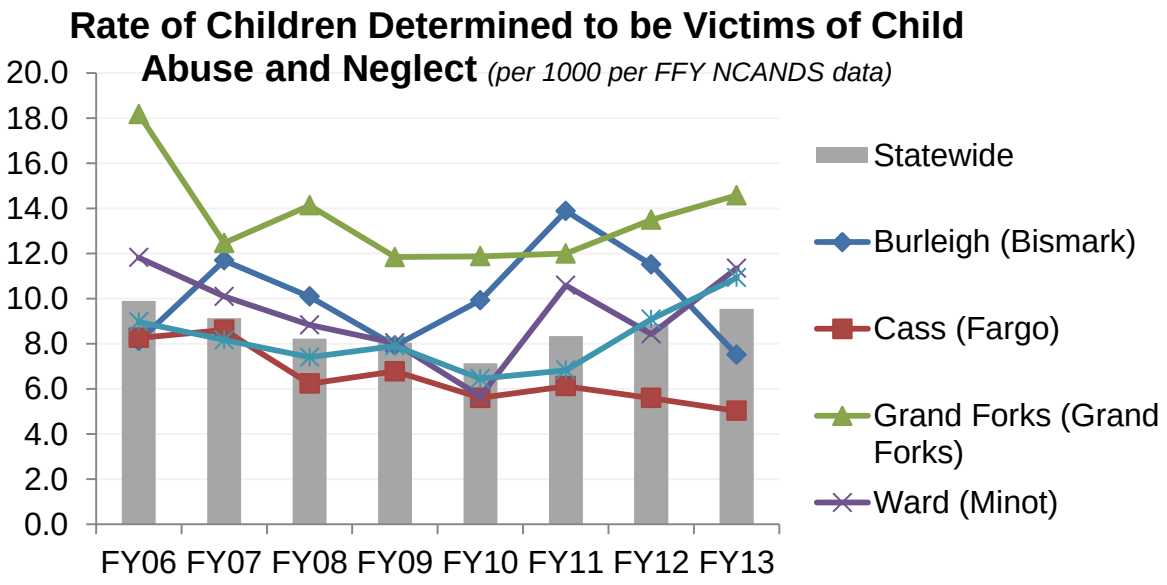
Abuse and Neglect

In CY 2011, a total of 61 **institutional** child abuse and neglect reports were made; CY 2013, a total of 156 **institutional** child abuse and neglect reports made. These are incidents of abuse/neglect reported to have occurred in a North Dakota residential childcare facilities or psychiatric residential treatment facility. We have not identified a specific reason "why" for this increase – only anecdotal reports of "kids getting tougher" and facilities ill-equipped to deal with the youth presenting with complicated child and family issues.

Also trending upward is the number of child abuse and neglect reports. In federal fiscal year 2012, 10,494 child abuse and neglect reports were made. In federal fiscal year 2013, 11,237 child abuse and neglect reports were filed – this is a 7% increase in one year.

The connection between child abuse/neglect and substance abuse is well documented. National data collected by the Children's Bureau Office on Child Abuse and Neglect, found children whose parents abuse alcohol and other drugs were three times more likely to be abused and more than four

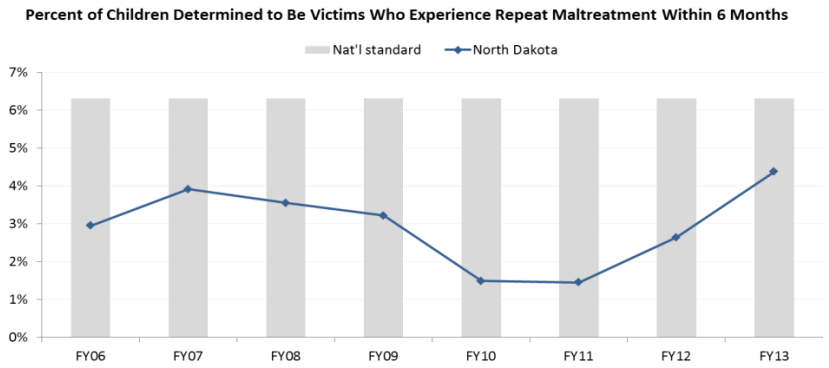
times more likely to be neglected than children from non-alcohol/drug abusing families.



Maltreatment

Another trend we are concerned about is the increasing number of repeat maltreatment cases. Repeat maltreatment is defined as a substantiated report six months following a prior substantiation that involves the same child victim. While North Dakota remains lower than the national average[2], North Dakota's maltreatment number has increased steadily over the past three years.

[2] National standard established by the Administration of Children and Families for use in rounds one and two of the federal Children and Family Service Reviews.



We know that the presence of substance abuse, domestic violence, or mental health problems within families appears to create conditions where recurrence is most likely. Other characteristics in families that appear to influence the likelihood of recurrence include prior history of maltreatment, low income, lack of social support, and single parenting or stepparents.

What can we do?

Child welfare uses a "wrap-around service" approach where services are tailored to the family versus the family fit into a service. This means that an assessment is completed looking at the whole child and family in order to assure that root causes of the abuse or neglect are addressed. This will increase the family's success into the future. Preventing child abuse and foster care involvement requires a team approach. A case manager, the child and family, school personnel, community partners, and mental health clinicians all contribute to developing a plan to assure safe children and strong families.

We know that any work we do early and often in our interaction with families can prevent maltreatment and out of home placement in the future. Identifying issues present within the family and getting needed services in place early can keep children and their parents together and prevent out of home placement. Services like home visiting, intensive in-home, parent

aide, wraparound case management, family-team decision making, etc., all work at the front end of a child welfare case to divert foster care.

The Child Family Services Plan (CFSP)

The Children and Families Services Division (CFS) is in the process of developing the five year federal Children and Family Services Plan. This plan defines the child welfare work the division expects to carry-out over the next five years and it sets direction for the state's entire child welfare system. Back in February and March 2014, the division conducted stakeholder meetings to assist the division in developing the five year plan. About 50 people representing state, county, and private child welfare providers came together for four days to arrive at goals for the division. Providers from one end of the state to the other identified behavioral health needs as a top priority for the Children and Family Services Plan. Strategies identified to meet this need include: identification of mental health and substance abuse service gaps; development of a comprehensive systemic assessment available for children and families; and the need for in-state residential facilities to provide services for specifically challenging youth of all ages. Most of these strategies are ones that require complex solutions and involvement and CFS is in the process of developing strategies to address the needs identified.

Trauma-Informed Practice

While the priority is to prevent child abuse and neglect from occurring, it is equally important to respond to those children and adults who have experienced abuse and neglect. Unresolved trauma can leave lasting effects. More has been done in the way of developing supports to address these effects, build resiliency, and, hopefully, prevent further trauma. Trauma-informed practice refers to the services and programs specifically designed

to address and respond to the impact of traumatic stress. The importance of this approach has become especially evident in the child welfare system, as a majority of children and families involved in the system have experienced some form of past trauma.

With a System of Care grant from Substance Abuse and Mental Health Services Administration, DHS's Mental Health and Substance Abuse Division was able to contract for training on trauma-informed practice. The intent is for all workers in the child welfare system to receive training on trauma. The county child welfare workers will begin the training during the Children's Justice Symposium in July 2014. The training will also be conducted during the North Dakota Conference on Social Welfare annual meeting in September 2014. A trauma-informed practice module has been added to the UND Children and Family Training Center's child welfare curriculum so all new workers coming into child welfare work in North Dakota will have trauma-informed practice model training. All in-state residential treatment providers have received training as well. The regional human service centers are also involved in this initiative. Treating the trauma to address the behaviors is the capstone of trauma-informed practice.

Summary

The ability to provide a comprehensive array of accessible and individualized services to meet the unique needs of children and families is critical to assisting families to raise healthy and happy children. When an array of supports and services is available in communities to assist families in meeting basic needs and gaining parenting and life skills; better child outcomes result.

This concludes my testimony. I am happy to answer any questions.