Testimony
Human Services Committee
Representative Chuck Damschen, Chairman
August 28, 2014

Chairman Damschen, members of the Human Services Interim Committee, I am Shari Doe, Children and Family Services Division Director for the Department of Human Services (DHS). I appear before you to provide information regarding the percentage of children entering foster care who have behavioral health needs.

Generally speaking, most of the children who enter foster care in North Dakota could be labeled as having behavioral health needs. Children suffering with depression, anxiety, attachment issues, trauma signs, chemical dependency, or from abuse or neglect could all exhibit signs that would point to behavioral health needs.

The chart below shows data pulled from the Children and Family Services last 2013 AFCARS (Adoption and Foster Care Analysis and Reporting System) submission. This particular AFCARS data set asks for the reason for entry into foster care. The top three reasons for a child's entry into foster care are neglect, parent substance abuse and child behavior. North Dakota is higher than the national average in child behavior as the reason for entry into foster care.

This data does not distinguish between a child entering care because of "behaviors" and entering care because of "behavioral health needs." As I said, children entering foster care almost always have a behavior health need, depending on how that need is defined.

Looking at the percentage entering by age group, a spike occurs in removals for behaviors as the children get older. About 65% of children over age 13 enter foster care because of the child's behavior. An important note about

the data: North Dakota includes correctional youth in its AFCARS data. Correctional youth tend to be older and are most often identified with having *behavior* as the reason for entry into the foster care system.

Mr. Chairman I'm happy to answer any questions you may have.

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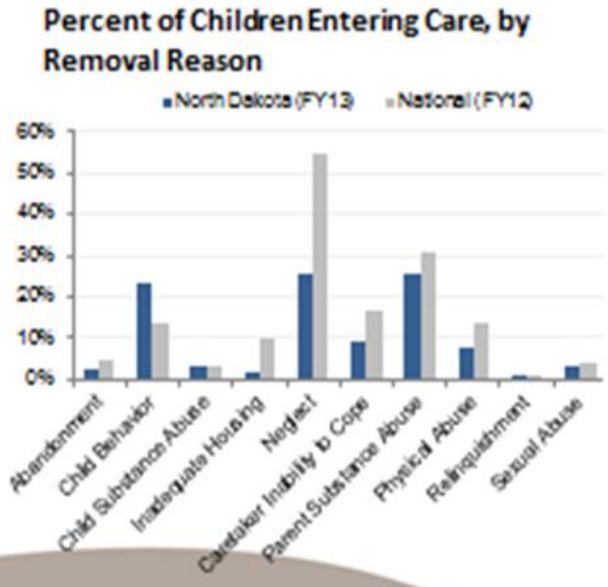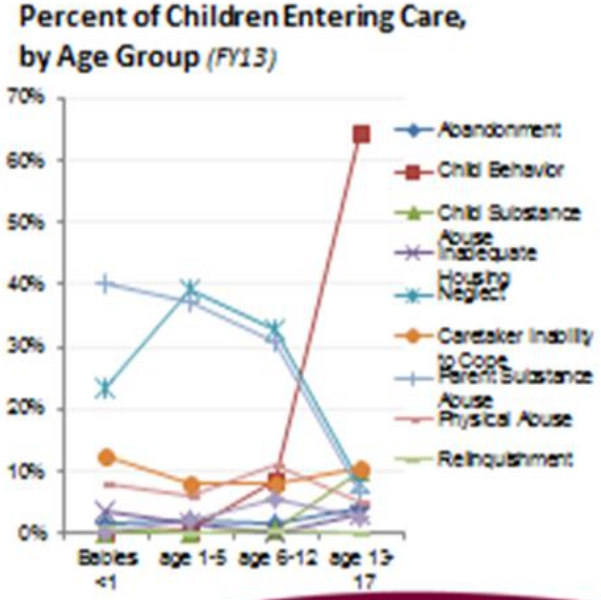
Child behavior problems are more common as a removal reason, likely because of the larger population of older youth entering care