Welcome to the Family First Prevention Services Act Stakeholder Convening!

Comments or questions?
- Email dhscfs@nd.gov to submit your questions for the afternoon panel

Technical Difficulties?
- Email 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

<table>
<thead>
<tr>
<th>Mission</th>
<th>Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality services</td>
<td>• Services and care should be provided as close to home as possible to</td>
</tr>
<tr>
<td></td>
<td>– Maximize each person’s independence and autonomy</td>
</tr>
<tr>
<td></td>
<td>– Preserve the dignity of all individuals</td>
</tr>
<tr>
<td></td>
<td>– Respect constitutional and civil rights</td>
</tr>
<tr>
<td></td>
<td>• Services should be provided consistently across service areas to promote equity of access and citizen focus of delivery</td>
</tr>
<tr>
<td>Efficient services</td>
<td>• Services should be administered to optimize for a given cost the number served at a service level aligned to need</td>
</tr>
<tr>
<td></td>
<td>• Investments and funding in DHS should maximize ROI for the most vulnerable through the continuum of care – prevention, early intervention and safety net services – not support economic development goals</td>
</tr>
<tr>
<td></td>
<td>• Cost-effectiveness should be considered holistically, acknowledging potential unintended consequences and alignment between state and federal priorities</td>
</tr>
<tr>
<td>Effective services</td>
<td>• Services should help vulnerable North Dakotans of all ages maintain or enhance quality of life by</td>
</tr>
<tr>
<td></td>
<td>– Supporting access to the social determinants of health: economic stability, housing, education, food, community, and health care</td>
</tr>
<tr>
<td></td>
<td>– Mitigating threats to quality of life such as lack of financial resources, emotional crises, disabling conditions, or inability to protect oneself</td>
</tr>
</tbody>
</table>
To improve lives, DHS enables access to social determinants of health when community resources are insufficient.

- **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

**Funding by Source**
% by revenue stream in 17-19 Biennium Budget

<table>
<thead>
<tr>
<th>Area</th>
<th>Division</th>
<th>Total M, Total/General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Services &amp; Eligibility</td>
<td>IT Services Admin Economic Assistance</td>
<td>226/72</td>
</tr>
<tr>
<td>Medical, DD, Long-term care</td>
<td>Children &amp; Family Services</td>
<td>166/127</td>
</tr>
<tr>
<td></td>
<td>County Social Services Child Support</td>
<td>161/29</td>
</tr>
<tr>
<td></td>
<td>Vocational Rehab</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Services</td>
<td>1,365/1,946</td>
</tr>
<tr>
<td></td>
<td>Long Term Care</td>
<td>694/946</td>
</tr>
<tr>
<td></td>
<td>Aging Services</td>
<td>23/38</td>
</tr>
<tr>
<td></td>
<td>DD Division</td>
<td>611/87</td>
</tr>
<tr>
<td></td>
<td>DD Council</td>
<td>59/194</td>
</tr>
<tr>
<td></td>
<td>LSTC HSCs</td>
<td>19/66</td>
</tr>
<tr>
<td></td>
<td>BH State Hospital</td>
<td>38/206</td>
</tr>
<tr>
<td></td>
<td>Sex Offnrd Treat &amp; Eval</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Program</th>
<th>Clients, per mo. k</th>
<th>Cost, per mo $m</th>
<th>Per client, per mo $k</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF</td>
<td>2.9</td>
<td>0.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Child Care Assistance</td>
<td>2.5</td>
<td>1.0</td>
<td>0.4</td>
</tr>
<tr>
<td>SNAP</td>
<td>53.4</td>
<td>6.4</td>
<td>0.1</td>
</tr>
<tr>
<td>LIHEAP</td>
<td>32.2</td>
<td>8.6</td>
<td>0.3</td>
</tr>
<tr>
<td>Sub adopt</td>
<td>1.4</td>
<td>1.3</td>
<td>1.0</td>
</tr>
<tr>
<td>Foster care</td>
<td>1.2</td>
<td>3.2</td>
<td>2.7</td>
</tr>
<tr>
<td>Medical</td>
<td>93.3</td>
<td>53.9</td>
<td>6.6</td>
</tr>
<tr>
<td>Nursing facilities</td>
<td>3.0</td>
<td>21.5</td>
<td>7.1</td>
</tr>
<tr>
<td>Basic Care</td>
<td>0.6</td>
<td>1.5</td>
<td>2.5</td>
</tr>
<tr>
<td>HCBS</td>
<td>2.2</td>
<td>3.0</td>
<td>1.4</td>
</tr>
<tr>
<td>All DD programs(^1,2)</td>
<td>5.0</td>
<td>23.3</td>
<td>4.7</td>
</tr>
<tr>
<td>ICF/ID</td>
<td>0.4</td>
<td>4.3</td>
<td>10.2</td>
</tr>
<tr>
<td>Transl' commy living Infant development</td>
<td>0.2</td>
<td>0.9</td>
<td>6.0</td>
</tr>
<tr>
<td>LSTC</td>
<td>1.2</td>
<td>1.0</td>
<td>0.8</td>
</tr>
<tr>
<td>State hospital</td>
<td>0.1</td>
<td>2.5</td>
<td>28.6</td>
</tr>
<tr>
<td>Tompkins</td>
<td>0.1</td>
<td>2.4</td>
<td>3.6</td>
</tr>
<tr>
<td>Sex offr treat &amp; eval</td>
<td>0.0</td>
<td>0.5</td>
<td>12.5</td>
</tr>
<tr>
<td>HSC - Adult SUD</td>
<td>3.0</td>
<td>1.2</td>
<td>0.4</td>
</tr>
<tr>
<td>HSC - Adult MH</td>
<td>6.5</td>
<td>3.6</td>
<td>0.6</td>
</tr>
<tr>
<td>HSC - Youth MH</td>
<td>1.1</td>
<td>0.5</td>
<td>0.4</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>0.6</td>
<td>0.5</td>
<td>0.8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service categories</th>
<th>Impacted Populations</th>
<th>Medical</th>
<th>Long-term services &amp; supports</th>
<th>Behavioral Health</th>
<th>Child Welfare</th>
<th>Economic Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adults</td>
<td>Improve efficiency of administering coverage</td>
<td>Invest in home and community based services</td>
<td>Expand access to crisis services statewide &amp; home and community based supports</td>
<td>Coordinate Behavioral Health System study implement -tation</td>
<td>Redesign social services</td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Invest in Family First supports for candidates for foster care**
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 8th 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?**
**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 8th 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?
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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Foster care population (thousands)</th>
<th>United States (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>387,776</td>
<td>305.390</td>
</tr>
<tr>
<td>2013</td>
<td>372,354</td>
<td>304.676</td>
</tr>
<tr>
<td>2014</td>
<td>385,390</td>
<td>305.951</td>
</tr>
<tr>
<td>2015</td>
<td>400,129</td>
<td>307.228</td>
</tr>
<tr>
<td>2016</td>
<td>413,522</td>
<td>308.502</td>
</tr>
<tr>
<td>2017</td>
<td>422,077</td>
<td>309.778</td>
</tr>
<tr>
<td>2018</td>
<td>426,776</td>
<td>311.054</td>
</tr>
</tbody>
</table>

**North Dakota**

<table>
<thead>
<tr>
<th>Year</th>
<th>Foster care population (state thousands)</th>
<th>United States (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1,175</td>
<td>1.233</td>
</tr>
<tr>
<td>2013</td>
<td>1,233</td>
<td>1.242</td>
</tr>
<tr>
<td>2014</td>
<td>1,342</td>
<td>1.263</td>
</tr>
<tr>
<td>2015</td>
<td>1,418</td>
<td>1.276</td>
</tr>
<tr>
<td>2016</td>
<td>1,476</td>
<td>1.288</td>
</tr>
<tr>
<td>2017</td>
<td>1,518</td>
<td>1.300</td>
</tr>
<tr>
<td>2018</td>
<td>1,652</td>
<td>1.312</td>
</tr>
</tbody>
</table>

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

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

- Includes ~1650 children in care
- Does not include ~460 additional children in tribal custody

Note: comparison states include Colorado, Montana, South Dakota, Utah, and Wyoming
Data sources: state-submitted AFCARS data, Claritas Population Data
**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 8th 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?
Growth in foster care populations have occurred in every region of the state, with 2/3/4/7 contributing most to overall increase.
Even when adjusting for child population growth, the majority of the 8 regions have seen increases in the rate of children in care.
### 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?**
## 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?**
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?

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**

- Neglect: 62%
- Parent Substance Abuse: 39%
- Caretaker Inability to Cope: 14%
- Physical Abuse: 12%
- Inadequate Housing: 10%
- Child Behavior: 9%
- Parent Incarcerated: 8%
- Abandonment: 5%
- Sexual Abuse: 4%
- Child Substance Abuse: 3%
- Child Disability: 2%
- Relinquishment: 1%
- Parent Death: 1%

**North Dakota**

- Neglect: 22%
- Parent Substance Abuse: 42%
- Caretaker Inability to Cope: 6%
- Physical Abuse: 8%
- Inadequate Housing: 1%
- Child Behavior: 16%
- Parent Incarcerated: 7%
- Abandonment: 4%
- Sexual Abuse: 1%
- Child Substance Abuse: 2%
- Child Disability: 0%
- Relinquishment: 0%
- Parent Death: 0%

Data source: state-submitted AFCARS data
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.

- **within 7 days**: 9% (91)
- **8-30 days**: 6% (65)
- **31-90 days**: 8% (83)
- **91-180 days**: 9% (91)
- **181-365 days**: 17% (173)
- **more than 1 year**: 51% (530)

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

- 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?
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.
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

<table>
<thead>
<tr>
<th>Region 1</th>
<th>Region 2</th>
<th>Region 3</th>
<th>Region 4</th>
<th>Region 5</th>
<th>Region 6</th>
<th>Region 7</th>
<th>Region 8</th>
</tr>
</thead>
</table>

Data source: state-submitted AFCARS 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?**
When placements occur, ND is 39\textsuperscript{th} 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 11th – 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**

- **Cases**: ~1.2k
  - Family homes: 66% (14% of total cases)
  - Therapeutic foster care: 20% (20% of total cases)
  - Residential child care: 14% (26% of total cases)

- **Spending, $**: ~3m
  - Family homes: 27% (27% of total spending)
  - Therapeutic foster care: 29% (29% of total spending)
  - Residential child care: 44% (44% of total spending)

**Cost / case / mo:**
- ~1k
- ~4k
- ~8k

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?

Data source: state-submitted AFCARS data
ND Data: Key Questions and Takeaways

- Why change now?
- What are the opportunities for change?
- 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)

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

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.

Data source: state-submitted AFCARS data
Additionally, data suggests that...

Region I has an opportunity to...
- Decrease reliance on congregate care, as current rate of 15% in congregate care is above the state average
- Increase reliance on kinship care, as current rate of 20% in kinship care is below state average

Region II has an opportunity to...
- Address <3 mo. entry and exits, which constitute ~36% of exits
- Continue leveraging kinship care placements, which currently represent ~1/3 of placements

Region III has an opportunity to...
- Address 10% annual growth in the rate of children in care and more than 2x growth since 2012 in Native American children in care

Region IV has an opportunity to...
- Address 9% annual growth in the rate of children in care
- Reduce disproportionality of Native American children in care, as data suggests ~10% Native American children in the region were in care at last count

Region V has an opportunity to...
- Reduce disproportionality of Native American children in care, as data suggests ~8% Native American children in the region were in care at last count

Region VI has an opportunity to...
- Address 9% annual growth in the rate of children in care
- Decrease reliance on congregate care, as current rate of 19% is tied for highest in the state

Region VII has an opportunity to...
- Increase reliance on kinship care, as current rate of 12% in kinship care is lowest in the state
- Decrease reliance on congregate care, as current rate of 16% is above the state average

Region VIII has an opportunity to...
- Decrease reliance on congregate care, as current rate of 19% in congregate care is tied for highest in the state

Region IX has an opportunity to...
- Address <3 mo. entry and exits, which constitute ~36% of exits
- Continue leveraging kinship care placements, which currently represent ~1/3 of placements

Region X has an opportunity to...
- Address 10% annual growth in the rate of children in care and more than 2x growth since 2012 in Native American children in care

Region XI has an opportunity to...
- Address 9% annual growth in the rate of children in care
- Reduce disproportionality of Native American children in care, as data suggests ~10% Native American children in the region were in care at last count

Region XII has an opportunity to...
- Reduce disproportionality of Native American children in care, as data suggests ~8% Native American children in the region were in care at last count

Region XIII has an opportunity to...
- Address 9% annual growth in the rate of children in care
- Decrease reliance on congregate care, as current rate of 19% is tied for highest in the state

Region XIV has an opportunity to...
- Address <3 mo. entry and exits, which constitute ~36% of exits
- Continue leveraging kinship care placements, which currently represent ~1/3 of placements

Region XV has an opportunity to...
- Address 10% annual growth in the rate of children in care and more than 2x growth since 2012 in Native American children in care

Region XVI has an opportunity to...
- Address 9% annual growth in the rate of children in care
- Reduce disproportionality of Native American children in care, as data suggests ~10% Native American children in the region were in care at last count

Region XVII has an opportunity to...
- Reduce disproportionality of Native American children in care, as data suggests ~8% Native American children in the region were in care at last count

Region XVIII has an opportunity to...
- Address 9% annual growth in the rate of children in care
- Decrease reliance on congregate care, as current rate of 19% is tied for highest in the state