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Testimony to Opioid and Substance Abuse Select Committee

**Interim charge:** Examine the impact of substance abuse and substance use disorders on Texans who are involved in the adult or juvenile criminal justice system and/or the Child Protective Services system. Identify barriers to treatment and the availability of treatment in various areas of the state. Recommend solutions to improve state and local policy, including alternatives to justice system involvement, and ways to increase access to effective treatment and recovery options.

#### **Introduction:**

NAMI Texas is a nonprofit 501(c)3 organization founded by volunteers in 1984. We are part of the nation's largest grassroots mental health organizations and we exist to help improve the quality of life for individuals with mental illness and their families. Around the state, we have 30 local NAMI affiliate organizations and approximately 2,000 members.

This written testimony will discuss the impact of mental health disorders and trauma on risk for developing a substance use disorder, the prevalence and unique risk youth aging out of foster care face of developing a substance use disorder and not receiving adequate treatment, and provide some broad recommendations on how to address this issue.

#### **Family History of Substance Abuse**

A family history of substance use disorder is consistently a major risk factor of the development of a substance use disorder. Youth who have a family history of substance use disorder are three to eight times more likely to develop a substance use disorder than youth without a family history. Youth with a family history of substance use disorder are more likely to have a greater number or stressors in their life, which heavily increases their chances of developing a substance use disorder. Stressors that develop between the ages of 11 and 15 have the greatest impact on early substance use. Social norms and genetic predisposition may also contribute to their likelihood of developing a substance use disorder.

## **Substance Abuse and Mental Health/Trauma**

Mental health disorders are also a major risk factor for substance abuse. In 2014, half of the 20.2 million adults in the U.S. who experienced a substance use disorder had a co-occurring mental illness. Post-traumatic stress disorder significantly increases the chance that a youth will experience a substance use disorder. Teens who had experienced physical or sexual abuse or assault were three times more likely to report past or current substance abuse than those without a trauma history. Youth may abuse substances to self-medicate for their mental health condition. In a study of youth of receiving substance abuse treatment services, 70 percent reported having a history of trauma. Substance abuse can also contribute to the development or worsening of symptoms in a mental health condition.

## **Foster Care Population in Texas**

In 2015, over 27,000 children and youth were in substitute care under the Department of Family Protective Service. About a quarter of these young people are 14 years old and older. An average of 1,200 youth age out of foster care in Texas each year without being adopted. In 2016, 60 percent of children and youth in foster care were placed outside their county of origin.

## **Foster Care and Mental Health/Trauma**

Youth in foster care also have higher rates of mental health diagnoses than the general population. Youth aging out of foster care are 2-4 times more likely to have experienced a mental health disorder in the past year and across their lifetimes than their peers. Youth in foster care have experienced complex trauma at a higher rate than youth not involved with the foster care system. Foster care alumni are twice as likely to develop post traumatic stress disorder across their lifetime than the general population. This trauma may include physical and sexual abuse, neglect, or witnessing interpersonal violence.

After these youth leave care, they are less likely to receive mental health treatment. Mental health service use in one study dropped from 36 percent at ages 17-18 to 10 percent by age 21. Use of psychotropic medication drops from 23 percent at ages 17-18 to 13 percent by age 21. Not knowing how to access treatment is a major obstacle for these youth, as many youth did not independently manage their mental health care prior to foster care and may have fewer supports once they age out of the system.

## **Substance Abuse and Foster Care**

Youth involved in the foster care system report levels of substance use similar to youth outside the system. However, youth who have been involved with the foster care system experience higher rates of substance use disorders. In July 2017, 1,137 of 16,468, or 7 percent of youth in foster care were listed as having a substance use disorder. This number may be low or not reflect the aged out population, as other studies placed substance use disorder rates around 20 percent for foster care alumni. This higher rate of substance use disorder may be connected to a family history of substance abuse or a greater history of trauma. 38 percent of transition-age youth in Texas entered care due to parental substance abuse in 2015, compared to 15 percent nationwide.

## **Unique Needs for Treatment**

Youth in foster care experience less stability in adult supports and housing than youth outside the system, and are less likely to learn about substance use prevention in school or from a guardian. Youth aging out of foster care in Texas average nine placements during their time in CPS conservatorship. This disrupts their ability to benefit from substance use disorder education and treatment services in their school or local community. These youth may not have consistent adult support in their lives to detect and help with recovery from a substance use disorder. Moving placements frequently often means youth are not consistently seeing the same counselors or health care providers, and this disrupts their treatment.

## **Homelessness and Mental Health/Substance Use Disorders**

Youth with mental health and substance use disorders are at a greater risk of experiencing homelessness, and housing instability once a youth ages out of foster care can contribute to substance use disorders. By 21, 27 percent of youth who aged out reported experiencing homelessness and 25 percent experienced incarceration in the last two years. Foster youth living in continuously unstable living situations after discharging from foster care were 3-4 times more likely to have an emotional or behavioral disorder than former foster youth living in stable living situations.

## **Recommendations**

NAMI Texas has three recommendations for the committee regarding treating substance use disorder in this population. First, Texas needs to invest in evidence-based programming that is trauma-informed, recognizes the connection between mental illness and substance use disorders, and is specifically designed to treat substance use disorders in the foster care population. This must include outpatient as well as in-patient treatment, prevention education, therapy, case management, and training for child welfare service providers around substance use disorders. Young people need access to education, treatment, and support throughout the recovery process.

Second, placement stability and stability in treatment services is critical for youth in foster care to prevent and effectively treat substance use disorders. This includes a commitment to reducing how often a youth is moved from placements as well as strong communication between placements and health providers regarding a youth's mental health and substance use disorder treatment needs.

Finally, we need to ensure former foster youth have access to trauma-informed mental health and substance use disorder treatment services as well as access to supportive housing as they leave care. Foster youth who age out are eligible for Medicaid until age 26, but they may not know how to access care. Their need for treatment does not end when they reach adulthood, and we need to continue ensuring they can successfully transition into a healthy adulthood.

## Conclusion

Older youth in foster care in Texas are at a unique risk of developing a substance use disorder due to the high level of stressors, mental health issues, and trauma they experience before and during their time in foster care and the higher rate of parental substance abuse in their families. The frequent placement changes and lack of consistent adults in the lives of many of these youth can make it more challenging to prevent, diagnose, and treat mental health and substance use disorders through traditional methods. Youth are less likely to continue mental health treatment as they age out, and those with serious mental illness are at a high risk of experiencing homelessness. Specialized interventions and a focus on creating stability for youth aging out of foster care is critical to end the cycle of substance use disorders for the next generation.

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