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Testimony to House Joint Hearing on Public Health and Human Services

Interim charge: Analyze the prevalence of children involved with Child Protective Services (CPS) who have a mental illness and/or a substance use disorder. In addition, analyze the prevalence of children involved with CPS due to their guardian's substance abuse or because of an untreated mental illness. Identify methods to strengthen CPS processes and services, including efforts for family preservation; increasing the number of appropriate placements designed for children with high needs; **and ensuring Texas Medicaid is providing access to appropriate and effective behavioral health services**

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 testimony will discuss the prevalence and risk factors that place youth aging out of foster care at risk of developing a mental health and/or substance use disorder, the connection between mental health, trauma and substance use disorders, and special considerations for this population.

Family History of Substance Abuse as a Risk Factor

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 of 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 in order 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 disorder.

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 aged 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.

Mental Health Treatment Rates after Care

After foster 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. Almost two-thirds of youth who aged out and more than one-third of youth in care who stopped taking medication did so without the advice of a health care professional. Most foster 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 Substance Use 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 four recommendations for the committee regarding treating substance use disorder in this population.

1. 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.
2. Placement stability and stability in treatment services is critical for youth in foster care to prevent and effectively treat mental health and 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.
3. Senate Bill 1758 last session required earlier and more transition planning and more effective curriculum for youth aging out. This bill was critical to helping youth successfully age out, and it is an important opportunity to include transition planning on mental health needs in this reform. Foster youth need continuous mentoring and education on their mental health conditions, medications, treatment options, and recovery strategies as well as on the insurance process and health care system. Youth with behavioral health issues are more likely to exit foster care abruptly and unplanned, which means we need to start developing their self-sufficiency with health care years before adulthood.
4. Texas needs 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. These youth are eligible for Medicaid until age 26, but they may not know how to access care. To help with care access, we need to introduce auto-enrollment for youth aging out of STAR Health Medicaid at 21. Prior to the Affordable Care Act extending coverage, a 2009 study revealed that two-thirds of foster youth surveyed had no insurance coverage after leaving care. Only one of every six foster youth regained coverage, but only after eight months without coverage. Transition-age foster youth are not likely to have other forms of insurance, and requiring them to reapply for Medicaid means they are more likely to experience lapses in needed coverage.

Conclusion

Older youth in foster care in Texas are at a unique risk of developing a mental health and/or substance use disorder due to the high level of stressors, mental health issues, and trauma they 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. Youth aging out of the system may need additional support in managing their mental health treatment needs and access to Medicaid. Specialized interventions, stability, and early education for youth aging out of foster care is critical for their health and well-being.

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