



September 13, 2018

Alissa Sughrue

Policy Coordinator, NAMI Texas (Texas affiliate of the National Alliance on Mental Illness)

Email: policy.fellow@namitexas.org

Phone: 512-693-2000

Testimony to Legislative Budget Board on DFPS' Legislative Appropriations Request

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.

Foster Care and Mental Health

- In 2015, over 27,000 children and youth were in substitute care under Texas DFPS.¹
 - About a quarter of these young people are 14 years old and older.¹
- An average of 1,200 youth aged out of foster care in Texas each year without being adopted.¹
- 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.²
- Foster care alumni are twice as likely to develop post traumatic stress disorder across their lifetime than the general population.²
- 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.²
- After foster youth leave care, they are less likely to receive mental health treatment.
 - Mental health service use in one study dropped from 36% at ages 17-18 to 10% by age 21. Use of psychotropic medication drops from 23% at ages 17-18 to 13% by age 21.²
 - 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 healthcare professional.³
- 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.³
- By 21, 27% of Texas youth who aged out reported experiencing homelessness and 25% experienced incarceration in the last two years.⁴

Recommendations

NAMI Texas supports investments in behavioral health services for youth and families involved in the Child Protective Services system, including abuse prevention, early intervention, and support for youth aging out of care.

4.A. Priority 8, Expanded Prevention and Early Intervention Programs

DFPS requests funding and staff to expand prevention services, including both program expansion and the resources required to administer programs. Funding and staff resources to expand the following prevention programs based

NAMI Texas
512-693-2000

PO Box 300817
512-693-8000

Austin, TX 78703
www.namitexas.org

on a strategy to increase numbers served by 10%: Services to At Risk Youth (STAR), Community Youth Development (CYD), Healthy Outcomes through Prevention and Early Support (HOPES), Texas Nurse-Family Partnership (TNFP).

NAMI Texas strongly supports the request for additional funding for prevention and early intervention programs. By providing services early on to children and families at risk of involvement with Child Protective Services, we can reduce trauma for youth and families and avoid child removal. We can also provide children and families with mental health and substance use disorder treatment options when they need it through early intervention, and stop the cycle of abuse and neglect.

4.A. Priority 5, Child Protective Services Initiatives and Operations

A. Additional PAL Staff and Regional Youth Specialists- FY20: \$1.3M GR/AF | FY21: \$1.2M GR/\$1.3M AF 11 PAL staff to conduct independent living assessments for youth in PMC ages 14 and 15, as required by SB 1758, 85R. DFPS also requests seven new Regional Youth Specialists to ensure there is 1 per region.

NAMI Texas supports increased funding for additional Preparation for Adult Living staff and Regional Youth Specialists as part of DFPS's expansion of transition planning for youth. 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. This may include mentoring and education for foster youth on their mental health needs, treatment options, and recovery strategies as well as on the insurance process and health care system. Adequately funding the PAL program will help jumpstart this conversation and ensure the youth most at risk have the supports in place they need for aging out of care.

4.A. Priority 5, Child Protective Services Initiatives and Operations

C. Supervised Independent Living- \$0.7M GR/\$0.9M AF per year DFPS requests funds to create an add-on to the SIL rate to provide additional case management for youth who have complex needs, creating a viable alternative for youth who otherwise choose to extend stays in more costly service levels or leave care without needed services and supports.

NAMI Texas advocates for supportive housing programs for individuals with mental health conditions or other complex needs. Foster youth with mental health conditions are at the greatest risk of experiencing homelessness after they leave care. These youth may not need an intensive treatment program, but are not ready to be completely independent. Funding more staff for Supervised Independent Living programs will provide young adults who may need extra care due to disabilities or behavioral health issues support to both manage adulthood and their complex health needs. It will also create space for youth with more intensive needs in residential treatment centers. Special consideration should be given to youth with behavioral health conditions in developing staff.

References

1. Patel, D, Powell, K., Rector, H., Booker, D.D. (2017). Texas Foster Care System Analysis and Recommendations. TexProtects.
2. Havlicek, J. Garcia, A., Smith, D.C. (2013). Mental Health and Substance Use Disorders among Foster Youth Transitioning to Adulthood: Past Research and Future Directions. Child Youth Serv Rev. 35(1): 194–203
3. McMillen, J. C., & Raghavan, R. (2009). Pediatric to Adult Mental Health Service Use of Young People Leaving the Foster Care System. The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine, 44(1), 7–13.
4. 2015 Transition-Age Youth in Foster Care in Texas. Child Trends. (From AFCAR data).