

Juvenile Justice Policy and Data Board

CBI Subcommittee

Virtual Meeting

March 24, 2022

1:00-2:30pm

Agenda

1. Welcome and Introductions
2. Review/Approval of February meeting minutes
3. 2022 Work Plan
4. Diversion Learning Lab Presentation
5. Youth and Caregiver Focus Group Findings

Next Meeting Date: Date Change

April 28, 2022

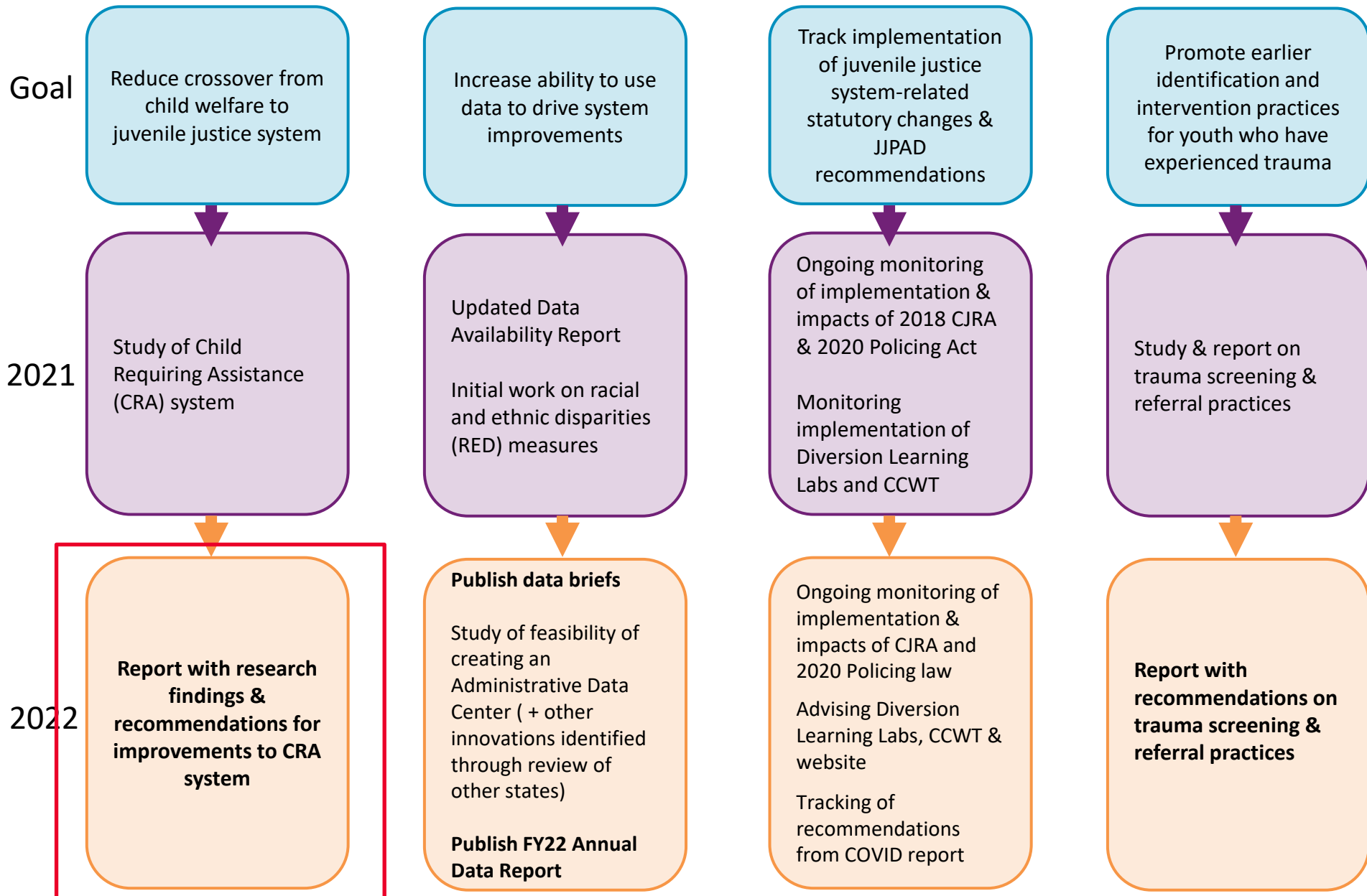
2:00pm-3:30pm

Virtual Meeting

For virtual meeting information, email Morgan Byrnes at Morgan.Byrnes@mass.gov

JJPAD 2022 Work Plan

JJPAD 2022 Work Plan



CBI Subcommittee

Spring

- Review focus group and CRA case file review findings
- Development: *recommendations for improvements to the CRA system*
- Ongoing advisory on the state Diversion Learning Labs

Summer

- Draft *recommendations for improvements to the CRA system*
- Ongoing advisory on the state Diversion Learning Labs

Fall

- Final report with *recommendations for improvements to the CRA system*
- Next steps in addressing crossover youth in MA
- Ongoing advisory on the state Diversion Learning Labs

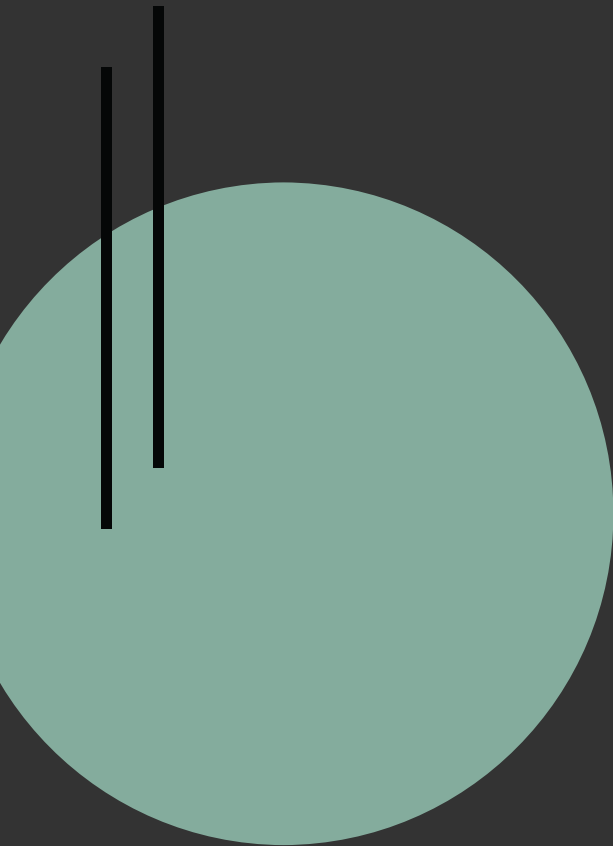
An aerial, high-angle photograph of a city street intersection, likely in New York City. The image shows several tall, multi-story buildings with many windows. The streets are filled with cars and trucks, and the overall scene is in black and white, giving it a gritty, urban feel. The text is overlaid on a semi-transparent dark rectangle in the center-left of the image.

Massachusetts Youth Diversion Project Learning Lab

March 2022 Highlights

Presentation Outline

Discussion Points



Who makes up MYDP

Data Dive

Cross-Cutting Issues

Meet the Team



Araya Landry
Family Continuity



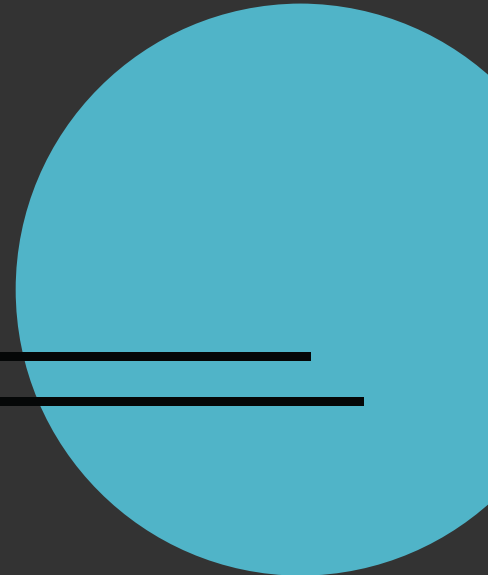
Jamanae White
NFI



Michelle Martinez
Family Services of the Merrimack Valley



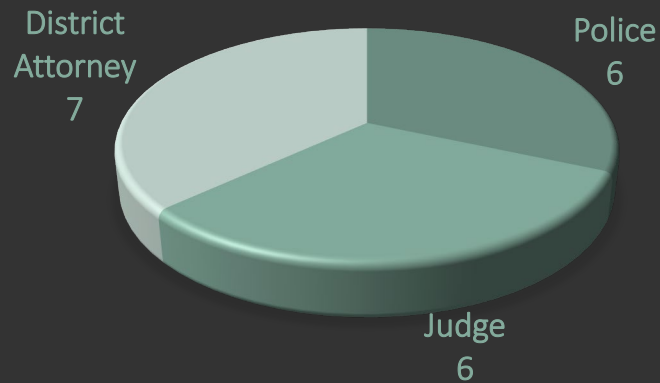
Daniele Rose
Department Of Youth
Services



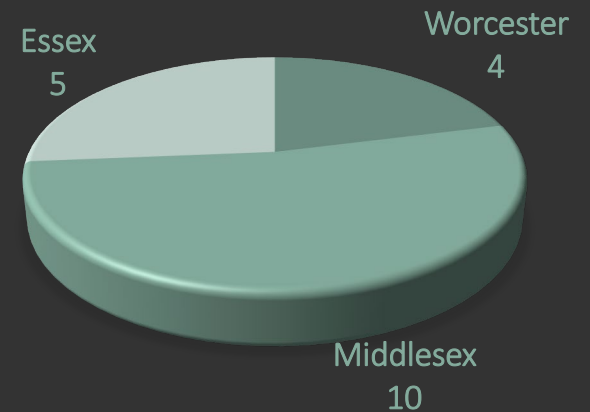
Current Caseload

19 referrals

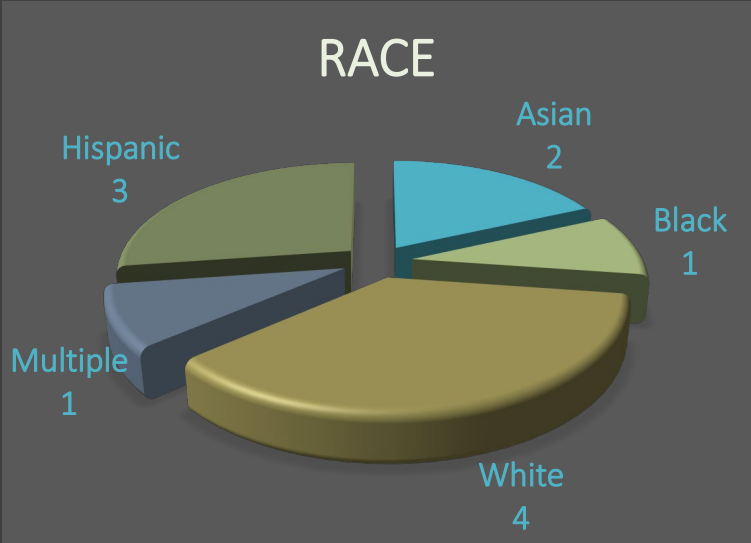
REFERS



REFERRALS BY COUNTY



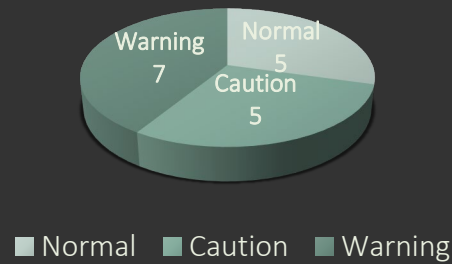
Demographics



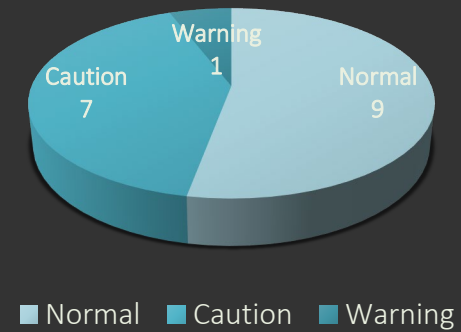
MAYSI Data

- 17 MAYSIs Completed
- 15 critical cases

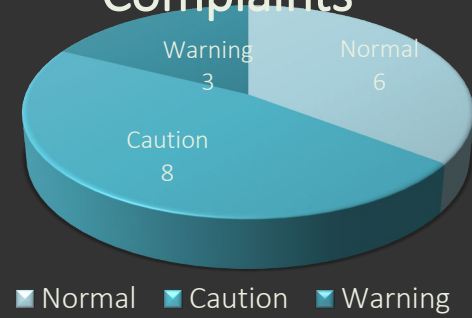
Thought Disturbance



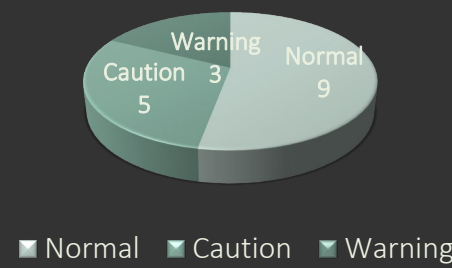
Angry-Irritable



Somatic Complaints

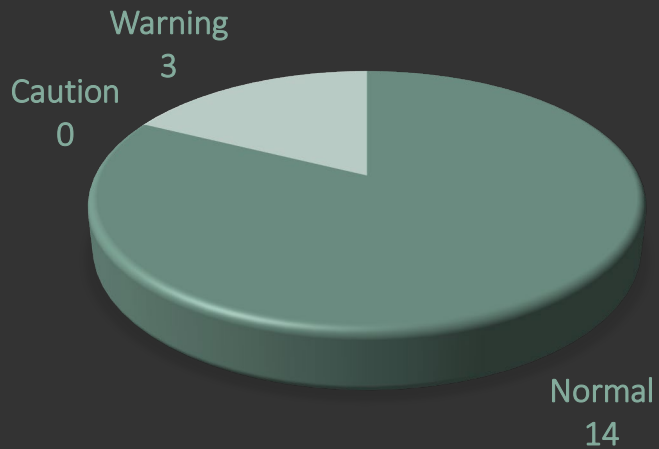


Depressed-Anxious



MAYSI Data Continued

SUICIDE IDEATION

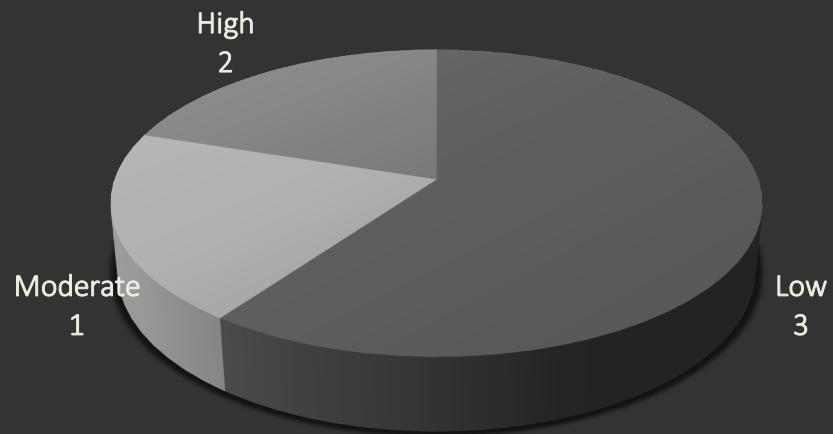


ALCOHOL/DRUG USE



YLS Screen

Risk





Learning Points



Who Completes Referral?



Variations in Referrals



Updating Referral Form



Materials Developed

County specific Toolkit

1-page Informational Sheet

Police specific Informational Sheet

Service Matrix

Refer Spreadsheet

Trainings/Presentations

JDAI-Worcester, Middlesex, and
Essex Counties

JAG Juvenile Advocacy Group

CPCS

Middlesex County Crisis Team

Lawrence SRO

Judges

District Attorney of Middlesex,
Worcester, and Essex County

Defense Bar

Millville SRO

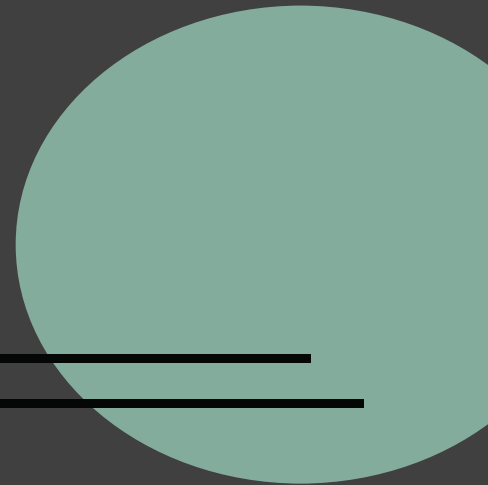
Essex Juvenile Court

Blackstone Valley Youth Meeting

Middlesex County Defense Bar

Douglas Police Department

And many more.....





Thank You!





Office of the Child Advocate

Child Requiring Assistance Focus Group Summary

March 24, 2022



DMA
Health
Strategies

9 Meriam Street
Suite 4
Lexington, MA 02420-5312



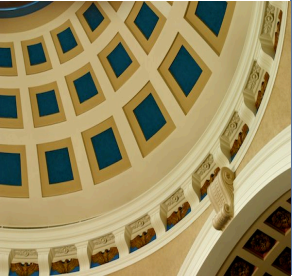
Introduction

- The Office of the Child Advocate (OCA) contracted DMA Health Strategies (DMA) in June 2021 to evaluate the Child Requiring Assistance (CRA) process from the perspective of youth and caregivers and provide recommendations for future improvements.
- The OCA works to ensure Massachusetts state agencies provide children with quality services and that children receiving services are protected from harm. Their goal is to ensure all children receive appropriate, timely, and quality services.
- A CRA case is one where parents, guardians, or school officials ask the court to help supervise a child. CRA replaced Child in Need of Services (CHINS) in 2012 with the aim of redirecting adolescents from the justice system, to support services for mental and behavioral health, including the family.



Petition Types

- **Runaway:** Child who repeatedly runs away from the home of the parent, legal guardian, or custodian.
- **Stubborn:** Child who fails to obey the lawful and reasonable commands of the parent, legal guardian, or custodian which interferes with their ability to care for the child.
- **Habitual Truant:** Child who fails to attend school for more than 8 days in a quarter without an excused absence.
- **Habitual School Offender:** Child who fails to obey the lawful and reasonable commands of the school.



Methodology

Planning with the OCA and JJPAD

- Discussed topics of interest with OCA and JJPAD.
- Developed focus group protocol, consent form, incentive plan, and registration process for both CRA involved youth and their caregivers.
- Established initial recruitment plan.
- *Summer and Fall 2021*

Recruitment with OCA, FRCs, CAFL Social Workers and Contracted and Staff Attorneys, and PPAL

- Reviewed and refined focus group protocol, consent form, incentive plan, and registration process refinement.
- Worked with CAFL to refine recruitment plan.
- Developed flyer and distribution to CAFL and PPAL.
- *Fall 2021*



Methodology (cont.)

Data Collection with CAFL Social Workers and Contracted and Staff Attorneys and PPAL

- Distributed flyer; monitored and approved registration and consents.
- Added groups and expanded recruitment efforts to include caregiver referrals and other family serving organizations in an effort to increase participation.
- Conducted focus groups (N=4).
- Distributed incentives (\$25 Amazon gift cards via email).
- *Fall and Winter 2022*

Data Analysis

- Analyzed quantitative and qualitative data using Excel and NVivo.
- Developed themes and findings.
- *Winter 2022*

Limitations

- During the recruitment process, DMA received about 200 spam registrations.
- No CRA involved youth participated in the focus groups; all attendees were caregivers.

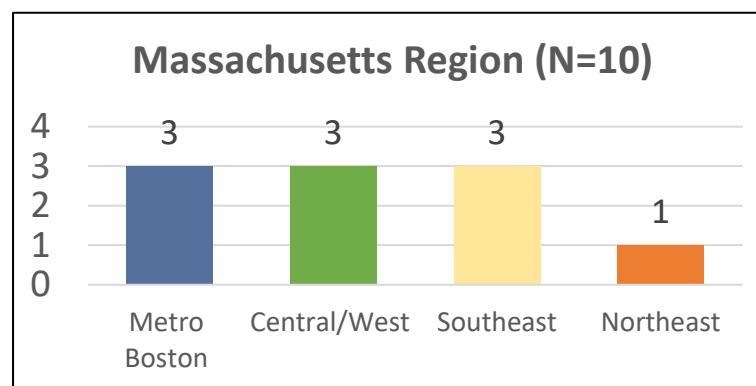


Findings: Demographics

Demographics	N, Average, and/or Range
Caregivers	N=10*
CRA involved youth	N=9
Age when CRA began	Average: 13.8 years Range: 11-16 years
Age currently	Average: 15.6 years Range: 11-19 years

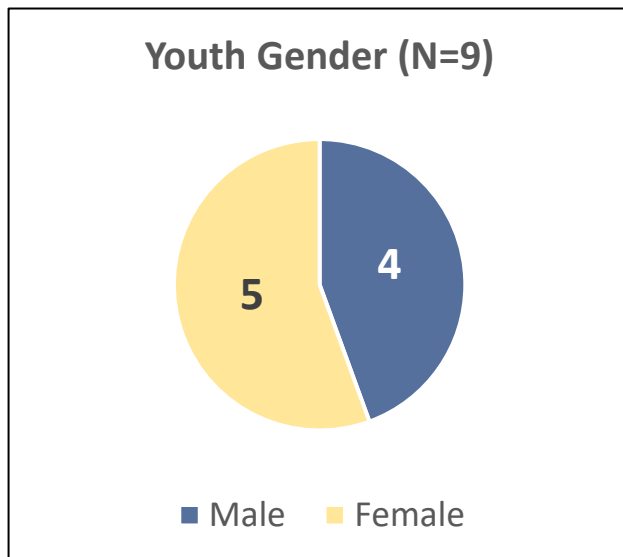
*One youth was represented by 2 caregivers.

- Caregivers (N=10) who attended one of 4 focus groups represented 9 CRA involved youth.
- Age at CRA filing ranged from 11 to 16 years old.



- Participants represented the four major regions of the state.

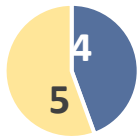
Findings: Demographics (cont.)



- Caregivers reported that gender for the CRA youth was fairly evenly split between male and female. Zero youth were identified by their caregiver as non-binary.
- The majority of caregivers reported that youth were white (N=5), two were reported to be two or more races, and two chose not to report. No youth were identified as Hispanic or Latino.
- No participants requested or required interpreters.

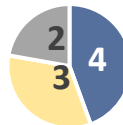
Findings: Demographics (cont.)

Case initiated by...
(N=9)



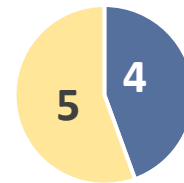
■ School ■ Caregiver

Petition Type (N=9)



■ Stubborn ■ Truancy
■ Don't Know

Case Status (N=9)



■ Open ■ Closed

- CRA cases were initiated by either the school (N=4) or the caregiver (N=5), with two petition types: stubborn (N=4) and truancy (N=3).
- About half (N=5) reported that their CRA case was closed.
- Only two caregivers reported accessing Family Resource Center (FRC) services during the CRA process, of whom one caregiver indicated that they were referred (by a grandparent).



Findings: CRA Process and Filing

- Caregivers reported **learning about the CRA process** from either the school (N=4) or their Intensive Care Coordinator (ICC) (N=2).
 - Schools displayed poor communication around the filing, often sharing little information with parents, leading them to believe other steps would be taken, or notifying them after the filing was made sometimes by mail.
- Regarding **steps taken to prevent the filing**, caregivers shared that they utilized 504 plans, IEPs, meetings with DCF, online therapy, and FRC services.
 - In working with schools, caregivers felt that their child's demonstrated mental health or other special needs were not acknowledged or addressed (N=7).
 - Some felt that the school was trying to avoid paying for a placement at a more appropriate school.

"My child was in bed in the fetal position with anxiety issues. We were emailing the school every day to update them. We had private neuropsychological testing, equine, talk, and art therapy to help with her anxiety and depression. We thought the school had her back. The CRA came out of left field. My child doesn't have any behavior problems, just anxiety and depression. The school just didn't want to deal with it."

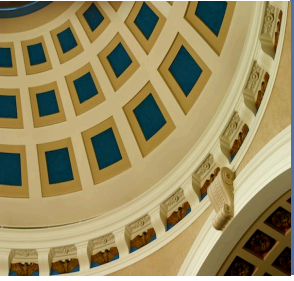


Findings: CRA Services

- Caregivers reported **receiving the following services**:
 - *Destination* type services included: hospitals, group home, STARR, CBAT, wilderness camp, and therapeutic school (N=5).
 - *Non-destination* type included: traditional and equine therapy, ICC, IHT, and trauma-informed case management (N=5).
- Regarding whether they **found services to be appropriate**, two caregivers reported that they were. Three caregivers mentioned that service referrals did not consider their child's mental health.
 - There were many mentions of court involvement being unnecessary to the process of obtaining services.
 - One caregiver reported that the CRA sped up the process to receive state-funded services which was helpful, but noted *"I don't understand why the court has to be involved to use state resources. This created a trauma that we will all live with."*

"The CRA is just a way to access services that DCF won't give you."

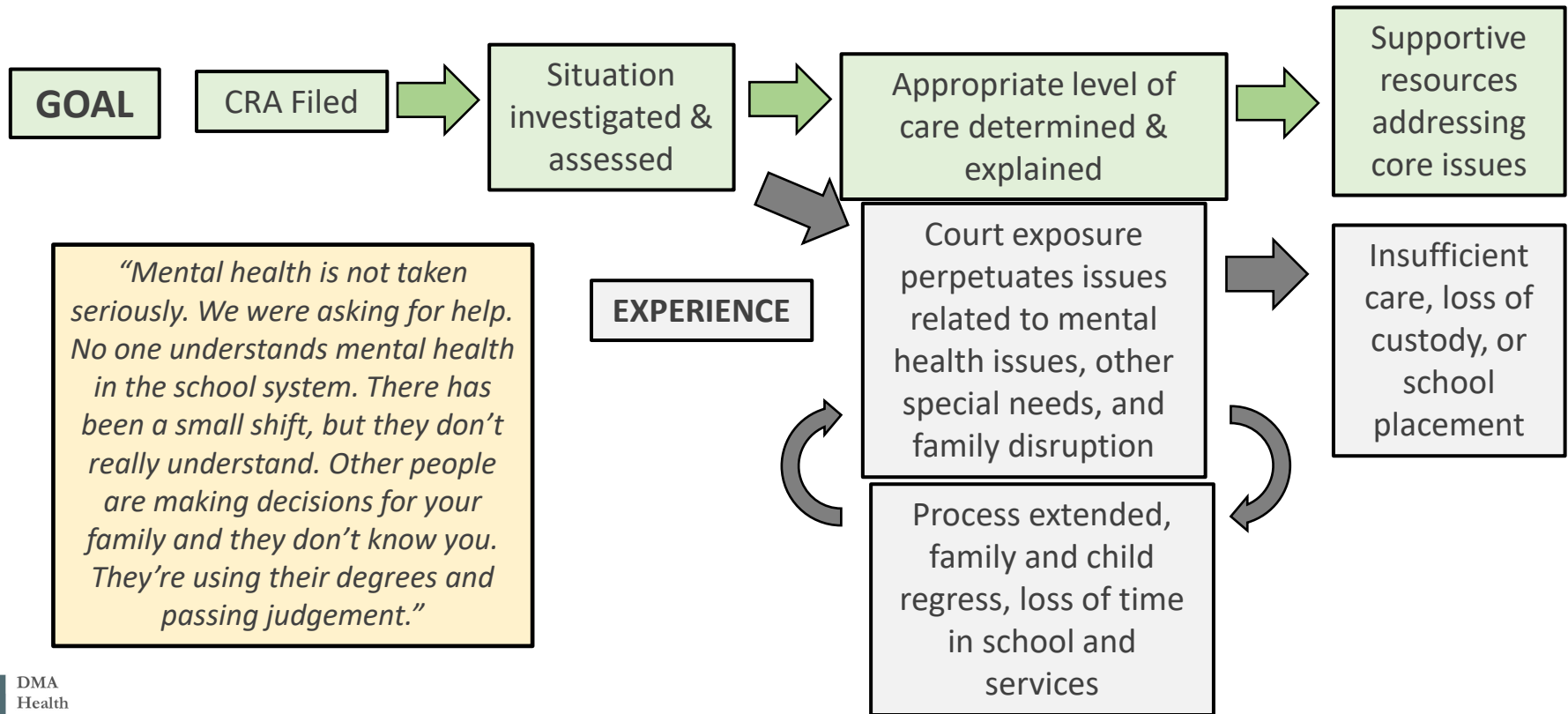
"IHT by Zoom was not appropriate. It takes a long time to build trust and rapport, then the therapist leaves and they have to start over again. It really felt like band-aids. And if they don't make progress on the therapists timeline that can be punishable as well."



Findings: Service Quality

- Regarding whether they **felt heard and supported by their attorney or social worker**, two caregivers stated that they liked their representation and three did not.
- Many caregivers had trouble working with their attorneys who were not equipped to address the child's mental health issues. All caregivers noted that mental health issues do not belong in the court system.
 - One caregiver shared that her child was placed in a therapeutic school and was settling in nicely, but the former school would not drop the CRA. As a result, court involvement *"dragged on for 6 more months,"* significantly increasing stress and anxiety for the child.
- There were **differences noted in how cases were understood and treated based on race and other identity factors.**
 - One caregiver noted that her CRA involved youth who is biracial received poor treatment in the form of targeted language, often being referred to as "a truant."
 - Another caregiver noted that their child had good outcomes because of their ability to pay out of pocket for services as well as family and employer support.
 - Another reported that her Master's degree in childhood education, and financial and racial privilege helped their child with outcomes.

CRAs: Caregiver Experience





Findings: CRA Effectiveness

- None of the caregivers reported that their **original concerns regarding their child's behavior were addressed by the CRA process.**
 - Four said their concerns were definitely *not addressed*.
 - One said their concerns were *addressed*, but it was *due to the child maturing over time*.
 - One said *not yet*, as their case is still ongoing.
- For those who had **closed cases**, one reported that the judge worked *with them* to close the case, while the school *worked against* them.
- Another's case was closed with no warm handoff, and it was *"on the family"* to find new services.

"I thought this would get him extra help, but it has done the opposite. It's been disappointment after disappointment. We've been told we are moving toward reunification since June 2020, and there is no reunification in sight. He is very down, every day and week that passes is getting harder on him. The process has caused him to regress. This was supposed to be helping, and now they are beyond the point of helping. He says he feels depressed most of the time and is spiraling."



Findings: CRA Impact

- Regarding how the **CRA process affected their and their child's lives**, caregivers reported the following:
 - All respondents reported that it *adversely* affected their and their child's lives.
 - Many said it contributed negatively to their (N=2) and their child's (N=5) mental health.
 - Related to schooling, one youth is reportedly doing well in an in-school placement, two are doing well in a homeschooling environment, and one is doing poor in an in-school placement.

"Having gone to court and being punished for learning disabilities, it was hard for him to trust the services. Now we can't turn around what was done."

"My son was deeply traumatized and won't talk about it. We were traumatized, in fear of everything, even a speeding ticket. The heightened anxiety ruins your ability to be present and responsive to your child's needs, and the court piece takes away the ability to see the child's needs clearly."

"The schools and the FRCs recommend CRA, but they don't understand it. They're creating a pipeline to the juvenile court system"

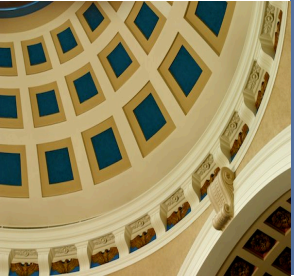
"The goal of the CRA is to get access to resources, but there has to be a better way. Your humanity gets lost in this system. This process is not helping people, it's not warm and supportive. It's punitive."



Findings: CRA Education

- Only one caregiver reported having **understood the CRA process before it started**. They had done research on their own and were looking for a “*more serious*” option for their child.
- Two caregivers reported not understanding the process at all, with one stating they did not know DCF could get involved leading to custody challenges. Another stated that the referring school principal did not understand the process either.

“I don’t think I should have to give up my parental rights to DCF to access care.”



Findings: DCF and DMH Coordination

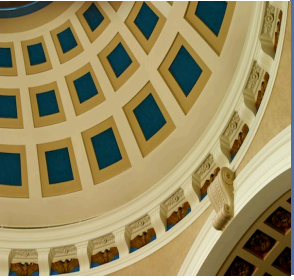
There were mixed sentiments regarding **DCF and DMH involvement**, as caregivers believed that these entities should be addressing their children's needs, but had little faith that they could do so effectively.

- Several noted that when they were able to “*get through*” to DCF, the support was disrespectful, ineffective, or negatively impacted their child's progress, as case workers “*showed up [to their home] unannounced,*” only suggested the STARR program as a solution, or tried to discharge their child from a group home when they were not ready.
- DMH refuses to take children whose primary issue is not mental health related, even if they have mental health issues. One caregiver who has a child with autism was rejected from DMH, because the child's autism “*took precedence*” over their mental health issues.
- One caregiver noted that DCF and DMH would not coordinate to transfer services from one to the other, resulting in a gap in care.



Recommendations:

- Schools need more robust and effective resources to address student mental health issues.
- Youth with mental health issues and intellectual disabilities should **not** be referred for CRA. These cases should be diverted to appropriate agencies, providers, and community resources.
- All parties involved in the CRA process should receive standard and required education and guidance regarding the appropriate use, consequences, and possible outcomes of CRA filings.
 - This includes: courts, attorneys, social workers, police, schools, school resource officers, probation officers, DCF, DMH, FRCs, advocates, caregivers and others.
- All other potential services and options should be fully explored and exhausted prior to CRA filing, including use of 504, IEP, referral to appropriate community resources, therapeutic or residential schools, or other out-of-district placements, if necessary.
- Caregivers seeking services and supports for their child should be engaged as allies.
- **Children with primary or secondary mental health diagnoses should be referred to DMH rather than DCF.**



Recommendations:

- Ensure all entities involved in the CRA process have clear and shared goals, defined roles, and an agreed upon communication plan, with the youth and family at the center.
- Provide youth and families with a clear path for accessing appropriate services that limits exposure to the court system and is timely, respectful, and supportive.
- Identify advocates in the court system to support the family and make appropriate service referrals.
- Only involve DCF as a last resort and with greater oversight. Referrals should only be made and 51As should only be filed in cases of abuse or neglect.
- Review goals and outcomes before a case is closed. Adjustment and continued support with input from the family if goals have not been met. If goals have been met:
 - Schools and probation officers should not be permitted to continue with the CRA.
 - DCF should not be permitted to continue an unwanted out-of-home placement.



Recommendations:

- Provide warm and supportive hand-offs to appropriate follow-on care as needed.
- Enable youth and caregivers engaged in effective services to continue those services and retain access to preferred providers and supports.
- Ensure ongoing oversight of CRA process to monitor appropriateness of filings, review cases, and assess impact of case outcomes.
 - This could include ongoing process and outcome evaluations and continuous quality improvement efforts that impact the efficacy of the CRA process.
- Close CRA cases in a timely manner if requested by a caregiver who filed initially and who has followed the recommended actions.
- Conduct a timely review of all out-of-home placements opposed by a caregiver who is adhering to the terms of the CRA filing.
- Offer CRA involved families opportunities for connecting with each other before, during, and after CRA filings for support and guidance.



Thank you

This report was prepared by DMA Health Strategies.

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