

Office of the Child Advocate
Juvenile Justice Policy and Data Board
Community Based Interventions Subcommittee

Thursday May 20, 2021

1:00pm – 2:30pm

Meeting held virtually

Subcommittee Members or Designees Present:

Karin Orr (DMH)
Migdalia Nalls (CPCS)
Amy Ponte & Lisa Augusto (CAFL/CPCS)
Leon Smith (CfJJ)
Dawn Christie (Parent Representative)
Barbara Wilson (CLM)
Nokuthula Sibanda (DYS)
Kim Lawrence (Probation)
Brian Jenney (DPH)

OCA Staff:

Melissa Threadgill (OCA)
Kristi Polizzano (OCA)
Alix Rivière (OCA)
Judy Touzin (Summer Research Fellow)

Other Attendees:

Audrey Smolkin (UMass)
Mike Glennon and Nicole Robbins (Suffolk DA's Office)
Shayna Simmonds (Probation)
Terriann Morin (FRC Director, Cape Cod Region)
Marisol Garcia (Health Law Advocates)
Krissy Williams (Berkshire DA's Office)
Michael Kilkelly
Other Members of the public

Meeting Commenced: 1:03pm

Welcome and Introductions

Ms. Threadgill welcomed the attendees to the Community Based Interventions (CBI) subcommittee virtual meeting. She introduced all the individuals in the WebEx video conference and individuals on the phone introduced themselves. She then presented the agenda.

Review and Approval of Minutes from April 2021 Meeting

Ms. Threadgill held a formal vote on the approval of the previous Community Based Interventions meeting minutes. No one was opposed or abstained from voting on the April minutes.

The meeting minutes for April 15, 2021 were approved.

UMass Presentation on FRC Survey

Ms. Smolkin presented findings from the Family Resource Centers' member surveys on outcomes for families. The survey asked family members about the help they received in six key areas: housing, mental health counselling, parenting support, school support for children, services for families involved in Child Requiring Assistance (CRA) and support for parents who are DCF-involved. The survey demonstrated that, overall, between 72 and 93% of families have found that the FRCs have been "somewhat helpful" or "very helpful." She added that one area where FRCs have faced the most challenges in helping families was housing. Many family members commented that the FRC made them feel supported, cared for, and seen ("not alone"). The group asked information about FRCs, including how many sites exist (27) and how FRCs are staffed. Members also asked if there are any capacity challenges and to what extent FRCs needed more resources. Ms. Smolkin explained that housing and economic supports are a priority in terms of areas to improve access to for families. The group discussed times when FRCs have risen to the occasion beyond their mandates and emergency situations (e.g. during this current pandemic and, in the past, after Hurricane Maria).

Alternatives to CRAs: Presentations by Family Continuity & Mental Health Advocacy Program for Kids (MHAP for Kids)

Ms. Morin presented on the Cape Cod FRC, of which she is the Director. She explained that services provided by FRCs are insurance-blind and completely free. They work with community organizations, schools, and providers to ensure families are supported. In terms of staffing, she discussed the role of School Liaisons, who work a lot to divert families from CRAs. Next, she discussed Family Support Meetings, facilitated by FRCs, when schools and families come to the table to discuss an issue, with the child present when they over twelve years old. She noted the role of Family Support Workers. During these meetings, all stakeholders think of supports

needed and monitor if there are changes over time. She explained how FRCs help families navigate involvement with the courts in CRA cases, while noting every FRC has their own relationship with the courts.

In regard to the types of resources available, FRCs adopt a “whole child” approach, meaning that resources include mental health supports (strength/need assessment, wraparound services, mentors, etc.), health/nutrition, recreation/sports, family’s economic situation, school-related supports. In addition, FRCs support parents by providing access to support groups and parent classes. The group asked if every school in contact with Ms. Morin’s FRC has a truancy program. She explained that yes, and they all participate in “Keep them Coming” and “Family Support Meetings.” She also noted that the FRC have a kickoff meeting at the beginning of the school year and frequently reach out to the head of guidance departments to ensure that school staff knows of FRC resources.

Next, Marisol Garcia presented on Mental Health Advocacy Program (MHAP) for Kids. She explained that there are ten full time staff attorneys providing free services in FRCs, they have served 792 children, provide legal information trainings for FRC staff as well as offer the latter resources (access to support groups, food pantries, assistance with housing and public benefits, etc.). MHAP for Kids also provides legal consultation (weekly staff meetings and ad hoc). She explained that in moving to the FRCs, the program was able to not only serve younger children, but also a more diverse population. She then discussed how MHAP for Kids support children’s school experience and explained that about half of the children they serve are in 5th grade or younger, 17% have been held back or repeated a grade, 46% have been sent home, and 40% have been suspended. In terms of MH diagnosis at intake, 98% of the children have at least one diagnosis, specifically ADHD/ADD, anxiety, depression, trauma, and autism. Ms. Garcia explained that almost half of youth who receive their services have been psychiatrically hospitalized and/or have been in the Emergency Room or seen a MCI.

To better serve children, MHAP for Kids collects data on what parents feel their children are experiencing. Surveys report that close to 90% of children have difficulties with emotions, concentration, anxiety, and getting along with others. A majority of parents (62%) report symptoms of depression. The program also monitors families’ barriers to mental health care,

most importantly bureaucratic delay (difficulty navigating paperwork and eligibility process), providing all information necessary, and finding available services.

Next, Ms. Garcia discussed how MHAP for Kids provides supports to families involved with the CRA system. She explained that, often, because clinicians have difficulty accessing higher levels of care, they refer families to the CRA system. She discussed some CRA misconceptions, including what a judge can or cannot do for a family. She detailed where referrals to the program come from (e.g. courts, FRCs, state agencies). Access to special education services and community-based mental health services are the most common reason for referrals.

In terms of outcomes, Ms. Garcia showed data demonstrating that MHAP for Kids has a proven track record of significantly improving the lives of high-risk youth and their families in a cost-effective manner. She explained that there are major gaps in service availability that lead to juvenile court involvement. She recommended the creation of a MassHealth liaison in courts to help judges access real time information, an opinion that was supported by others in the meeting. She reiterated the opinion that more support should be offered to children who access mobile crisis teams, emergency departments, or inpatient psychiatric hospitalization services to prevent future involvement with the CRA system.

Q&A and Discussion

Members mentioned that the behavioral health redesign by MassHealth seeks to solve some of the problems mentioned during the presentation. Members asked Ms. Garcia how MHAP for Kids support parents who feel they need to file a CRA in order to get residential placement for their child. She explained that a lot of times folks bring kids to the courts because agencies do not always agree on who is going to pay for interventions. MHAP for Kids advocates with state agencies (DCF, schools, MassHealth) to collaborate to pay for that.

Closing Comments:

Ms. Threadgill thanked the presenters and members for their participation and lively conversation. She informed the group that the next meeting will take place on Thursday June 17, from 1:00pm to 2:30pm.

Meeting adjourned: 1:28pm