

health law advocates
Lawyers Fighting for Health Care Justice



Mental Health Advocacy Program for Kids (MHAP for Kids)

Marisol Garcia, Senior Director

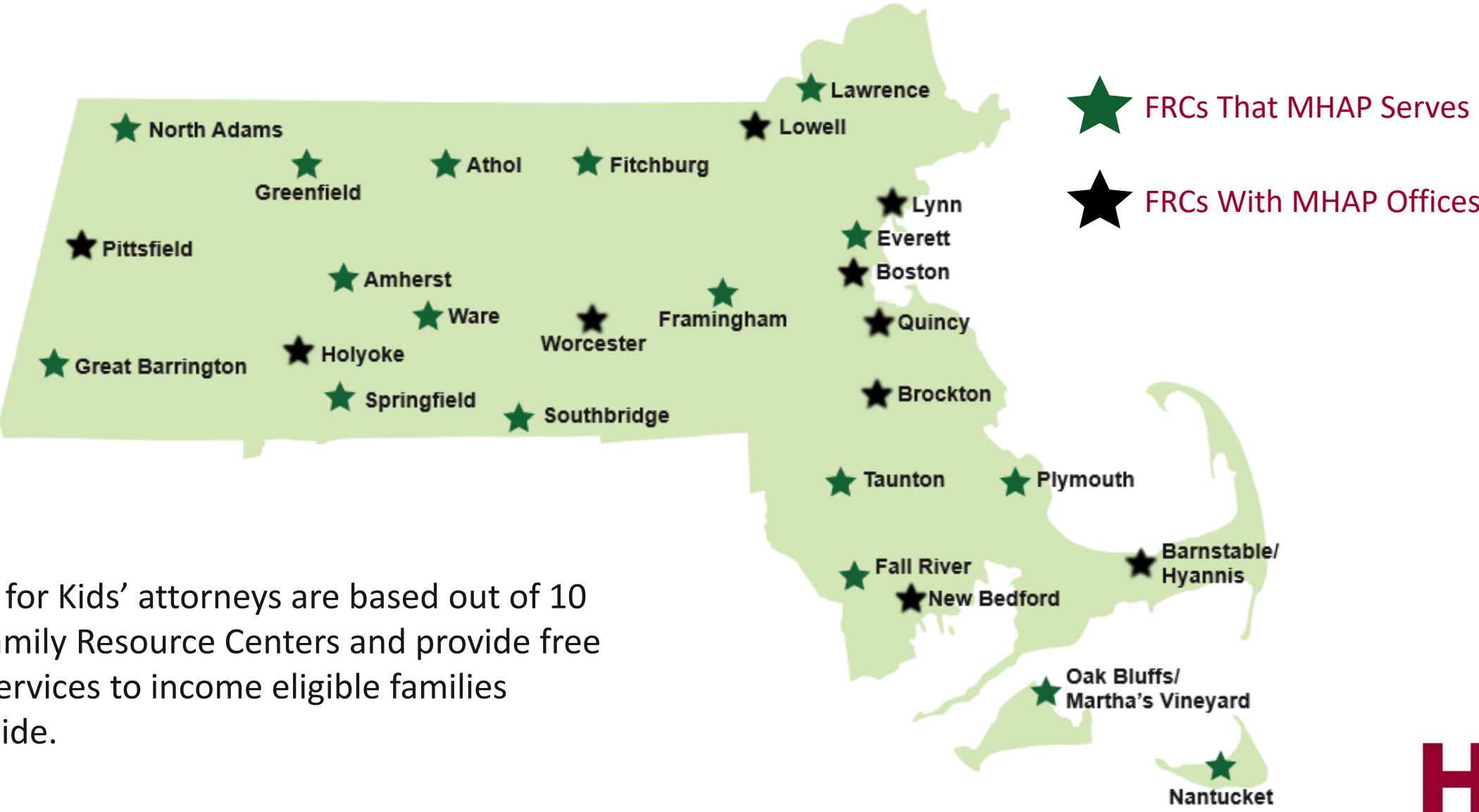
JJPAD CBI Meeting

May 20, 2021

MHAP for Kids improves the health and increases the educational success of children with unmet mental health needs. Experienced staff attorneys provide free legal representation to low-income families, advocating for access to mental health services and diverting children from the juvenile justice and child welfare systems.



MHAP for Kids – statewide advocacy program

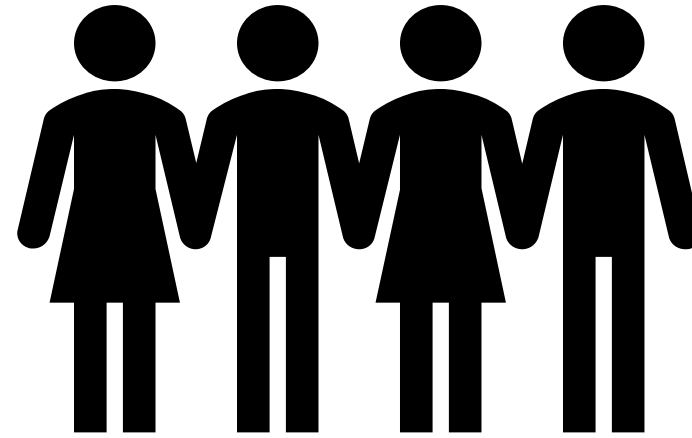


MHAP for Kids’ attorneys are based out of 10 DCF Family Resource Centers and provide free legal services to income eligible families statewide.



DCF Family Resource Center Staff

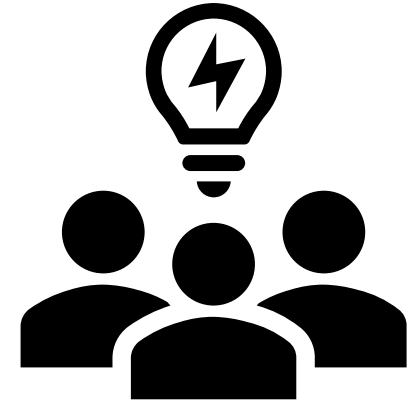
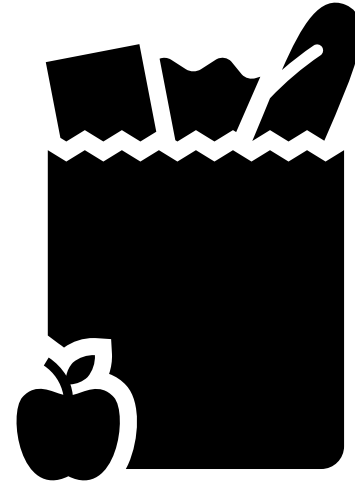
- Director
- Clinician
- Family Partner
- Family Support Worker
- School Liaison
- MHAP for Kids' staff attorney



MHAP for Kids' attorneys collaborate with FRC staff to achieve their mission of diverting children from the court system to health and social services, furthering the objectives of Children Requiring Assistance reform, Chapter 240 of the Acts of 2012 by the Massachusetts Legislature.

DCF Family Resource Centers provide

- Support Groups and Parenting Classes
- Assistance with Housing and Public Benefits
- Referrals to Mental Health Services
- Food Pantries
- Legal Services from MHAP for Kids
- And Much More!

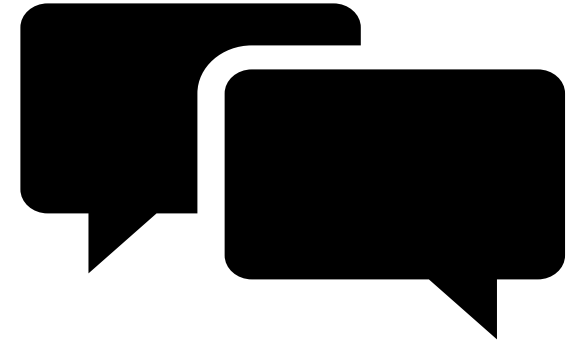


Collaboration between FRCs and MHAP for Kids

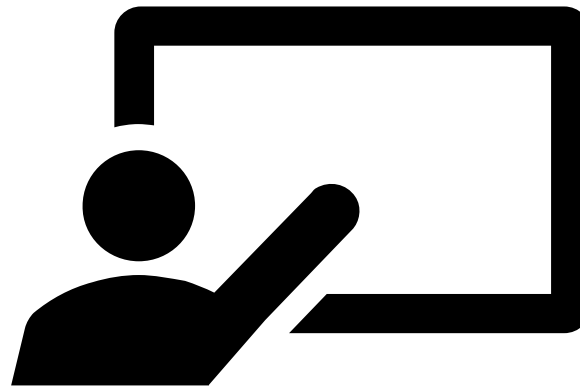
Legal Representation n=792



Legal Consultation:
Weekly staff meetings
and ad hoc



Legal Information:
trainings and
resources





**MHAP for Kids
attorneys serve
hundred of
families**

Attending special education team meetings to advocate for eligibility for services or improved services,

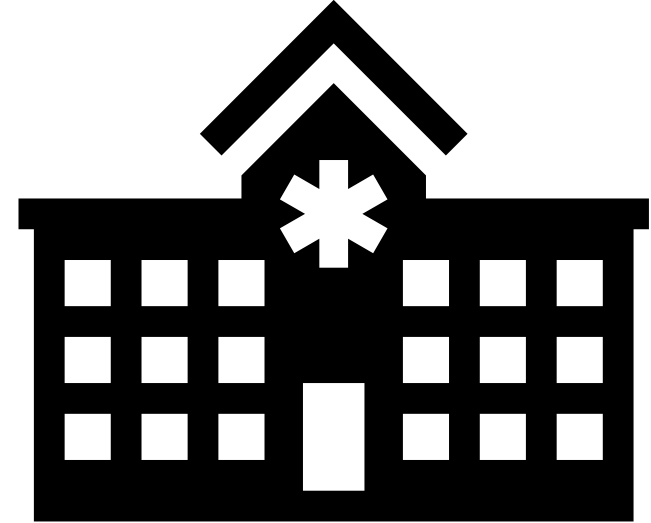
Seeking eligibility and services from state agencies, like DMH and DDS,

Advocating for diversion from the juvenile justice and child welfare systems, and

Ensuring that families have access to health insurance.

Referrals: statewide intake line 617-275-2919

- Since the MHAP for Kids Staff Attorneys are a limited resource, we prioritize cases when:
- A child “stuck” boarding in the ED;
- A child held in juvenile detention;
- A child being excluded from school; or
- A child is who is homeless.





Case Success Video

Tristan's Story

<https://vimeo.com/302718751>

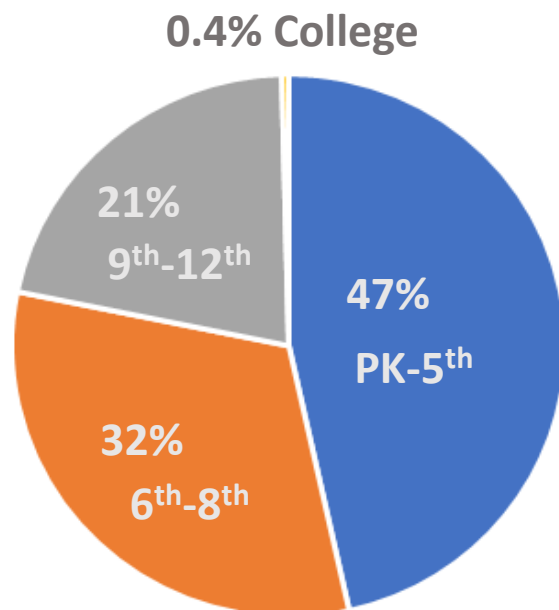


Youth Participants

Youth Demographic Characteristics of Pilot (J-MHAP) Youth and MHAP for Kids Youth		
Demographic	J-MHAP pilot (n=152)	MHAP for Kids (n=727)
Age (mean (min, max))	15.7 (8, 22)	12.4 (3, 22)
Male (%)	60.9%	67.7%
Race/Ethnicity (%)		
White	66.5%	40.2%
Latino/Hispanic	20.4%	32.1%
Black	5.9%	12.8%
Other†	7.2%	14.9%
Household Primary Language, English (%)	92.8%	81.8%
†Other J-MHAP: Bi-racial 4.6%, Brazilian 1.3%, Cape Verdean .6%, Asian .6%		
†Other MHAP for Kids: Bi-racial 11.4%, Asian 2.3%, Missing/Don't know 1.2%		



School Engagement at Intake



- 16.9% have ever been held back or repeated a grade
- 45.9% have ever been sent home
- 40.4% have ever been suspended



School Attendance at Intake

School Attendance on Entry to MHAP for Kids, N=276			
	%	(n)	Average Grade
Attended almost everyday	57.2%	158	5.6
Missed one or two days/month	8.3%	23	5.3
Missed one day/week	5.8%	16	7.6
Missed more than one day/week	13.4%	37	6.7
Didn't go/missed almost everyday	15.2%	42	7.7

About 28% missing more than one day per week with 15% missing every day.



Mental Health Diagnosis at Intake

97.9% have at least one diagnosis

Average 2.5 diagnoses

Maximum 7 diagnoses

Diagnoses	%
ADHD/ADD	54.7
Anxiety	46.1
Depression	41.3
Trauma/PTSD	27.0
Autism	24.8
Other Mood Disorder	14.5
Other Conduct Disorders	13.2
Bipolar or Psychotic Disorders	9.5
Intellectual Disabilities	5.3
Suicidal Ideation	4.2
Obsessive Compulsive Disorder	3.2
Attachment Disorders	3.1
Learning Disabilities	2.7
Other Communication Disabilities	2.1

Mental Health Services



Outpatient	%
Mental health professional	84.8
Counselor or family preservation worker who came to your home	54.8
A Mentor	52.6
Pediatrician or family doctor	51.8
Social services	51.5
Emergency Room	48.9
In-home crisis services	47.1
Community mental health center or outpatient mental health clinic	43.1
Partial hospitalization or day treatment program	33.0
Probation or juvenile corrections officer or court counselor	19.4
An educational tutor at home	17.3



Inpatient	%
Hospital	44.4
Residential treatment center	21.2
Group home	9.1
Foster home	8.7
Emergency shelter	5.9
Detention center/prison/jail	3.3
Drug or alcohol treatment unit	1.1

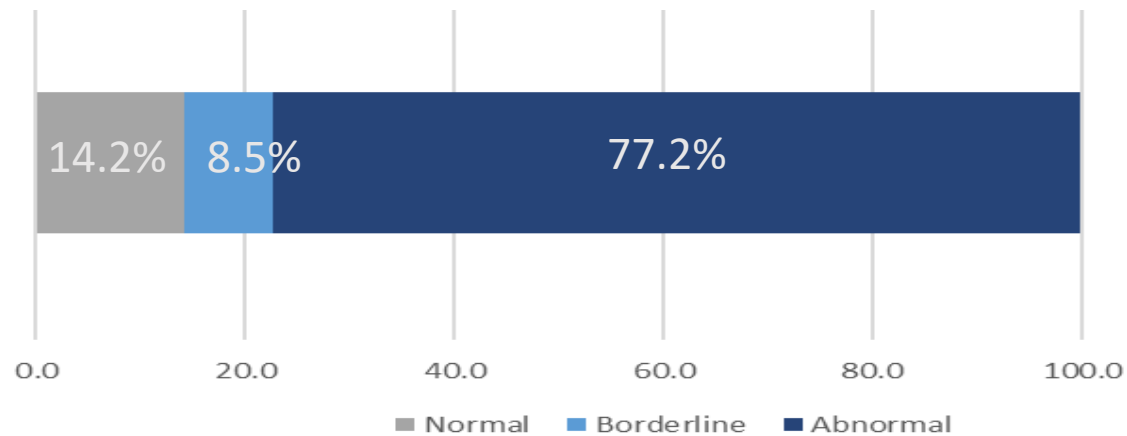


81% ever prescribed medicine for emotional, behavioral or substance use problem
 95% took regularly for 1 week
 72% too regularly for 1 year

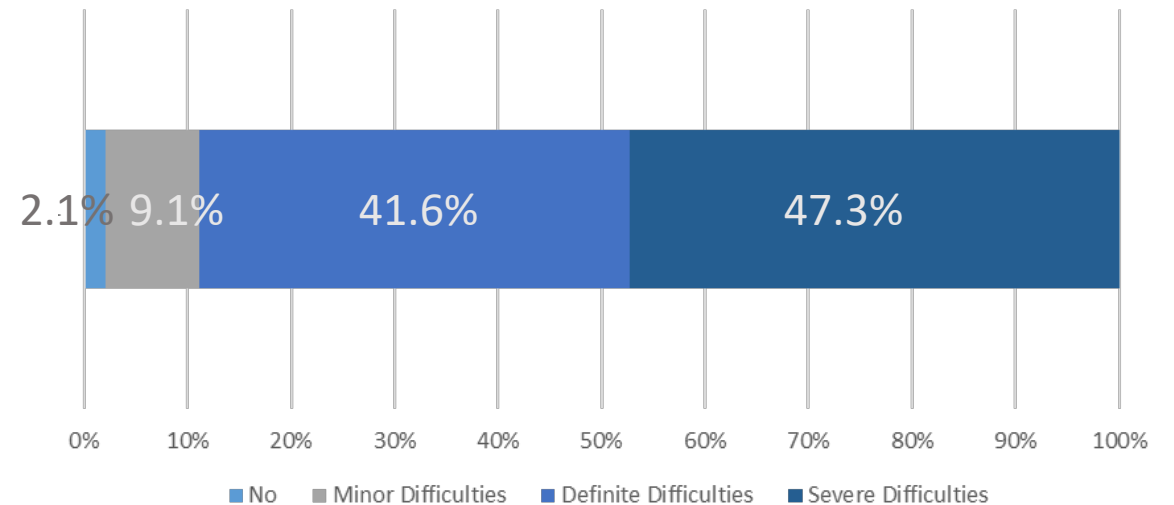
Strengths and Difficulties (SDQ-parent report)

(n=243)

Total Difficulties Score



Child has difficulties with emotions, concentration, behavior, or getting along with others



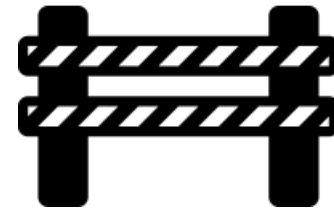


Parental Depression (CES-D)

- 62% reported symptoms of depression
 - compared to only 19% in the published community data.¹
- 31% of total sample had scores that indicate major depression

Compared to

- 16.2% national prevalence of Major Depressive Disorder²
- 23% in an urban community sample³
- High unmet mental health needs of the adults in the household
 - Association with child/youth functioning



Barriers to Mental Health Care

98.4% have reported ever experiencing at least one barrier

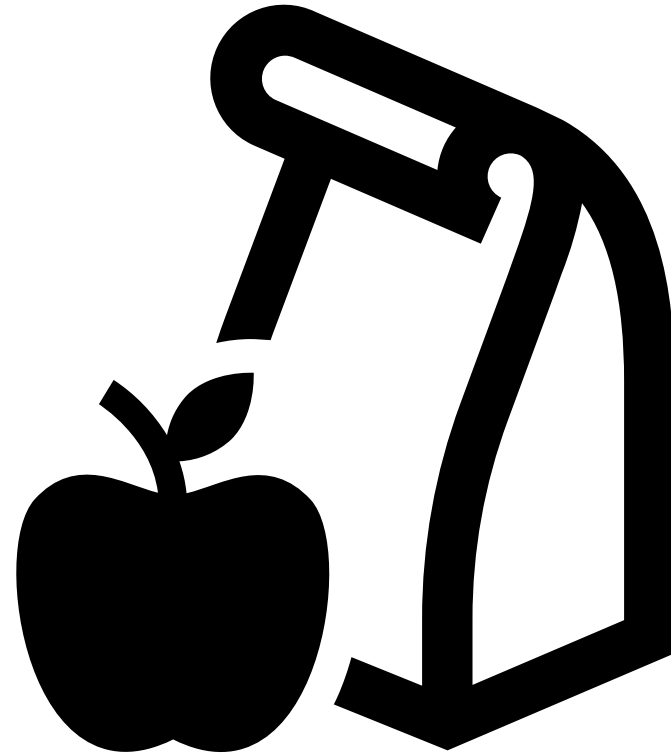
Bureaucratic Delay: difficulty navigating paperwork and eligibility process

Incomplete information: about where to access services or how to access them

Reported Delay, Ever Experienced (select all)	% (N=320)
Bureaucratic delay	63.1
Incomplete information	48.8
Time	48.1
Service not available	45.6
Previous negative experience	36.9
Fear, dislike, or distrust of professionals	32.8
Cost	32.8
Transportation	30.9
Anticipation of out-of-home placement	26.6
Anticipation of a negative reaction from others	21.9
Anticipated loss of parental rights	20.6
Self-consciousness	19.7
Refusal to treat	19.4
Child/parent refuses treatment	10.3
Other Barriers	8.4
Language	5.0

Barriers assessed using a modified Child and Adolescent Services Assessment (CASA)

Thirty-two percent of MHAP for Kids families were advised to file a Child Requiring Assistance (CRA) case, most frequently by clinicians (34.5%) and schools (32.8%)



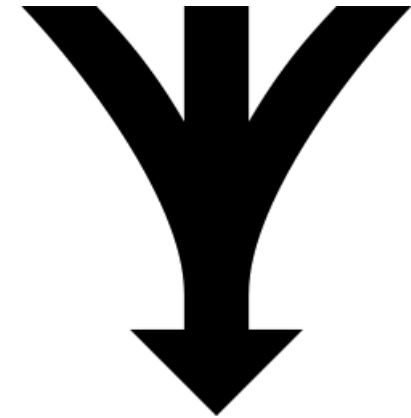
CRA Misconceptions are Harmful

In a CRA case, a Juvenile Court Judge Can:

- Order custody to DCF
- Make an out-of-home order – DCF determines the length and type of placement
- Order custody to a third-party

In a CRA case, a Juvenile Court Judge CANNOT:

- Hold a child in detention/locked unit
- Gain priority access to any mental health services, like counseling or a partial hospitalization program
- Order a school to pay for a residential placement
- Order DCF to access a specific residential placement



Referral Pathways for MHAP for Kids

MHAP Participants by Referring Agency	% Total (N=727)
Court/Legal System	28.9
Family Resource Center	18.8
State Agency	16.2
Community Organization	15.4
Healthcare	13.2
Self/Client	5.6
School	1.1
Unknown/Missing	.7



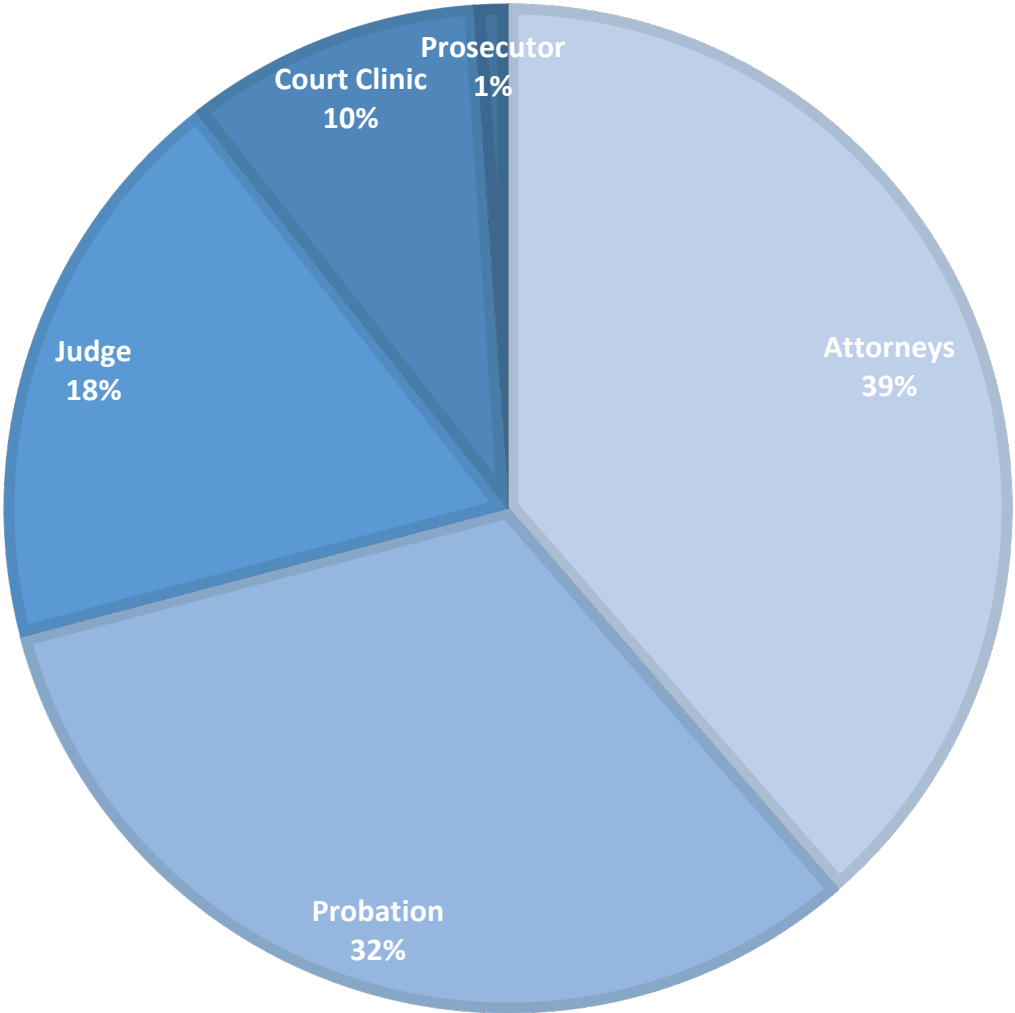
Court Involvement at Intake

N=385

- 62% had open court cases when they started with MHAP for Kids
 - 75% Child Requiring Assistance (status offense: truant, runaway or stubborn child)
 - 25% Delinquency
 - 3% Care and Protection
 - 2% Guardianship
 - 1% Permanency
- 5% have more than one open case

Court Referrals to MHAP for Kids

Attorneys Probation Judge Court Clinic Prosecutor



Reason for Court Referrals to MHAP for Kids

97% special education
96% community based
mental health
12% school discipline



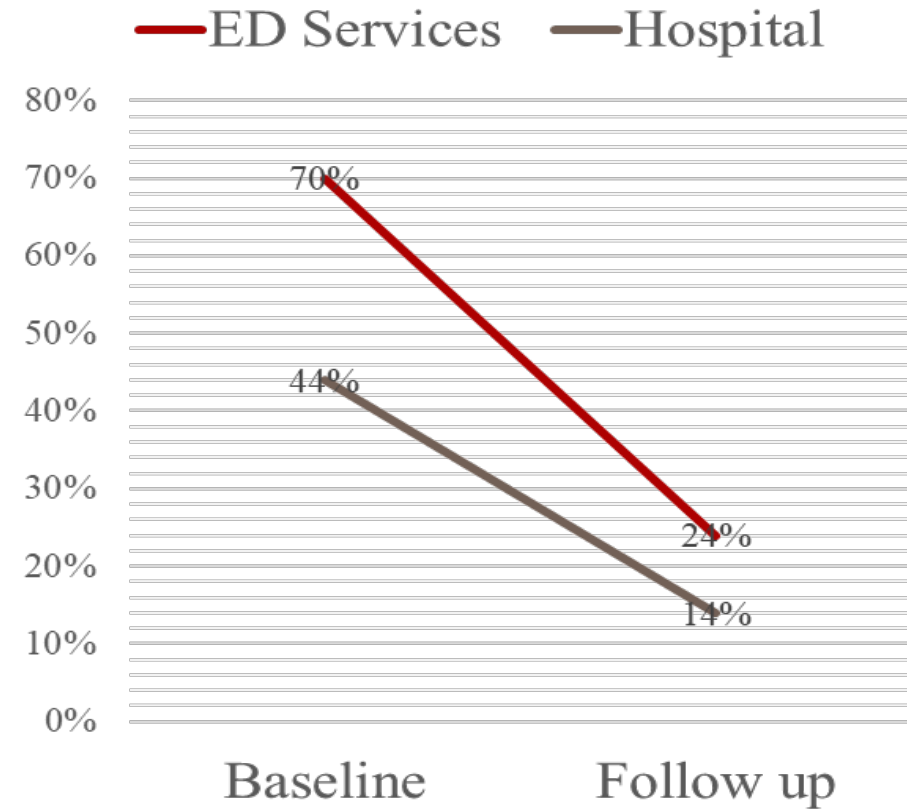
The Boston University School of Public Health

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.

An independent study found that the program substantially improves children's mental health while

- Dramatically improving school attendance (daily truancy: 26% reduced to 9%).
- Significantly decreasing use of emergency mental health services by children (70% reduced to 24%)
- Dramatically decreasing inpatient hospitalizations of children (44% reduced to 14%).
- Significantly improves overall mental health of children
- Significantly improves overall mental health of caregivers
- Significantly decreases rates of family conflict

MHAP for Kids continues to collect data and BUSPH continues to analyze the data to evaluate the impact of the legal work on children and families.



A young boy with short dark hair, wearing a grey and white patterned sweater, is sitting at a light blue desk in a classroom. He is looking off to the side with a thoughtful expression. In the background, another student is visible but out of focus.

Avante's Story

<https://vimeo.com/475543728>

What major gaps in service availability lead to juvenile court involvement?

Further Questions?

MHAP for Kids Statewide Intake Line 617-275-2919

Marisol Garcia, Director

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www.healthlawadvocates.org



98.4% reported experiencing at least 1 barrier to mental health care

- Lack of access to timely and appropriate community based mental health services leads to CRA filings and orders of custody to DCF
- Lack of adequate and timely response by mobile crisis leads to greater involvement with police and the justice system
- Lack of service coordination and appropriate planning upon discharge from inpatient hospitalization increases the likelihood of repeated hospitalization and ED boarding
- Lack of access to technology and internet service has impaired the ability of low-income communities to access telehealth
- Lack of access to services for individuals whose preferred language is not English is pervasive throughout our social service systems
- Lack of access to real time information to judges about MassHealth case management (court liaison)

What could our system do differently to address the needs of kids with “CRA-type issues” sooner?

Mental Health Services



Outpatient	%
Mental health professional	84.8
Counselor or family preservation worker who came to your home	54.8
A Mentor	52.6
Pediatrician or family doctor	51.8
Social services	51.5
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Mental Health Advocacy Program for Kids

- Kids who use the mobile crisis team, emergency department or inpatient psychiatric hospitalization services would be helped by CRA alternatives like MHAP for Kids because those interventions indicate unmet mental health needs.
- Access to data about who is boarding in emergency departments, accessing the mobile crisis team, and inpatient psychiatric hospitalization would help us support kids mostly likely to end up in the juvenile court.
- Kids who are boarding in emergency departments, repeatedly accessing the mobile crisis team and spending more than 21 days in inpatient psychiatric hospitalization should have access to intensive community based mental health services.