

health law **advocates**
Lawyers Fighting for Health Care Justice

HLA

By Marisol Garcia, JD Deputy Director
Mental Health Advocacy Program for Kids

Date 4.2.2024

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.

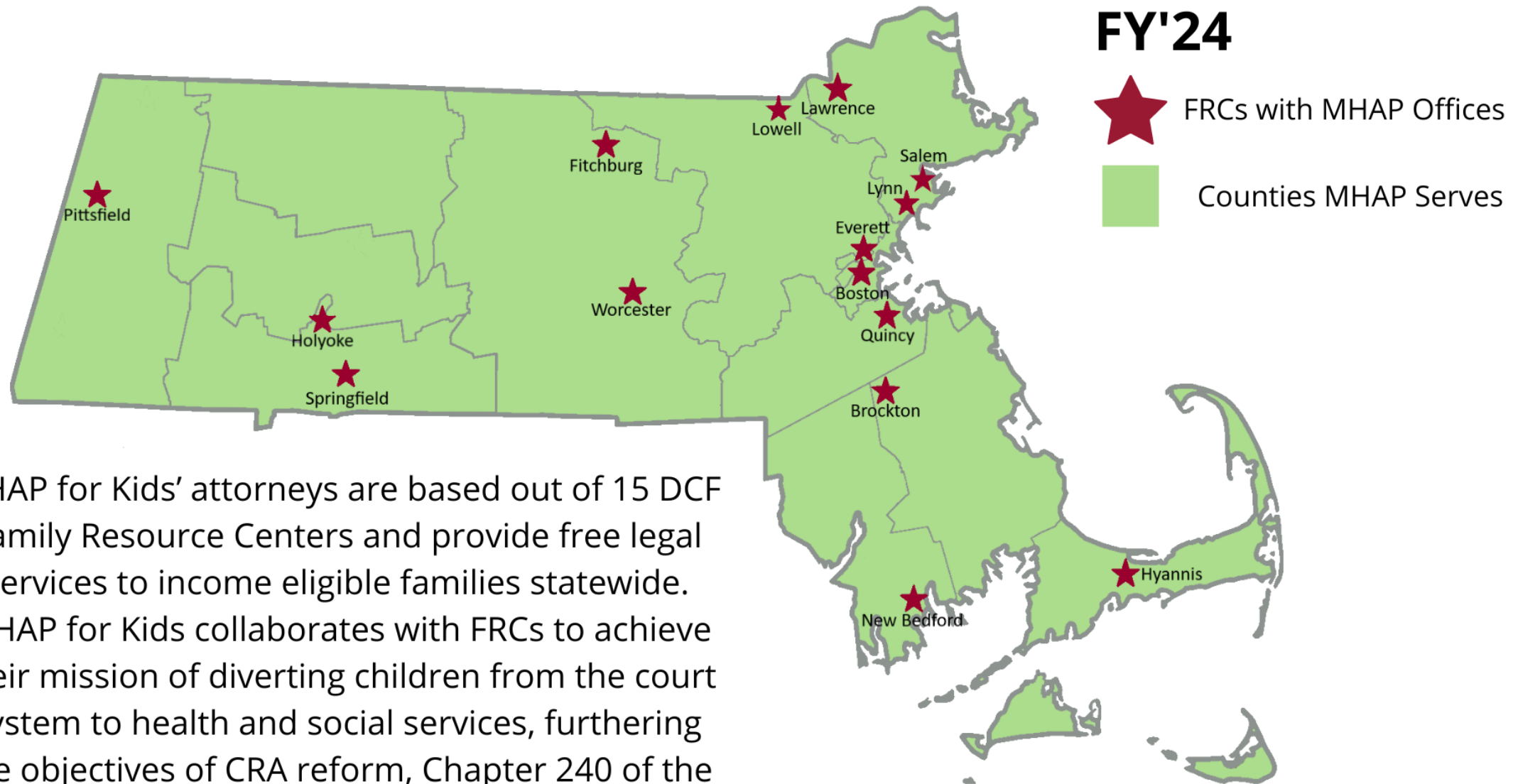


MHAP for Kids Attorneys Serve Hundreds of Families

- Advocate for diversion from the juvenile justice and child welfare systems,
- Represent parents, guardians, and students in special education and school discipline matters,
- Seek eligibility and services from state agencies, and
- Ensure that families have access to health insurance and coverage.



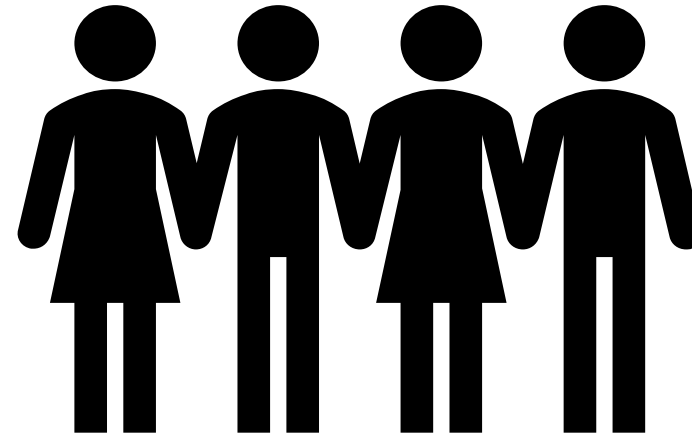
MHAP for Kids: a statewide program



MHAP for Kids' attorneys are based out of 15 DCF Family Resource Centers and provide free legal services to income eligible families statewide. MHAP for Kids collaborates with FRCs to achieve their mission of diverting children from the court system to health and social services, furthering the objectives of CRA reform, Chapter 240 of the Acts of 2012.

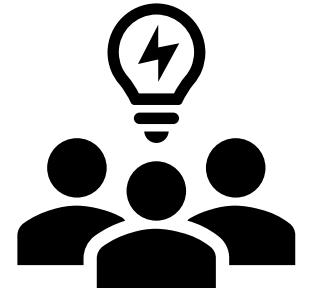
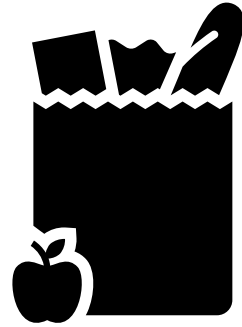
DCF Family Resource Center Staff

- 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

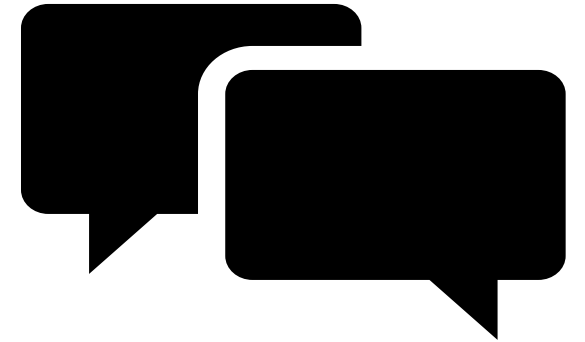
Legal Representation:
clients and consultations



Legal Information:
trainings and resources



Legal Consultation:
Weekly staff meetings and ad hoc



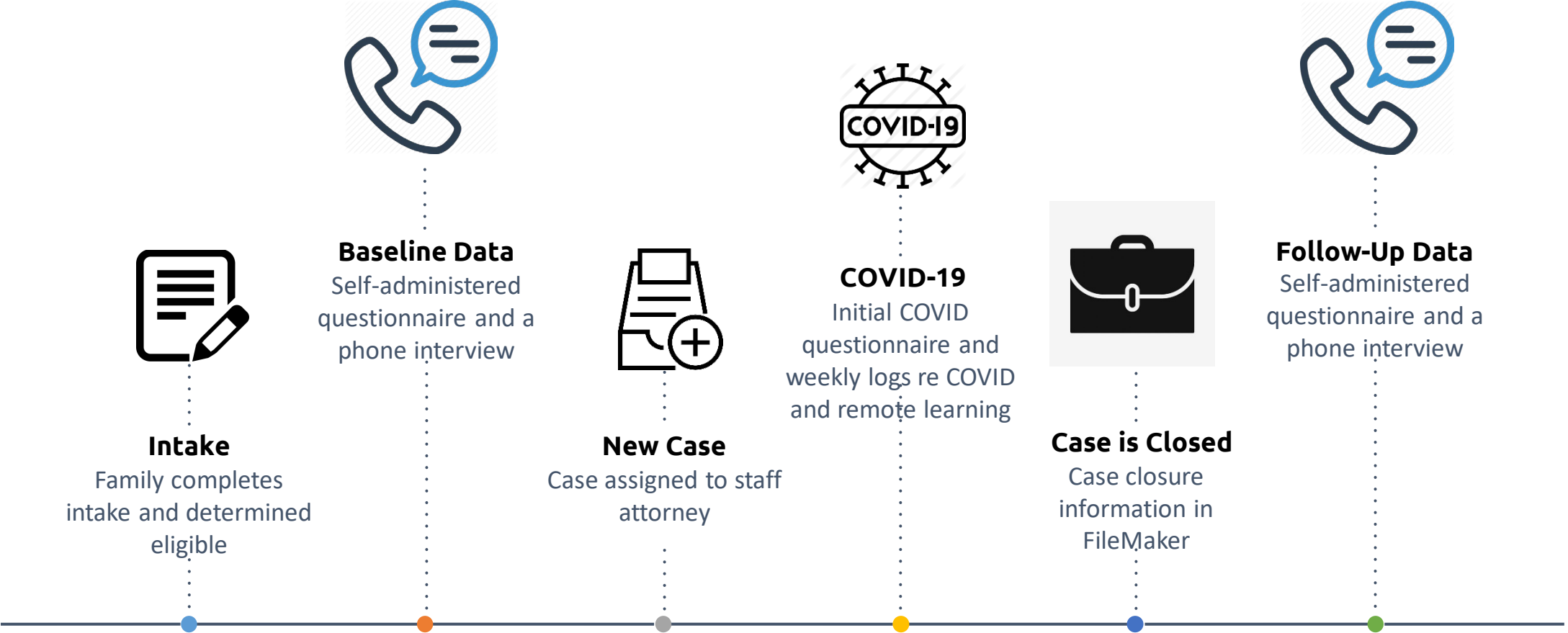


Case Success Video

Tristan's Story

<https://vimeo.com/302718751>

The Evaluation





Referral Pathways for MHAP for Kids

MHAP Participants by Referring Agency (N=1410)

Healthcare Organization	27.0%
Community Organization	19.1%
Court/Legal System	18.2%
Family Resource Center	13.6%
Previous MHAP Client	6.1%
State Agency	5.6%
HLA	3.7%
Unknown/Missing	3.2%
Client	2.1%
School District	1.3%

Who are the *kids* in MHAP for Kids?

Compared to the court-based pilot, they are:

- Younger and more racially diverse
- Still primarily male and English-speaking



Youth Demographic Characteristics of MHAP for Kids Youth and Pilot (J-MHAP) Youth		
Demographic	J-MHAP pilot (n=152)	MHAP for Kids (n=1419)
Age (mean (min, max))	15.7 (8, 22)	12.1 (3, 22)
Male (%)	60.9%	64.2%
Race/Ethnicity (%)		
White	66.5%	39.8%
Latino/Hispanic	20.4%	29.8%
Biracial	4.6%	13.8%
Black	5.9%	12.5%
Asian	.6%	2.3%
Other/Missing	1.9%	1.8%
Household Primary	92.8%	82.9%

Youth Diagnoses

- 86% of youth had at least 1 mental health diagnosis
- Average of 3 diagnoses per youth
- Range of 1-7 diagnoses
- 70% were on a psychiatric medication



Condition (n=1216)	% Youth
ADHD/ADD	49.6
Anxiety Disorder	39.8
Depression	31.5
Autism	26.9
Trauma	22.2
Other Mood Disorder	11.2
Other Conduct Disorder	9.5
Major Mental Illness	9.0
Intellectual Disability	4.9
Attachment Disorder	3.6
Obsessive Compulsive Disorder	3.2
Learning Disability	2.8
Suicidal Ideation	2.3
Other Communication Disorder	1.5



School Services at Baseline

- 59% had individual psychological counseling or therapy in school
- 23.7% took Rx for concentration/behavior/emotion problems at school
- 21.0% had been sent home for emotional or behavioral health reasons in the past year

- 19.3% had been suspended in the past year

- In a special classroom for problems with
 - 54.6% Learning
 - 31.9% Behavior
 - 26.3% Emotions

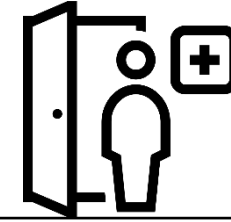
- 21.5% In a special school



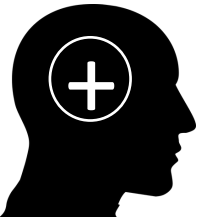
Court Involvement at Intake

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



Mental Health Services (n=405)



Outpatient	%
Mental health professional	78.4
Family Preservation Worker	50.2
Pediatrician	34.2
In-home crisis services	39.9
Emergency Room	42.2
A Mentor	31.3
Social services	36.7
Community mental health center or outpatient mental health clinic	35.3
Partial hospitalization or day treatment program	26.0
Probation or juvenile corrections officer or court counselor	14.7
An educational tutor at home	10.4



Inpatient (for Mental Health Reason)	%
Hospital	34.2
Residential treatment center	18.8
Group home	5.2
Foster home	4.7
Emergency shelter	2.6
Detention center/prison/jail	2.0
Drug or alcohol treatment unit	sup



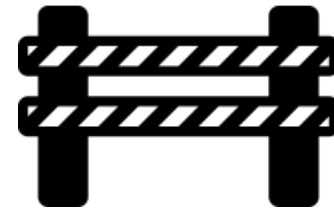
71.9% ever prescribed medicine for emotional, behavioral or substance use problem

72% took regularly for 1 year



Parents are struggling too

66% of parents/guardians reported symptoms of depression (CES-D) compared to only 19% in the published community data



Barriers to Mental Health Care

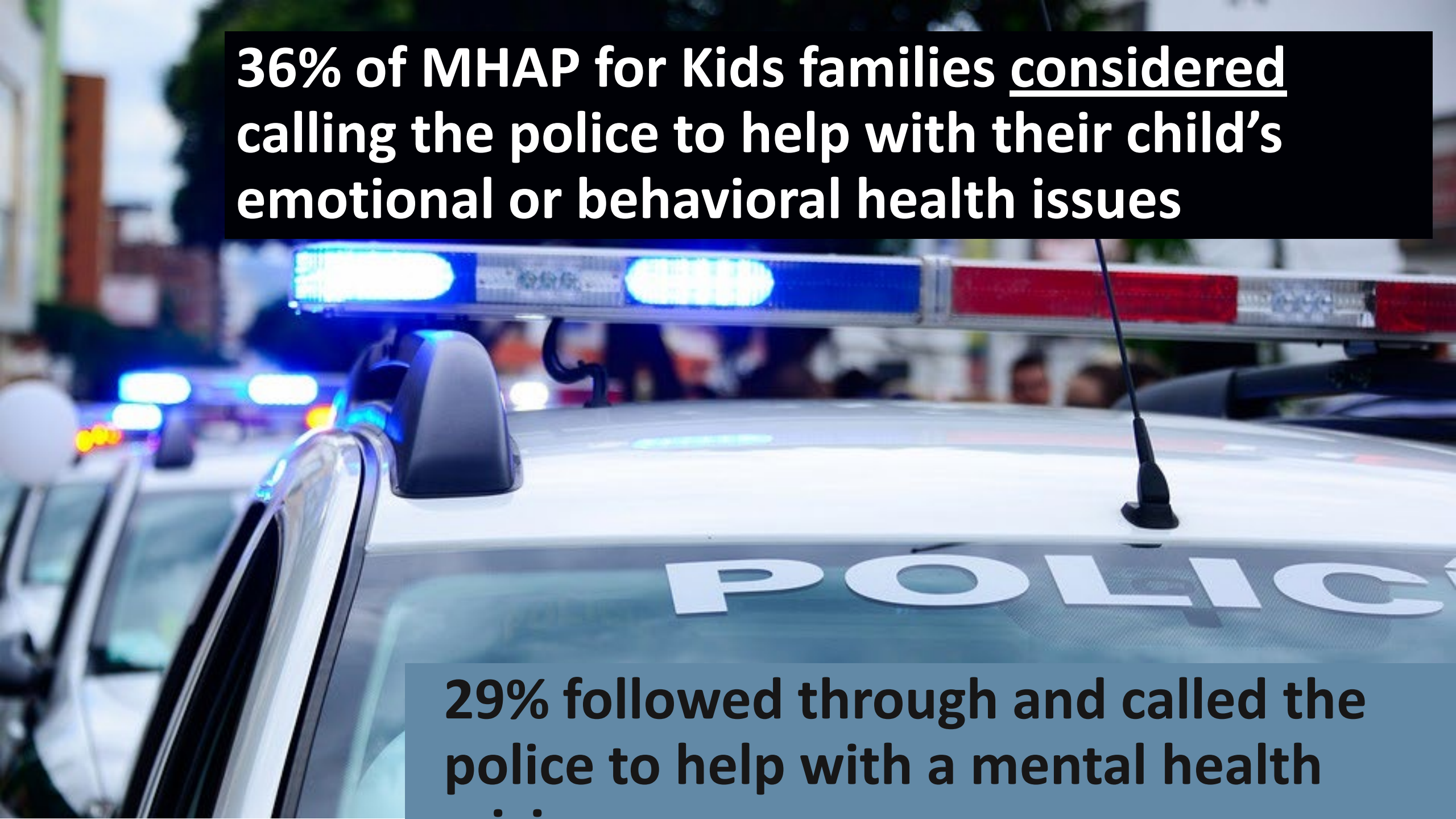
98.4% have reported ever experiencing at least one barrier

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)



36% of MHAP for Kids families considered calling the police to help with their child's emotional or behavioral health issues

29% followed through and called the police to help with a mental health

25% of families considered placing their child out of the home due to emotional or behavioral health issues

5% followed through and placed their child out of the home



Measurable Impact



Changes in Youth and Family Mental Health and Health Functioning

Significant Improvement For Youth

- ▲ Overall mental health
- ▲ Emotional health
- ▲ Prosocial Behavior
- ▼ Conduct Problems
- ▼ Hyperactivity-Inattention
- ▼ Problems with peers
- ▼ Total difficulties

Significant Improvement for Families

- ▼ Parental Stress
- ▼ Parental Depression
- ▲ Family Functioning



Parents at baseline

66% of parents/guardians reported symptoms of depression (CES-D) compared to only 19% in the published community data

39% of parents/guardians reported symptoms of major depression (CES-D)

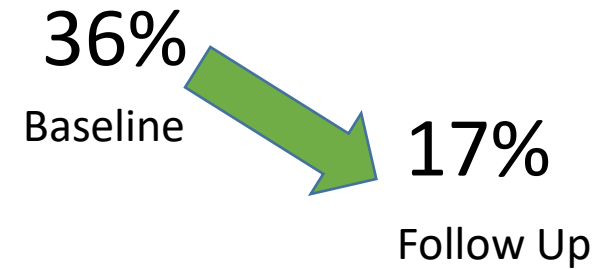
Parents at follow up

54% of parents/guardians reported symptoms of depression (CES-D) compared to only 19% in the published community data

25% of parents/guardians reported symptoms of major depression (CES-D)



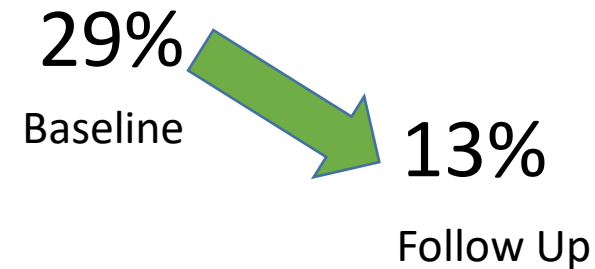
MHAP for Kids families considered calling the police to help with their child's emotional or behavioral health issues



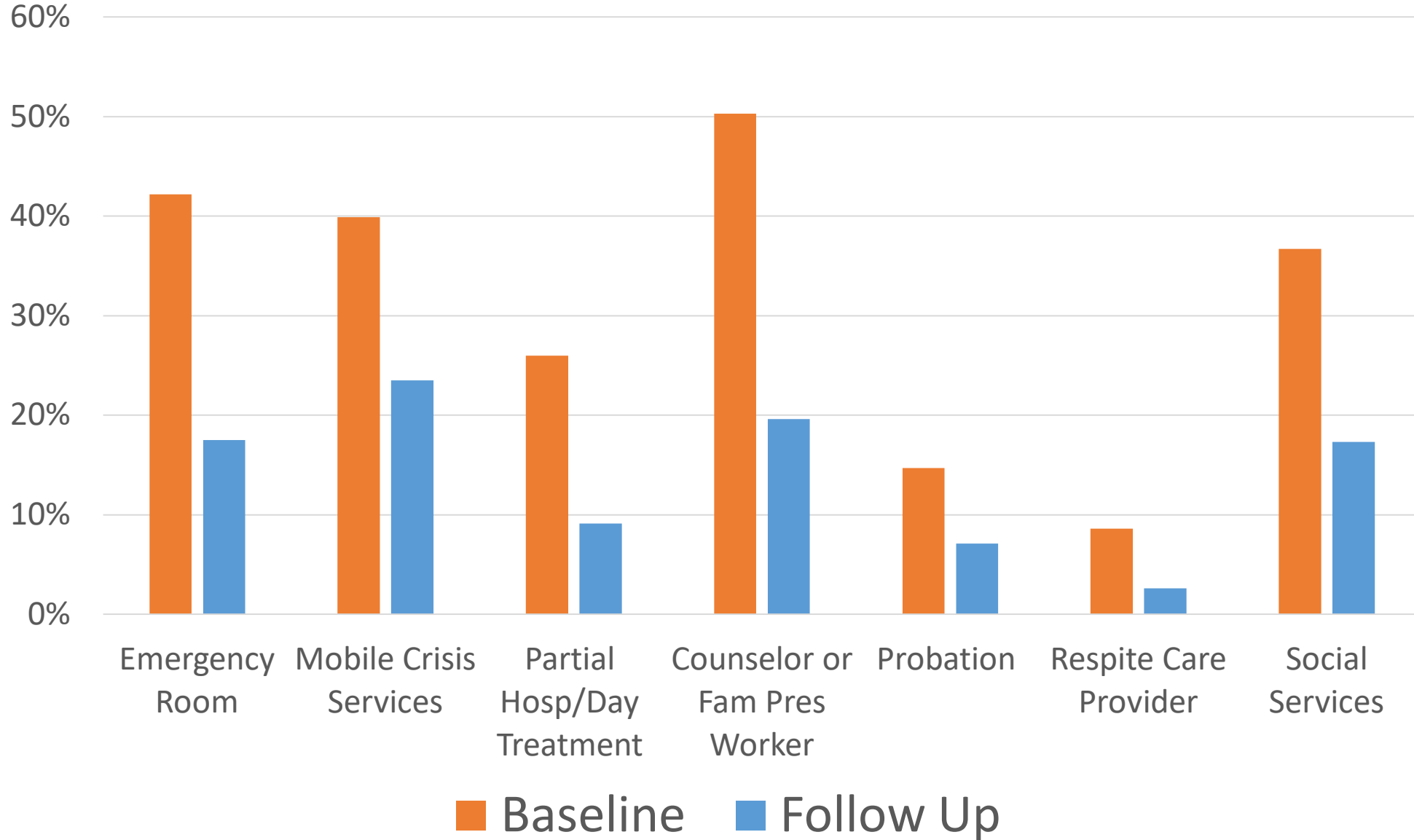
Followed through and called the police to help with a mental health crisis

Significant court outcomes

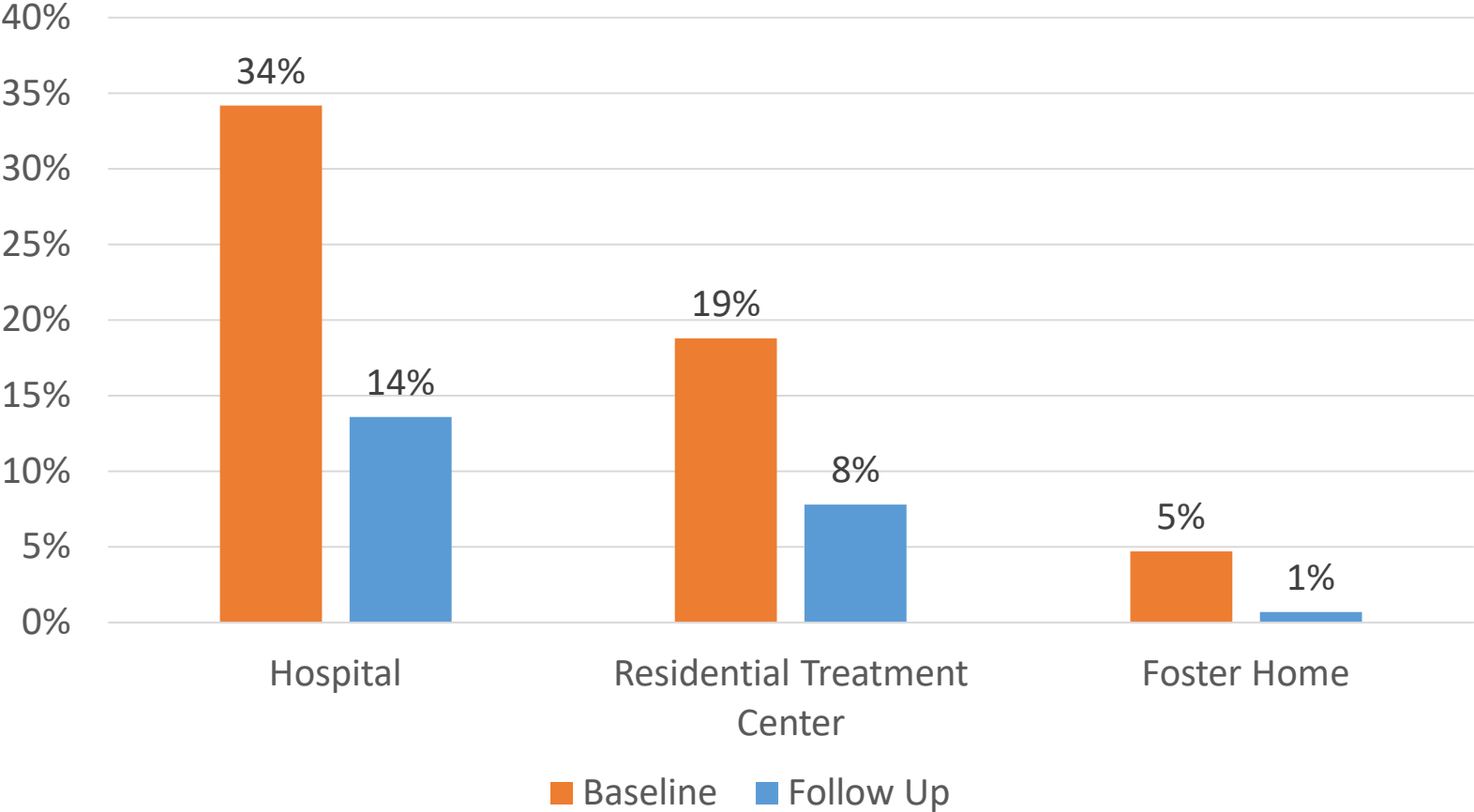
- ↓ Child Requiring Assistance Cases
- ↓ Other Court Cases



Significant Changes in Youth Mental Health Service Use



Significant Changes in Overnight Service Use



Results

- Meaningful change in court-involvement:
 - Avoiding arraignment on delinquency charges
 - Prevented child welfare cases
 - Shorten or avoid pre-trial detention
 - Reduce sentences
 - Secure substance use or mental health treatment instead of detention



Evaluation Summary

MHAP for Kids has expanded across the state with steady enrollment

Waitlist data indicate demand is higher than current capacity

After working with MHAP for Kids family functioning and youth mental health stabilized



Future of MHAP for Kids

- Continue to expand capacity to alleviate waitlist
- Ongoing data collection in partnership with BUSPH – expanded survey on equity and barriers to mental health care
- Partnering with other states to replicate the model