### Health Law Advocates' Mental Health Advocacy Program for Kids

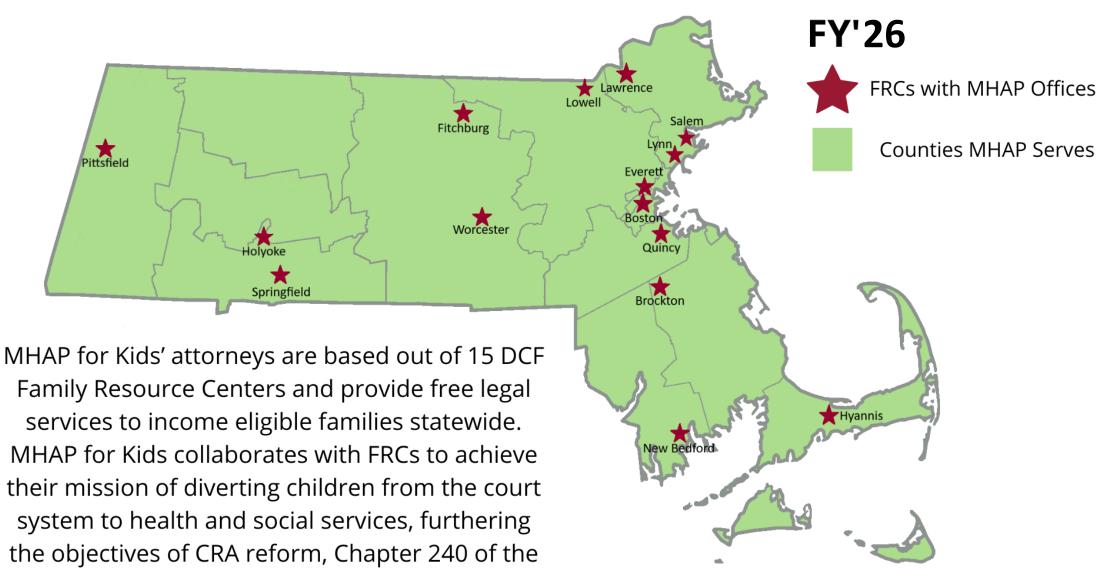
MHAP for Kids improves the health and increases the educational success of children with unmet mental health needs.

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: a statewide program





Acts of 2012.

# 86% of youth had at least one mental health diagnosis at intake to MHAP

- Average of 3 diagnoses per youth
- Range of 1-7 diagnoses
- 70% were on a psychiatric medication



Table 7. Youth Mental Health Conditions†		
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	
† Numbers do not sum to 100% as youth may report more		

<sup>†</sup> Numbers do not sum to 100% as youth may report mor than 1 condition

### Parents are trying to navigate complex systems to get mental health services for their kids

### Mental Health Services used prior to MHAP (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

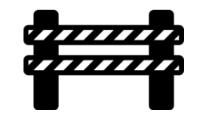


71.9% ever prescribed medicine for emotional, behavioral or substance use problem

72% took regularly for 1 year



### 98% of families faced at least one barrier to accessing mental health care



Bureaucratic Delay: difficulty navigating paperwork and eligibility process

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

% (N=320)
63.1
48.8
48.1
45.6
36.9
32.8
32.8
30.9
26.6
21.9
20.6
19.7
19.4
10.3
8.4
5.0



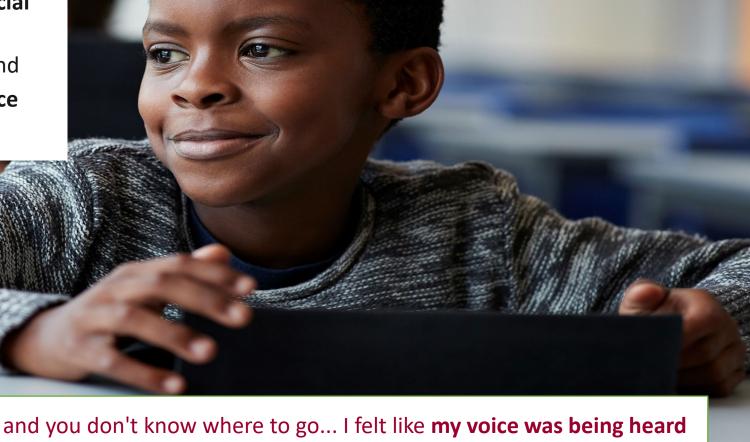


 Advocate for diversion from the juvenile justice and child welfare systems,

 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.



"I felt secure. You know when you're lost, and you don't know where to go... I felt like my voice was being heard and I was safe. The school wouldn't respond to me or listen to me. MHAP for kids listened to me, and helped navigate what I didn't know." – parent interview

### Parent quotes about MHAP's approach

Parents valued advocate's expertise, qualifications, communication, and impressions they gave.

Activities that supported success included:

- Navigating school-related placements/supports
- Accessing healthcare services
- Provision of information and connections to resources clients were unaware of
- Expertise in navigating complex systems
- Attorney presence = client taken seriously

"[I liked the advocate's]
knowledge of the system and
rules. Readiness to explain in
laymen terms what the school
was proposing and give insight
to next steps."

"I liked the core around dealing with/navigating the school system. Liked that when attorney was involved, the schools took [me] more seriously."

"Having my attorney present for IEP meetings, I also liked that she met with me prior to the IEP meetings to get organized and review my questions and goals."

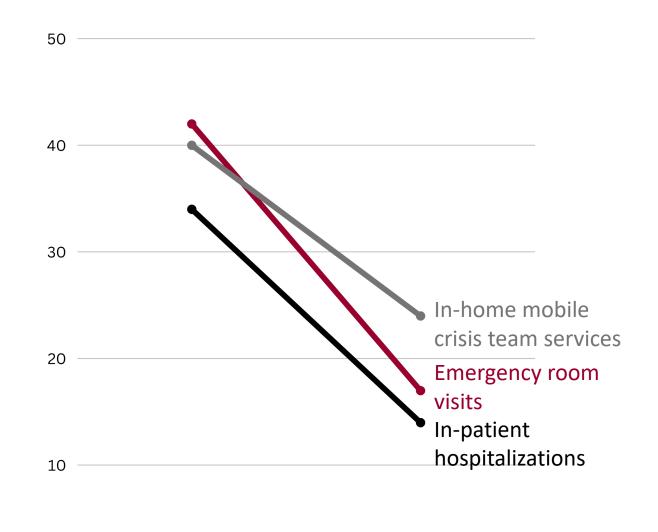
"MHAP saved our lives. The program gave my son an opportunity to get an education and advocated for my son and my family's best interest. If it weren't for MHAP for Kids, my son probably would have dropped out of school and I would have had a nervous breakdown."

### Outcomes achieved for families

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

- Significantly improves the overall mental health of family caregivers
- Dramatically decreases the need for inpatient hospitalizations of children (34% reduced to 14%).
- Significantly decreases the need for emergency room visits (42% reduced to 17%)
- Significantly decreases the need for in-home mobile crisis team services (40% reduced to 24%)
- Reduces juvenile delinquency court involvement
- Decreases CRA involvement of youth
- Significantly improves overall family functioning



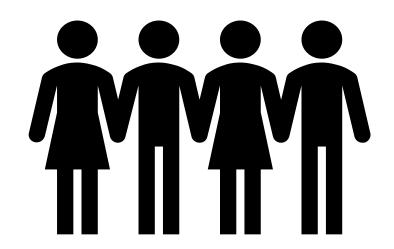


### Appendix slides



### DCF Family Resource Center Staff

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

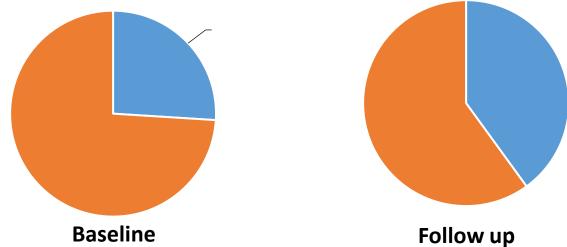


MHAP for Kids' attorneys collaborate with FRC staff to achieve their mission of diverting children from the court system to health and social services, furthering the objectives of Children Requiring Assistance reform, Chapter 240 of the Acts of 2012 by the Massachusetts Legislature.

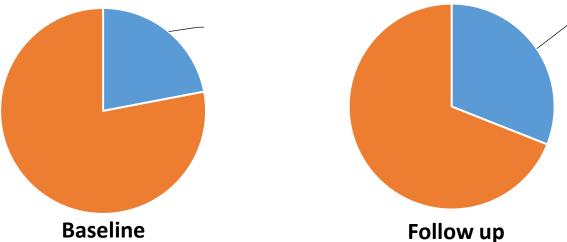


### **Changes in Youth School Engagement and Services**

**Special Class for Children with Emotional Problems** 

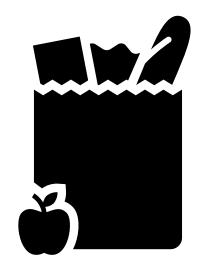


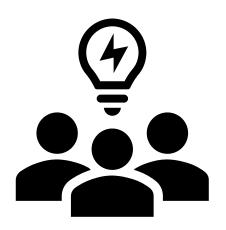
Special School for Children whose Problems Cannot be Handled by Regular School



### 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 MHAP for Kids and FRCs

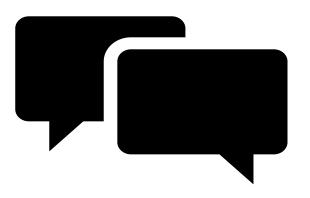
Statewide Legal Representation



Legal Information: trainings and resources Local and Statewide Training for all FRCs



Legal Consultation: Weekly staff meetings and ad hoc



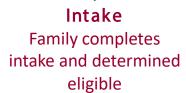


### The Evaluation





Baseline Data
Self-administered
questionnaire and a
phone interview





New Case
Case assigned to staff
attorney



COVID-19
Initial COVID
questionnaire and
weekly logs re COVID
and remote learning



Case is Closed
Case closure
information in
FileMaker



Follow-Up Data
Self-administered
questionnaire and a
phone interview





## Referral Pathways for MHAP for Kids

MHAP Participants by Referring Agency (N=1410)		
Healthcare Organization	27.0%	
<b>Community Organization</b>	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%

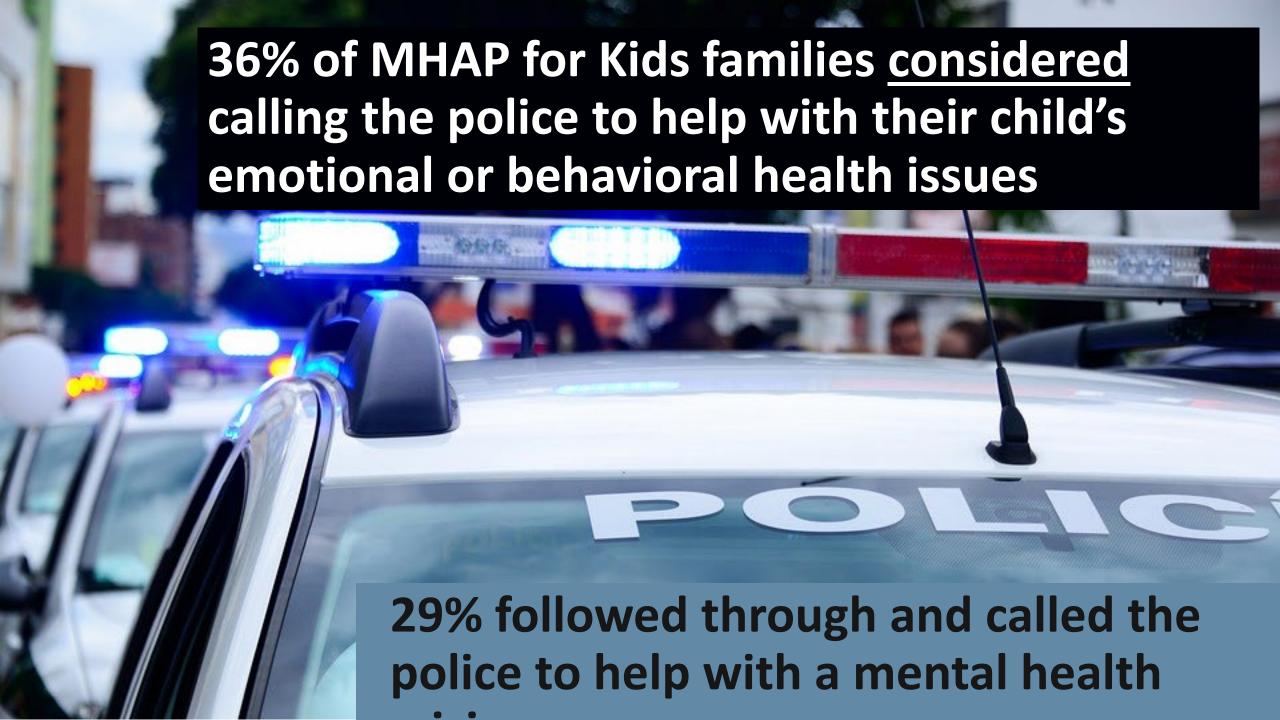


- 75% Child Requiring Assistance (status offense: truant, runaway or stubborn child)
- 25% Delinquency
- 3% Care and Protection
- 2% Guardianship
- 1% Permanency
- 5% have more than one open case









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



Measureable Impact



# Changes in Youth and Family Mental Health and Health Functioning

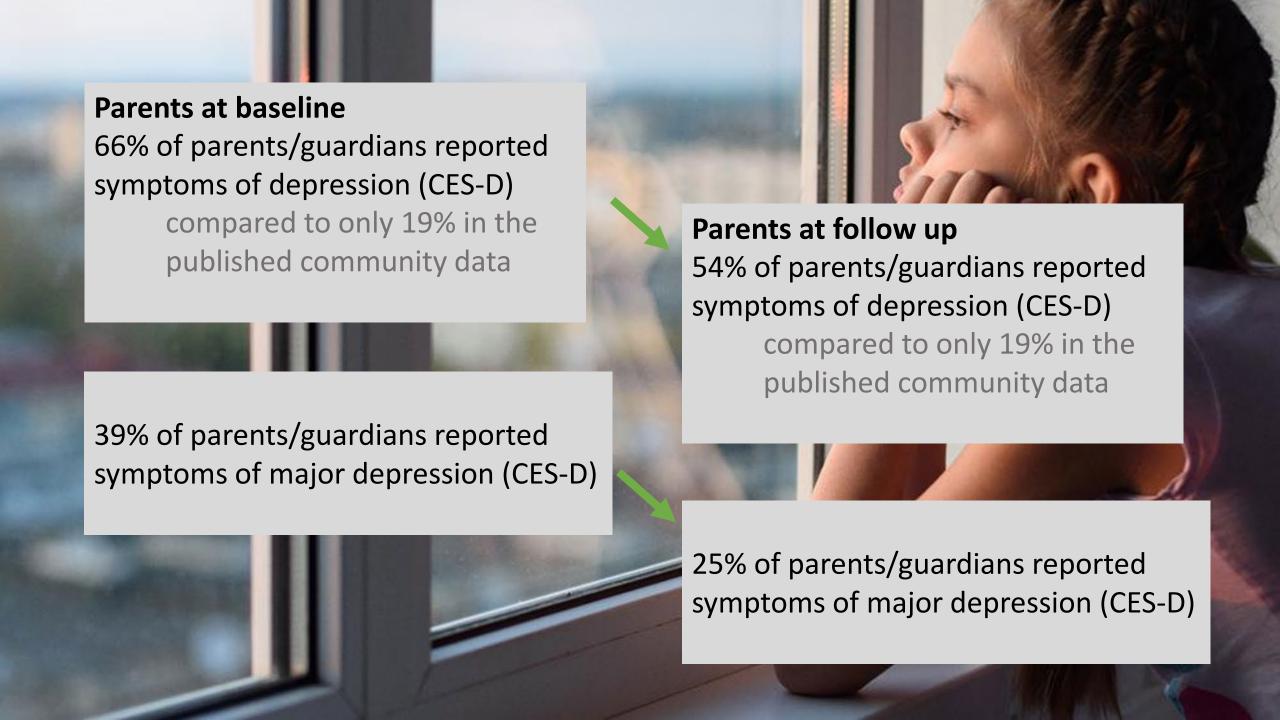
### **Significant Improvement For Youth**

- 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





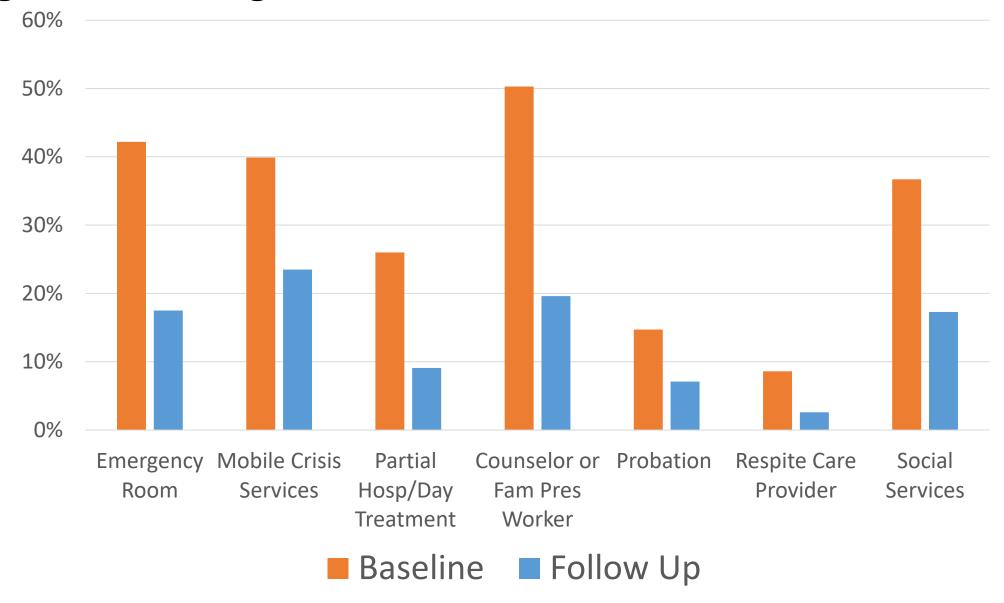
### **Evaluation Summary**

MHAP for Kids has expanded across the state with steady enrollment

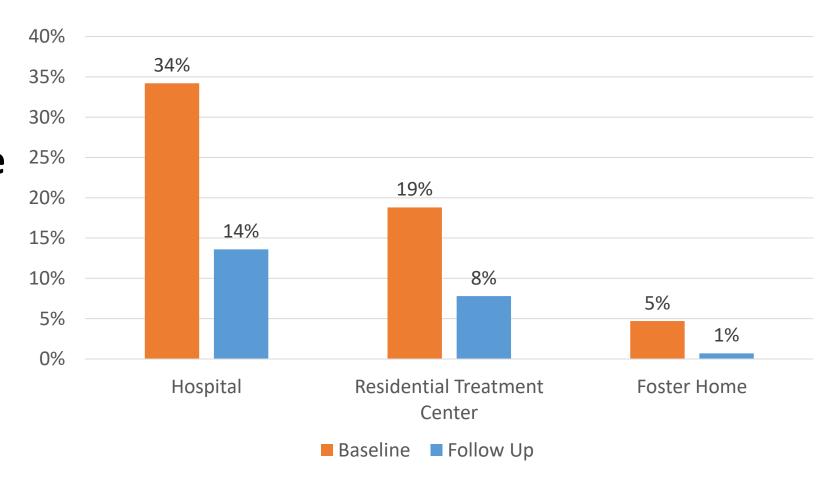
Waitlist data indicate demand is higher than current capacity

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

### Significant Changes in Youth Mental Health Service Use



## Significant Changes in Overnight Service Use



### Future of MHAP for Kids

Expand staff attorney capacity to alleviate waitlist

Expand litigation capacity through use of experts and evaluation

• Expand staff capacity of our School Discipline Advocacy Project

Further work on replicating model with other states





- Avoiding arraignment on delinquency charges
- Prevented care and protection cases
- Shorten or avoid pre-trial detention
- Reduce sentences
- Secure substance use or mental health treatment instead of detention



### Questions?

### MHAP for Kids Statewide Intake Line 617-275-2919

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