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Mental Health Advocacy Program for Kids (MHAP for Kids)

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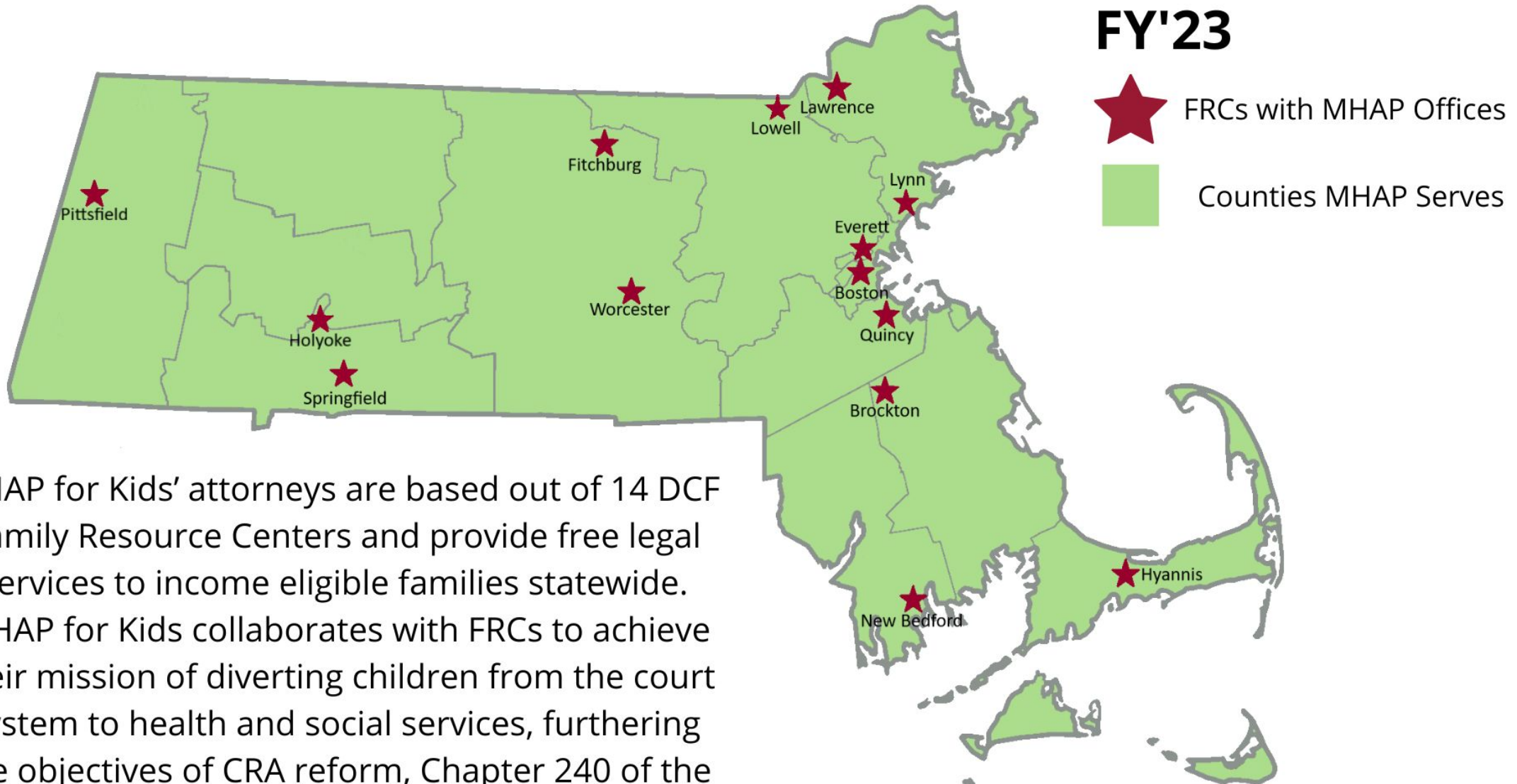
May 19, 2023

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.



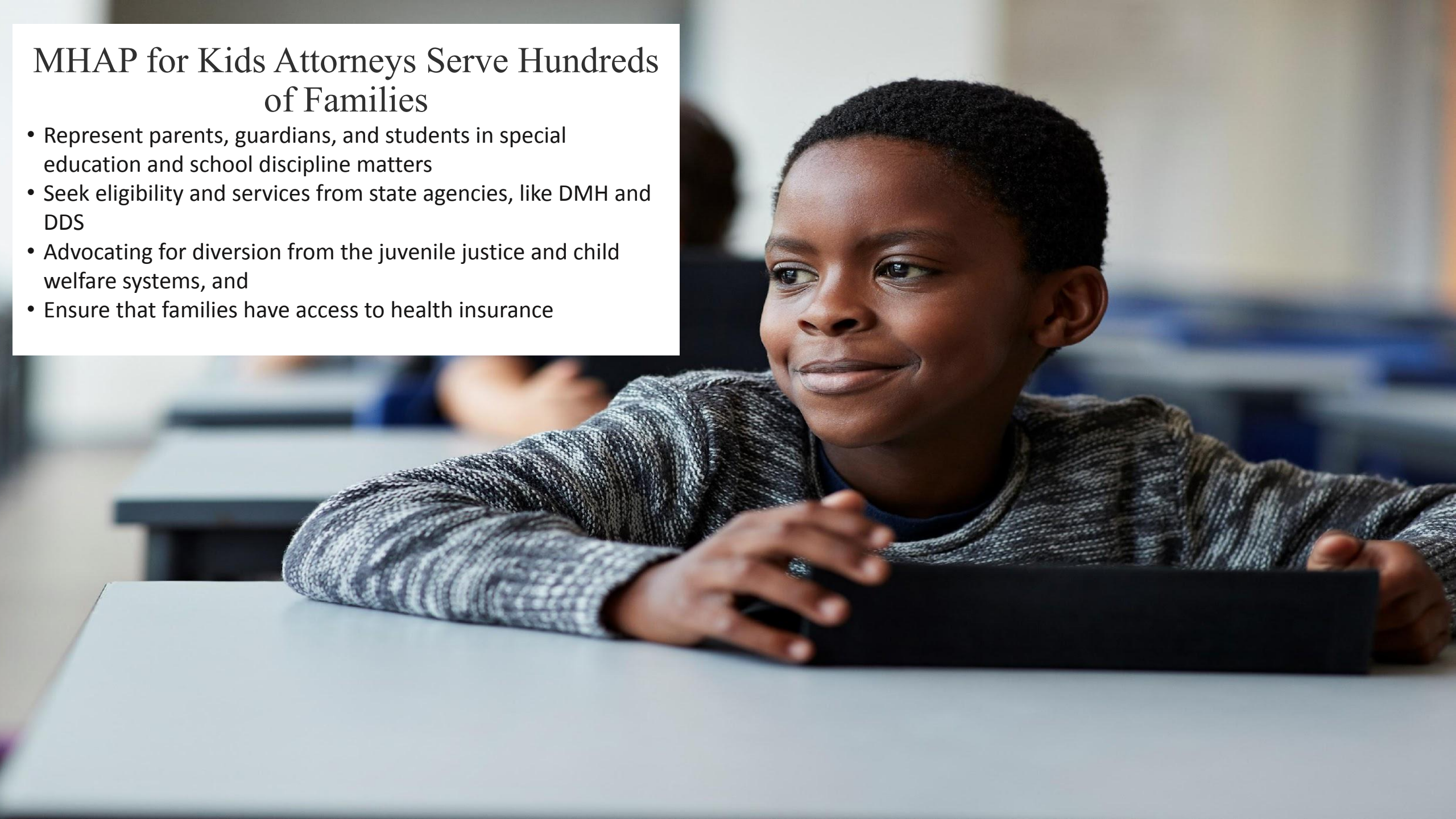
MHAP for Kids: a statewide program



MHAP for Kids' attorneys are based out of 14 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.

MHAP for Kids Attorneys Serve Hundreds of Families

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





Case Success Video

Tristan's Story

<https://vimeo.com/302718751>

AGENDA

- **Child Requiring Assistance (CRAs)**
- Overview
- Types
- Court Process
- **FRCS as an alternative to CRAs**
- **MHAP for Kids**

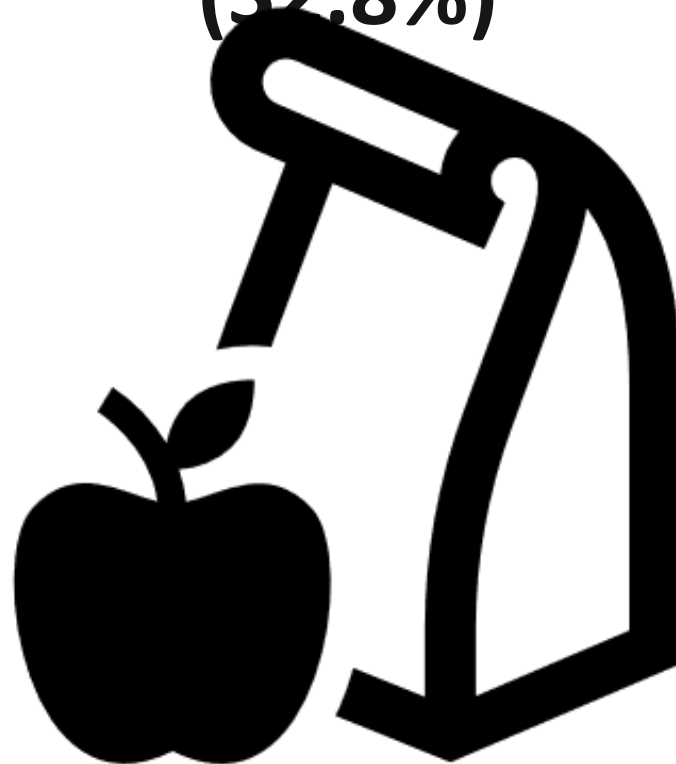
What are CRA's?

- CRAs are Massachusetts' status offense cases. Until 2012, they were called "CHINS" cases, and you may still hear them referred to by that name.

- **Who can file?**

Parents/guardians, school systems, and police officers can file CRAs.

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

A Juvenile Court Judge Can:

- Order custody to DCF
- Make an out-of-home order
- Order custody to a third-party

A Juvenile Court Judge CANNOT:

- Send a child to DYS
- Access counseling
- Access residential placement
- Access a psychiatric hospital bed or CBAT
- Order DCF to access a specific placement
- Gain priority access to any mental health services



5 TYPES of CRA

1. Runaway
2. Stubborn
3. Habitual School Offender
4. Habitual Truant
5. Sexually Exploited Child

Parent Filed CRAs

1. **Runaway**: A child between the ages of 6 and 18 who “repeatedly runs away from the home of a parent, legal guardian, or custodian having custody of the child.”
 2. **“Stubborn child”**: A child between 6 and 18 who repeatedly fails to obey reasonable home rules, thereby interfering with the parent’s ability to care for the child.
- **Who can file?** Parent, guardian, or custodian files (not police)

(See: MGL c. 119 §39E)

School Filed CRAs

3. **Habitual School Offender**: A child between the ages of 6 and 16 who repeatedly fails to obey school rules. A school district may file an application but must state the specific steps the district has taken to improve the child's conduct.

- School filed petitions must be dismissed when the student turns 16. MGL c. 119 § 39G

4. **Habitually Truant**: A child between the ages of 6 and 16, who, without excuse, *willfully* fails to attend school for more than 8 days in a quarter.

- School filed petitions must be dismissed when the student turns 16. MGL c. 119 § 39G

*NOTE: The court must find **purposeful** conduct by the child and that the child's repeated failure to attend school arises from "reasons portending delinquent behavior." (Millis Public Schools v. M.P. 478 Mass.767, 775 (2018).*

Sexually Exploited Youth CRA

5. **Sexually Exploited Youth**: Any person under the age of 18 who has been subject to sexual exploitation. This includes anyone who:

- a) Is the victim of sexual servitude or sex trafficking:
 - b) Engages in sexual conduct with another person for a fee or in exchange for food, shelter clothing, education, or care;
 - c) Is the victim of the crime (whether or not prosecuted) of inducing a minor into prostitution; or
 - d) Engages in common night-walking/common street-walking.
- Under MGL c. 119 § 39L, there is a *presumption* that before or after the arraignment in any juvenile or criminal proceeding against a sexually exploited child that either a care or protection petition or a CRA be filed.
 - Any person, including the juvenile, may file a care and protection petition on behalf of the child, including a petition for emergency commitment

- **Who can file?**

A parent or a police officer may file

What to do if school files a CRA?

1. If you have anything that addresses DCF's concerns, bring that to court
 1. Does your child have an IEP? Recent evaluations?
 2. Proof of services your child is engaged in
 3. Paperwork showing that you took child to doctor for an excused absence
2. You are not required to disclose your immigration status



Steps in CRA Process

- 1.Application Filed
- 2.Preliminary Hearing
- 3.Informal Assistance
- 4.Fact Finding Hearing
- 5.Conference
- 6.Disposition
- 7.Temporary Custody Hearings
- 8.Dismissal

Parents'/Child's Rights During a CRA

Parents' Rights

- Attend all court hearings
- Be represented by an attorney at any hearing where judge considers removing child from your custody
- To a language interpreter if needed
- Have another court review decisions of the juvenile court judge on your case

Child's Rights:

Same rights as the parent, as well as:

- Right to be represented by counsel at ALL hearings (Counsel is appointed at the time of the filing of the CRA application)
- Entitled to appointed counsel, regardless of finances of parent/ guardian
- Child MAY NOT be confined in shackles or in lock-up in connection with CRA case

Step 1: Application

When a CRA application is filed with the Court:

- The Clerk is supposed to inform applicant about community-based resources including the FRCs, the court process, and the possibility of custody change
- **Notice**
 1. Date for preliminary hearing sent
- **Summons**
 1. If clerk determines unlikely child will appear at preliminary hearing

Step 2: Preliminary Hearing

- This hearing is in front of a judge and supposed to be held within 15 days of filing.
- Child's attorney, parent/guardian and petitioner are present at this hearing.
- Process
 - Immediate inquiry: PO will interview applicant and child
 - PO makes recommendations to the court

The purpose of the preliminary hearing is to decide whether to:

- Decline the application and dismiss the case.
- Decline the application because the court finds that the child's interests would be better served by informal assistance, and refer the child and family to a probation officer for assistance, or
- Accept CRA and schedule a fact-finding hearing.

Step 3: Informal Assistance

Purpose of informal assistance

- Probation works to resolve or eliminate the need for a CRA
 - Applicant and child must agree to IA
 - The probation officer may refer the child and family to appropriate services to help the family and resolve the situation.

Length of informal assistance

The entire length of informal assistance cannot exceed a total of 180 days from the date of the filing of the application.

- After 90 or 180 days, court either has to schedule a fact finding hearing or dismiss the application

Step 4: Fact Finding Hearing

- The fact-finding hearing is conducted by a judge.

What Happens:

- Right of both parties to be heard (present evidence, witnesses, etc.)
- All parties can also agree that the child is a child requiring assistance and waive the hearing.

Outcomes:

- Case is dismissed or
- Finding that the child requires assistance and schedule a conference and disposition hearing date

Step 5: Conference

- Court convenes and may participate in a meeting with probation, the child, the petitioner, guardian, DCF if involved, and any other helpful person, including the school)
- Occurs before disposition hearing

What happens at a Conference:

- Probation officer presents written recommendations to court about appropriate treatment and services for the child, appropriate placement for the child and any condition or limitations any placement.
- NOTE: Working with a probation officer re: their recommendations is a great way to assist the family.

Step 6: Disposition Hearing and Order

This hearing is based upon the information given by the probation officer (can take place on the same date as the conference).

- Judge determines what orders should be entered to help child

Outcomes:

Based upon the probation officer's recommendations:

- 1) The court may allow the child to remain at home.
- 2) The court may place child in the care of a relative *or* any other adult or child-care agency following a probation assessment.
- 3) The court may place the child in the custody of DCF. (Note: There may not necessarily be an out of home placement order.)
 - DCF may **not** refuse to make an out-of-home placement if recommended by the court, but the Department is entitled to "direct the type and length of such out-of-home placement." M.G.L. 119 § 39G
 - Where parent's custody is at issue/risk, parents are entitled to counsel

Time Frame: "Dispositional term" is 120 days, and it may be extended to a total of 390 days.

Temporary Custody Orders

***It's important for families to know that a CRA CAN result in a child being placed in the custody of DCF.**

- At any time during a “stubborn child” CRA, the court may issue an order placing the child in the temporary custody of DCF.
- A temporary custody order may also be issued in cases of runaway, truancy or failing to obey school regulations if the court finds that the child is likely to not appear for fact finding or disposition hearing.
- In most cases, the temporary custody order cannot be beyond 45 days.

Dismissal

- CRA Case must be dismissed after 390 days.
- Applicant can and often does just re-file a new CRA application
- No order may continue after a child's 18th birthday if the CRA was parent-or police-filed. CRA will be dismissed.
- No order may continue after a child's 16th birthday if the CRA was school-filed. CRA will be dismissed.

DESE Guidance on CRAs

- ***Important Considerations Before Filing a CRA Application:***
- Has the school/district explored and documented all possible opportunities to support and assist the student and their family to overcome barriers to attendance?
- Has the school/district reviewed data to identify whether there is an over-reliance on CRA filings as an intervention for specific student groups (e.g., students of color, etc.)?

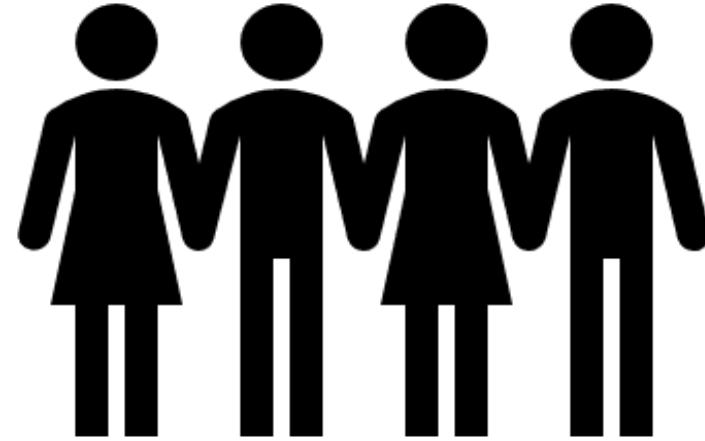
DESE. Promoting Student Engagement, Learning, Wellbeing and Safety During Remote and Hybrid Learning, Winter 2020.

Importance of FRC's in CRA cases

- The Family Resource Centers were created out of the CRA reform
- Under MGL 119 §39G, when a petitioner presents a CRA application to the clerk for filing, the clerk "shall" inform the petitioner that they may "delay filing the request and choose to have the child and the child's family referred to a family resource center....to provide community-based services in the juvenile court district where the child resides and return to court at a later time to file an application for assistance, if needed."
- Under MGL 119 §39G "the clerk shall prepare, publish, and disseminate to each petitioner educational material relative to available family resource centers..."

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



Legal Consultation:
Weekly staff meetings
and ad hoc

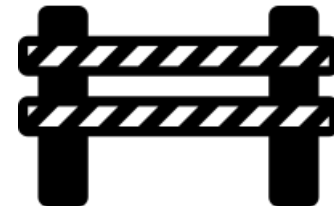


Legal Information:
trainings and resources





97% of families reported experiencing at least 1 barrier to accessing mental health services



Barriers to Mental Health Care

97% have reported ever
experiencing at least one barrier

Bureaucratic Delay: difficulty
navigating paperwork and eligibility
process

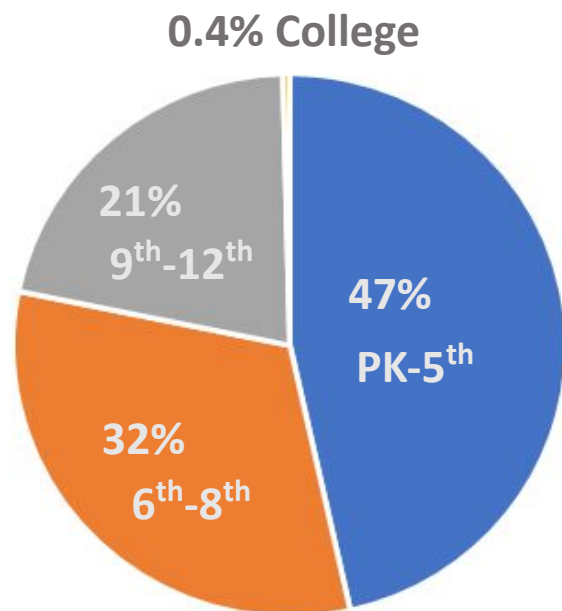
Incomplete information: about
where to access services or how to
access them

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)



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.

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



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

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

A young girl with brown hair in braids is looking out a window. She is resting her chin on her clasped hands, looking out with a thoughtful or perhaps sad expression. The window shows a blurred view of a city or town. The lighting is soft, suggesting it might be late afternoon or early morning.

Parents are struggling too

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



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

Avante's Story

<https://vimeo.com/475543728>



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

A young girl with brown hair is looking out a window. The background is a blurred view of a city or landscape. Overlaid on the image are four text boxes with green arrows pointing from the 'baseline' boxes to the 'follow up' boxes. The text boxes contain statistics about depression symptoms in parents/guardians.

Parents at baseline

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

Parents at follow up

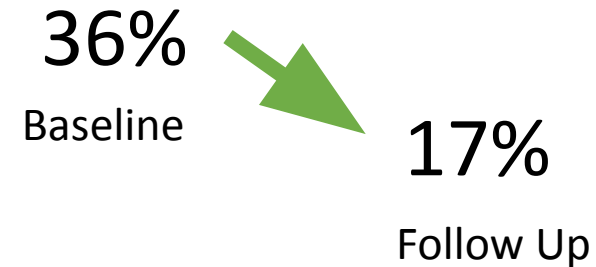
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39% of parents/guardians reported symptoms of major depression (CES-D)

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



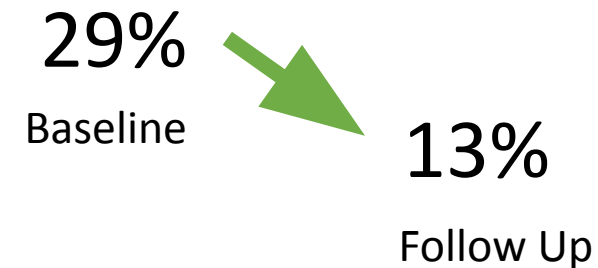
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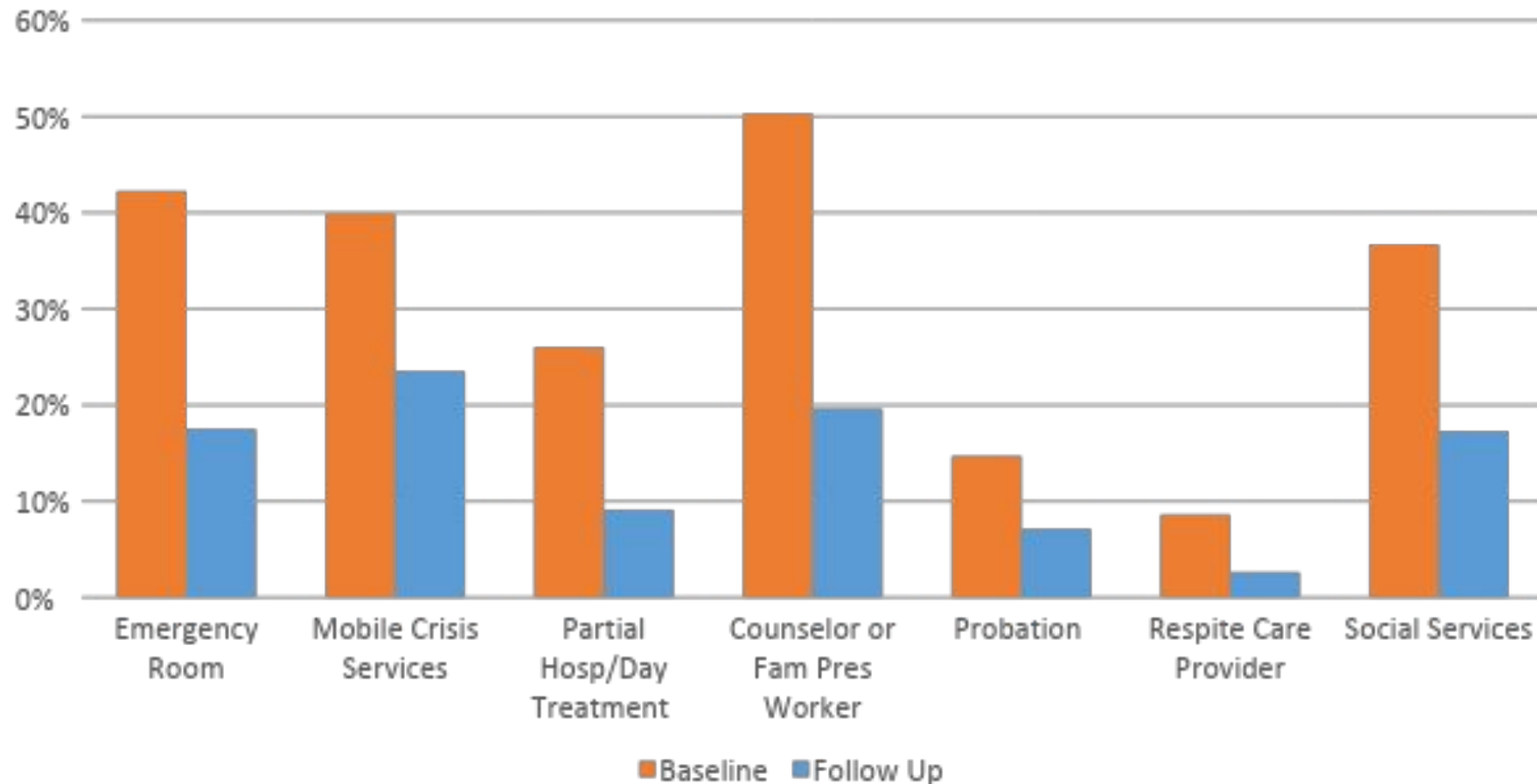
Followed through and called the police to help with a mental health crisis

Significant court outcomes

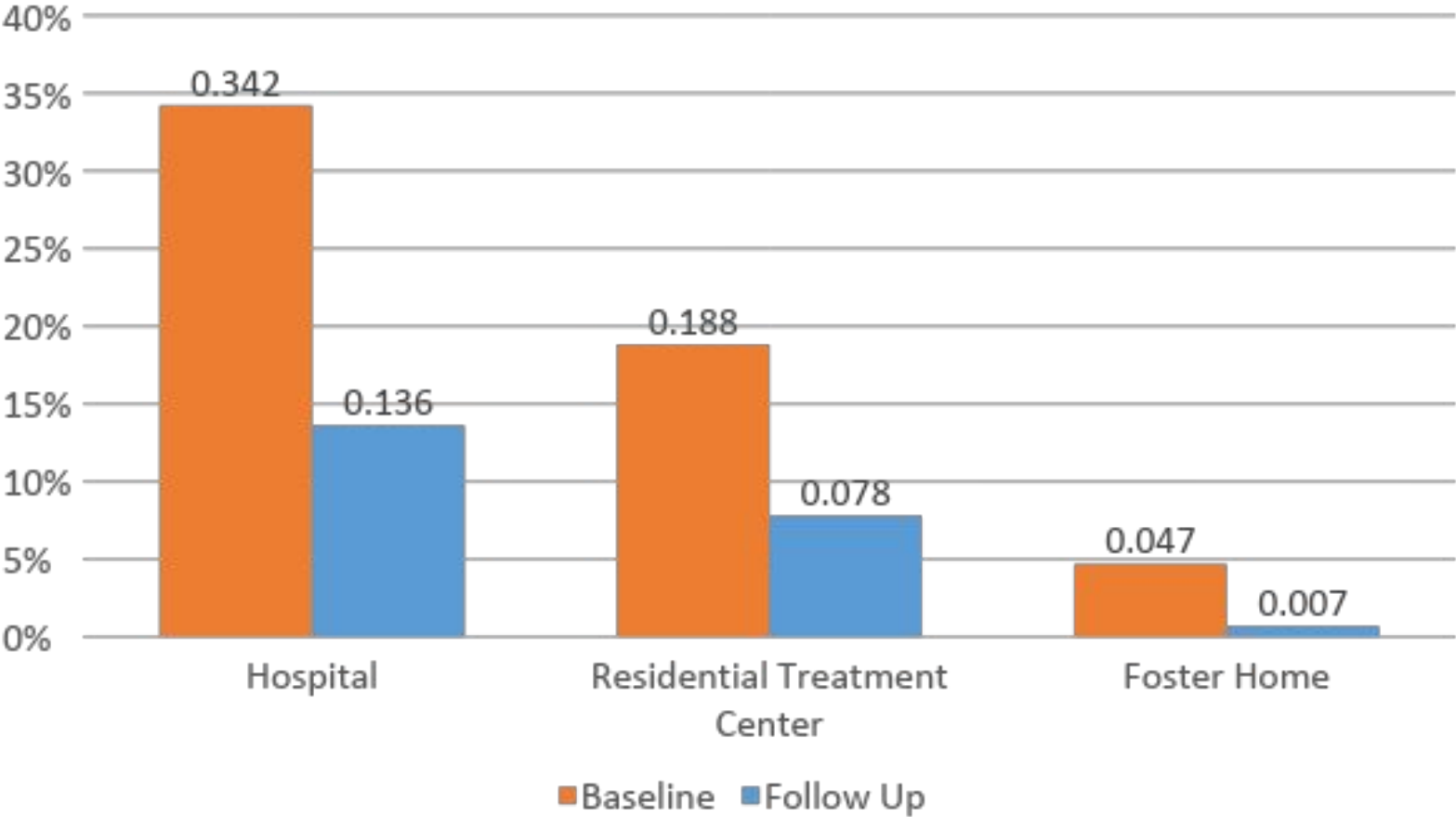
- Child Requiring Assistance Cases
- Other Court Cases
- Family outplaced their child



Significant Changes in Youth Mental Health Service Use



Significant Changes in Overnight Service Use



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

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
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Social services	51.5
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Drug or alcohol treatment unit	1.1



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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.

Further Questions?

MHAP for Kids Statewide Intake Line 617-275-2919

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www.healthlawadvocates.org

