



Family Voices
A Report of Client Experiences with the
Mental Health Advocacy Program for Kids

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Prepared for

Health Law Advocates

by

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INTRODUCTION:

This report has been prepared for Health Law Advocates by the Boston University School of Public Health Evaluation Team, and includes qualitative feedback from MHAP for Kids clients. Our team has previously presented information regarding the quantitative impact of the MHAP for Kids program on family outcomes, overtime, highlighting improved measures of family functioning, stabilized mental health, and decreased clinical indication of mental health risk.¹ This report focus specifically on the experience of youth caregivers, collected after their MHAP for Kids cases have closed. These insights, presented here for the first time, serve to provide information to MHAP for Kids leadership and partners about the acceptability and experience of the program among its clients.

MHAP FOR KIDS PROGRAM OVERVIEW

The Mental Health Advocacy Program for Kids (MHAP for Kids) serves families whose youth are in need of access to appropriate mental health services and are court-involved or at risk for court involvement. MHAP for Kids began providing services for youth in Massachusetts on March 1, 2017, when it opened its first two sites embedded within the state-funded Family Resources Centers. Informed by its pilot program, the court-based Juvenile Court Mental Health Advocacy Project (J-MHAP), MHAP for Kids has adapted its services to assist families who may not already be involved with the court. Located within the Commonwealth's state-funded Family Resource Centers, families can access MHAP for Kids directly through self-referral or through the support of referral agencies across systems that interact with youth (Family Resource Centers, providers, schools, courts, community organizations, etc). Staff attorneys represent families at no cost, providing the following types of services: begin or improve special education services; secure and/or coordinate community-based mental health services; collaborate with state agencies like the Department of Children and Families, Department of Mental Health, and the Department of Developmental Services; advocate for general education accommodations, and; assist with health insurance coverage.²

REPORT ORGANIZATION

This report will provide information on the self-reported experiences of parents/guardians (also referred to as families or clients) with the MHAP for Kids program. This report is broken down into four main sections (1) a description of data collection, management, and analysis; (2) our findings, organized using the RE-AIM PRISM framework for program implementation and evaluation; (3) a summary; and (4) client-reported recommendations.

SECTION 1: DATA COLLECTION, MANAGEMENT, AND ANALYSIS

Data Collection and Management

Staff attorneys work closely with each family to serve their individualized needs. To understand common characteristics across these families, evaluation information was collected by the program via an intake interview, an enrollment interview with a paralegal or other program staff, and via a self-administered questionnaire provided to parents/guardians online. Upon completion and case closure with MHAP for Kids, a similar pattern is followed to collect closing information via interview with a paralegal or other program staff, and via a self-administered questionnaire provided to clients online. Due to resource constraints, interviews and questionnaires were administered in English and therefore the results are not generalizable to the MHAP for Kids group as a whole.

During closing data collection between October, 2022 and September, 2024, 92 individual clients responded to six qualitative questions (Appendix A, Table A) regarding their experience with the MHAP for Kids program. Data were stored in a protected REDCap database and clients were able to self-select if they responded to the questions or not.

To prepare the data for this analysis, responses were downloaded from REDCap into transcript documents, de-identified and cleaned for analysis. A codebook with *a priori* codes was created using the program implementation and evaluation framework RE-AIM PRISM.³ This framework is commonly used to understand complex programs by using the concepts of Reach, Effectiveness, Adoption, Implementation, Maintenance, Perspectives, Characteristics, External Environment, and Infrastructure. Description of each RE-AIM PRISM construct are presented in the findings section and in Appendix A, Table B. Responses were read through to identify additional codes, such as frequently recurring topics and attitudes. After this initial run through, the codebook was updated prior to use.

Data Analysis

Transcripts were coded and analyzed using the software Atlas.ti. Tools like co-occurring code analysis and the query tool were used. We conducted both thematic and content analysis. The combination of thematic and content analysis intended to give space to the many different experiences in the responses, while also recognizing the relative frequency of experiences.

The RE-AIM PRISM Framework was key in organizing codes into results and identifying themes. For example, a key theme in the “effectiveness” domain of “achieving health service outcomes” was identified (thematic analysis.) This theme was present in at least 10% of individual responses (content analysis.) More information on the definition of each construct of the framework is provided below in the findings section and Appendix A, Table B.

Constructs in the RE-AIM PRISM Framework that were not present or relevant in the client data were excluded from the results write up. These were usually identified because they had zero coded content or other codes associated with them. For example, within the construct *adoption* in the RE-AIM framework – respondents do not have information on the “number, proportion or representativeness” of settings or “people who deliver the program.” They only have their own experience, which was with one attorney. The questions asked were therefore not relevant to the *adoption* domain, and the respondents did not organically offer perspectives relevant to that domain.

Key quotes that exemplified results were pulled out and highlighted. A compilation of constructs, themes, and examples can be found in Appendix A, Table B. Additionally, cross-cutting themes were identified for a richer understanding of the data and a broader picture of client experiences. Finally, specific recommendations surfaced from client themes and quotes.

SECTION 2: FINDINGS

The results of our analysis are presented here, organized by RE-AIM PRISM construct. Only constructs relevant to the data are included. For added clarity, we provide a definition of the framework’s construct in each section. A table with the frameworks domains, themes and illustrative quotes can be found in Appendix A, Table B.

REACH

“The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program, and reasons why or why not.”

Although each response is related to an individual’s experience, there were some notable themes related to the reach of the program. Specifically, clients provided insight into the reasons why individuals participate in a program.

Most frequently, participants tapped into the Reach domain when asked “If you could change something about the MHAP for Kids program, what would you change?” Many participants expressed that they would want to “know about this program sooner.” This desire also extended to other families, with responses including “[I would change it so] that families knew about this program sooner,” “Make sure more people know about this. There are so many families struggling,” and “I would make it more known that MHAP was available. I would also like to see it available for all families that qualify and need it.”

Other comments related to the Reach domain included recommendations to improve accessibility. One participant expressed that they would prefer if the program was “not so far away from our town.”

EFFECTIVENESS

“The impact of an intervention on important individual outcomes, including potential negative effects, and broader impact including quality of life and economic outcomes; and variability across subgroups (generalizability or heterogeneity of effects).”

Responses coded under the Effectiveness domain were overwhelmingly positive, and at least half were co-coded with education outcomes. Education outcomes commonly mentioned involve IEP/504 plan creation or compliance, and out-of-district or therapeutic school placements.

At least 10% of responses mentioned achieving access to health services separately from educational outcomes. Although the specific services were not specified, the responses had a positive tone. Many indicate that this access would not have been possible without the program; “Without [MHAP for Kids], we wouldn’t be able to get services for my child.” Other responses highlight that the program enabled them to “get the services needed much faster than trying to do it on our own.” In some cases, “the attorneys were able to network and connect [the client] to additional programs and people to help.”

The perceived positive effects of these outcomes for the child include improved mental health “[My child’s] confidence went up and her depressive mood is A LOT better” and increased educational attainment “My brilliant, capable child finally has an educational option that he can safely attend to and is thriving educationally!”

For families, the perceived positive effects include: improved mental health “I went from stressing everyday about my child to hardly having to worry”, improved relationships “With [MHAP’s] help [...] the relationship between [my child] and I got better, and there was less stress and arguments between us”, and increased confidence in navigating and advocating for their child within complex educational and health systems “[MHAP] was able to help me understand the rights of my child[...]”.

We have previously reported quantitative data demonstrating MHAP for Kids’ positive impact on improving access to school services and the reduction of family use of high-cost systems like mobile

crisis, emergency department visits, or overnight hospital stays.¹ Families pointed to the other side of this by sharing the personal impact like, “[MHAP for Kids] changed our lives. [...] She goes to school with a smile on her face. That has no monetary value, it is just happiness in our hearts.” Other clients shared sentiments like “If it wasn't for this program, I don't know if my [child] would be alive or hospitalized again.”; and ““MHAP saved our lives. [...] 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.”

There were some perceived neutral outcomes in which “Nothing was accomplished[...]”. In most cases like this, it seems there was not enough evidence for the attorney to achieve a specific legal outcome, and the case had to be closed “[...]in the same spot as the beginning.” In these instances, most respondents were neutral in tone at the absence of an outcome. In less than 10% of responses, these outcomes were coupled with negative feelings that “[the attorney] downplayed our concerns,” “[the attorney] never had anything positive to tell us. [Their] answer always was that the school will always do whatever they want, and I need to go by their rules,” “what didn’t work well was being told that you are powerless against a wealthy school district system[...],” and “everything [the attorney] did seemed to benefit the school, not the rights of the child.”

Only one respondent felt that MHAP for Kids left them in a worse-off position. The respondent expressed that the case “[...]wasted valuable time” as well as concern that their child’s mental health evaluations would become outdated before an outcome had been achieved. This respondent terminated their case early, so it is unclear whether a different outcome would have been possible if services had continued.

IMPLEMENTATION

“At the setting level, implementation refers to the intervention agents’ fidelity to the various elements of an intervention’s key functions or components, including consistency of delivery as intended and the time and cost of the intervention. Importantly, it also includes adaptations made to interventions and implementation strategies.”

In alignment with the reported Effectiveness outcomes, activities in the Implementation domain frequently included attending 504/IEP meetings and enabling access to resources and services.

One key Implementation theme included the application of “knowledge of the system and rules”. Respondents viewed attorneys as a key informational resource, expressing that “It was just nice having someone that knew the ins and outs of the [legal] process, what they could ask for that I would never have known to ask for.” Respondents also appreciated it when they themselves “gained a lot of knowledge” from their attorney. Many respondents “[...]liked that [the attorney] explained in depth and detail several times to me over the course of the period that he worked with us, how to read an IEP and understand it.”

The attorney’s social leverage (likely due to their professional qualifications and expertise) was also seen to enable implementation success. Echoing many, one respondent said “I had trouble working with the school, I felt bullied. But with MHAP I had someone in my corner who knew all the rules, so the school stopped using big terminology and intimidating meetings were easier when trying to advocate for my [child’s] needs.”

Communication arose as a core aspect of implementation success and one of the differences between respondents that perceived their experiences positively or negatively. Respondents that perceived their experiences and outcomes positively wrote praise such as “My lawyer went far and beyond to ensure communication with me about school meetings and explaining all aspects of wording on my child's IEP.” Those with neutral or less positive outcomes tended to point to a lack of communication; “I didn't like the bad communication with our advocate, it was horrible. I was the one always calling or emailing [them] for some help.” However, most responses that mentioned poor communication qualified their statements, explaining that “sometimes it was hard to have calls/emails returned, but I understand you are busy.”

Third parties also presented barriers, such as issues with “convincing the school that [my child] needs special transportation,” “the school's communication was limited,” or “[I did not like] how long the entire process took, but that's due to the public-school process.”

MAINTENANCE

“At the individual level, maintenance has been defined as the long-term effects of a program on outcomes after a program is completed. The specific time frame for assessment of maintenance or sustainment varies across projects.”

Clients were asked to complete closing data shortly after their case closed, limiting their ability to fully comment on the long-term effects of the program. However, they did raise issues related to this construct worthy of consideration. The main concern expressed within the Maintenance domain was if a new issue arose after case closure, then the client would have to restart the intake process. This concern arose on various levels. For some, they “wish [the program] was longer” and presented a general anxiety that “it's going to backfire, and we will be right back where we started.” Some respondents specifically wanted to ensure that there were no unforeseen problems immediately after achieving their final case objective; “I am concerned that since the case closed as soon as the 504 plan was written, if there are any issues with it then I will have to go through the whole process again.” Others expressed a desire to stay in the program indefinitely, especially if their child has complex needs and will likely encounter more challenges in the future; “[I would change the program so] that I keep my attorney through my [child's] educational journey. Due to his diagnosis, I would think this would be the most beneficial for our needs as a family.”

One of the effects of the program that respondents seem to believe will have a long-term impact is the ability to better advocate for their child in the future. Beyond “[...]helping [the parent with] navigating the educational piece within the school setting” during their time in the program, respondents also noted that by “[...]helping [them] understand how the process works with the educational piece within the school,” they attained “[...]knowledge about resources that may help [their] child in the future.” Respondents indicated that they view the knowledge and confidence they gained during the program as tools that will help them beyond the completion of their MHAP for Kids case.

IMPLEMENTATION & SUSTAINABILITY INFRASTRUCTURE

“Implementation and Sustainability Infrastructure is defined as a dynamic support structure that can facilitate initial intervention adoption, implementation, and sustainability.”

Respondents that made comments within the Implementation and Sustainability Infrastructure Domain generally expressed a positive overall view of the program, but perceived areas that could be improved

to improve implementation. Recommendations focused on increasing accessibility and resources to the program to expand its reach and augment services. The waitlist was often mentioned as one area that could be improved through a robust infrastructure. Capturing a common sentiment, one respondent wrote “the waitlist meant that I did not get access to the advocate at the height of our problems. I would add more resources and attorneys to shorten the waitlist so that people can get help as soon as they need it.” Following the waitlist, many respondents mentioned the time between intake and matching with an attorney. Respondents noted difficulties such as “the wait to get help and the change of attorney and the interim between the two,” “[I would change] just the timing - having to wait for a while before being matched with a lawyer,” and “[...]sometimes it takes a long time between intake to having an attorney.” Respondents also made recommendations for after matching with an attorney, mentioning that “[s]ometimes there were crucial times that I needed help, but I think the advocate's caseload was a bit too high. It was not her fault, but her caseload was so high that she could not get back to me.”

When making recommendations, respondents identified that “I would say, like anything else, you guys need more help. It's a lot for you guys to take on all of this. You need more funding and resources so that you can help everyone on the waiting list, or to keep people on for longer. You guys do important work and need the support to do it.” Some specific structural-change suggestions include creating “a helpline for when the advocate is busy, so that if you have an emergency or a situation where you need to make a quick decision and the advocate is busy, [there is] someone you can speak to and get advice from.” Another recommendation was to create positions for “[...]in-house experts so that you don't need to call as many other people in. An in-house expert on different options, topics, diagnoses, or outpatient programs/schools, etc.” It is unclear if the “in-house expert” refers to a social worker to take the burden of social work tasks away from the attorneys, or if the respondent believes that dividing advocates into specialization areas would help (e.g. one advocate that solely focuses on litigation cases, one that focuses on IEP meetings, etc.)

SECTION 3. SUMMARY

Almost one hundred (n=92) MHAP for Kids clients provided feedback about their experiences after their cases closed. Previously reported quantitative data point to improved mental and behavioral health outcomes for children and families in MHAP for Kids¹ and these qualitative data results explicate how the program effects are experienced.

The Complexity of Children's Educational and Health Systems

Implicit in the results is a commentary on the complexity of educational and health systems for children with mental and behavioral health conditions, as well as the families that care for them. The nature of how these systems operate is often hidden from families experiencing them for the first time. Our data show that educational experience was perceived by families to have a deep impact on the mental and behavioral health of youth and vice versa. Many MHAP for Kids cases revolve around the school environment meaning these clients are precisely those families that have had firsthand, in-depth experience interacting with these complex and often confusing systems. Their data presented here, speak to the often times unreasonable and daunting nature of families seeking mental health services for youth with complex needs without advocacy support. Schools may be one of the places where a child's needs are recognized and schools are largely seen as integral to the systems of care that ensure mental health for youth.^{4,5}

However, many respondents indicated that they were unaware of the options available to their child nor how to access them until they joined the MHAP for Kids program. Even for those respondents that were aware and attempted to advocate for their child, they did not have the social weight of a professional legal qualification to successfully receive the services to which they are entitled. The MHAP for Kids clients' responses depict the inadequacy of current systems to serve the needs of children with mental and behavioral health conditions and their families without the intervention of a legal professional.

The Benefits of Participation

Our previously reported data has made it evident that MHAP for Kids is able to achieve positive case outcomes as measured quantitatively.¹ The results of the qualitative data presented here suggests that regardless of the legal case outcomes, just the **process** of participating in MHAP for Kids also produces invaluable effects for families.

Support and Respect

The level of support and respect felt by respondents cannot be understated. Families within MHAP for Kids reported they often felt alone, helpless, and hopeless. Families perceive value in peer and social group support.⁶ Having a child with mental or behavioral health conditions can be a highly stigmatizing experience, especially when interacting with those that have not had similar experiences.⁷ The data repeatedly showed that families felt respected by their staff attorneys. For some Massachusetts families, MHAP for Kids might be among the first or only interactions where parents and guardians have felt supported as well as treated with dignity and respect. As a result, MHAP for Kids has the potential to be an empowering and validating experience for participating families.

Positive Results

As detailed in the findings relative to effectiveness, many families reported seeing changes in their child, feeling changes in themselves, and witnessing improvements in their family functioning. This information has long been reported relative to family profiles in our quantitative analyses¹, but now hearing from clients themselves we better understand the impact. It is the profound difference between stating that variables indicate that family life has changed, and reading a direct quote from a participant that “my life has changed because of this program”, “MHAP saved our lives”, and “[MHAP for Kids] changed our lives.” See Appendix A, Table C for more detailed quotes of respondents' experience of the programs effectiveness.

New Knowledge and Confidence

Families reported gaining knowledge on navigating complex education and health systems. Although some respondents believe they will miss the support they felt during the program, they also acknowledged that they are better equipped to advocate for their children in the future. Given the inherently complicated and confusing nature of these systems, equipping families with the information they need while treating them with dignity and respect, may increase their future agency to continue to advocate for their child or to know when to come back to MHAP for Kids for additional support.⁸

Considerations for Program Improvement

Largely, when respondents had suggestions for the program, they appeared to be predicated on the belief that the program is effective and valuable. Recommendations highlighted improving the reach of the program to help more families in need, as well as attaining resources to expand the program further.

In most instances, respondents had such a positive experience that they wanted to stay in the program longer.

These respondents have picked up on a key theme. There is an inherent contradiction within the recommendations that can be resolved through more resources. Although time delays and communication were the most frequent program barriers, these require greater resources and more attorneys to distribute the caseload. At the same time, these barriers – particularly the waitlist - also demonstrate the profound need for the program.

With this in mind, it is worth exploring the minority of cases that did not report a positive outcome. These instances often cited concerns with time, communication, and challenges with third parties. First, although time barriers and delays might be difficult to address due to resource constraints, this is one area that might be prioritized when an opportunity arises. Second, frequent communication between the attorney and the client is particularly important when ensuring a positive client experience. When feasible, attorneys may want to consider the language that is used when delivering bad news to a client that may already feel at a disadvantage. Third, it may be helpful to clarify with clients when there is communication or challenge involving third parties, and the attorney's position. This may avoid unnecessary conflict between the client and the attorney.

SECTION 4: RECOMMENDATIONS

These recommendations are drawn from the clients' responses across themes.

1. Secure additional resources to remove or decrease wait times for eligible families.
2. If capacity increases, improve outreach efforts to families not yet aware of but in need of MHAP for Kids.
3. Consider adding a hot-line for people on the waitlist who experience a time-sensitive crisis.
4. If capacity increases, calibrate case loads to ensure time for effective communication.
5. Explore effective staff attorney-client communication strategies to (1) help build client agency even when delivering bad news (2) clarify when delays or challenges are related to third parties.

APPENDIX A: DATA TABLES

Table A. Self-Administered Open Ended MHAP Experience Questions

1. What did you like about working with MHAP for Kids?
2. What worked best in the program?
3. What didn't you like about working with MHAP for Kids?
4. What did not work well in the program?
5. If you could change something about the MHAP for Kids program what would you change?
6. Overall, how do you think MHAP for Kids helped you, your family, and/or your child?

Table B. RE-AIM PRISM Constructs and Definitions Present and Relevant in this Analysis³	
Reach	<i>The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program, and reasons why or why not</i>
Effectiveness	<i>The impact of an intervention on important individual outcomes, including potential negative effects, and broader impact including quality of life and economic outcomes; and variability across subgroups (generalizability or heterogeneity of effects).</i>
Implementation	<i>At the setting level, implementation refers to the intervention agents' fidelity to the various elements of an intervention's key functions or components, including consistency of delivery as intended and the time and cost of the intervention. Importantly, it also includes adaptations made to interventions and implementation strategies</i>
Maintenance	<i>At the individual level, maintenance has been defined as the long-term effects of a program on outcomes after a program is completed. The specific time frame for assessment of maintenance or sustainment varies across projects.</i>
Implementation and Sustainability Infrastructure	<i>Implementation and Sustainability Infrastructure is defined as a dynamic support structure that can facilitate initial intervention adoption, implementation, and sustainability."</i>

Table C: MHAP for Kids Qualitative Analysis of Client Experiences: Domains*, Themes, and Exemplary Quotations		
RE-AIM/PRISM Dimension	Themes	Examples
Reach	<ul style="list-style-type: none"> Participants wished they knew about program sooner 	<p>“It is a great service, that I wish we had sooner[...] I would make it more known that MHAP was available. I would also like to see it available for all families that qualify and need it.”</p>
Effectiveness	<ul style="list-style-type: none"> Positive educational outcomes Increased access to services Family and child improved health & relationships Empowers family members to feel more confident navigating complex systems, increases parent/guardian confidence Some cases did not have significant outcomes, likely due to a lack of evidence or available legal action 	<p>“It completely changed our lives for the better! MHAP for kids gave my kids a second chance at an education.”</p> <p>“They helped me by getting me services that I was fighting for years to get for my child. I loved them. They went above and beyond for me and my child.”</p> <p>“My [child] will be able to graduate because if I was the one who continued to advocate [on my own] to the school for [child] she would have continued to be mistreated, her requirements would have been unattainable for her. She was able to have all accommodations on her IEP and everything got easier for her in and out of school, including my relationship with her, only because MHAP was involved.”</p> <p>“It changed our lives. Thanks to the legal counsel and support, [child] was able to start attending a therapeutic school where she is thriving academically and socially. All her grades are A's and she has made good friendships. She goes to school with a smile on her face. That has no monetary value, it is just happiness in our hearts.”</p> <p>“Two years ago [before the program], I felt hopeless. I didn't know what to do, where to go, I felt depressed, and I wasn't listened to by anyone. The school wouldn't listen to me. I was so upset. I had to get professional help. But now, my child is a different person. He's doing so many different things that he never did before. His new placement has made him a happier kid. Everyone in my life - family, friends, doctors - everyone has noticed a positive change in my child. He is much less aggressive, gets along with his siblings much better, and I am seeing things that I have always wanted to see as a mother. I have changed as well, and I am so much happier than I was before the program. My life has changed because of this program. The family dynamic has changed because of this program.”</p>

		<p>“If it wasn't for this program, I don't know if my [child] would be alive or hospitalized again.”</p> <p>“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.”</p>
<p>Implementation</p>	<p>Key factors affecting successful implementation included the advocate’s expertise, qualifications, communication, and impression they gave the client.</p> <ul style="list-style-type: none"> • Activities usually school related, such as IEP/504, school placements, etc, with some healthcare service related cases • Some healthcare service-related cases • Some provision of information/ connection to resources that client otherwise would not know • Expertise/help navigating complex systems • Attorney presence – client taken more seriously 	<p>“I liked the core around dealing with/navigating the school system. Liked that when attorney was involved, the schools took [me] more seriously.”</p> <p>“[I] liked that [the advocate] explained in depth and detail several times to me over the course of the period that he worked with us, how to read an IEP and understand it.”</p> <p>“[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.”</p> <p>“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.”</p> <p>“It worked best that the lawyer to be involved. The lawyer's communication with third parties.”</p> <p>“[What worked best was] having the lawyer in the meetings to help me jump through all the hoops the school had.”</p> <p>“[What worked best was] having someone who knew the system.”</p> <p>“My lawyer's communication was really good and she helped me with anything I needed help with.”</p> <p>“[One thing that worked best in the program was] having that great communication and knowing that everyone that was helping us know what needed to be done to help my child.”</p>

		<p>"I think communication was key."</p> <p>"Lack of COMMUNICATION is the main [factor that affected the case] [...] Played phone tag with the lawyer [...]. A staff member I was working with left without telling[...], new one called one time never heard again."</p>
Maintenance	<ul style="list-style-type: none"> • Clients fear losing attorney support, particularly when child has a complex mental/behavioral health condition (fear of relapse/future issues) 	<p>"I am concerned that since the case closed as soon as the 504 plan was written, if there are any issues with it then I will have to go through the whole process again."</p> <p>"Wish [the program] was longer. I feel as if it's going to backfire, and we will be right back where we started."</p> <p>"[I would change the program so] that I keep my attorney through my [child's] educational journey. Due to his diagnosis, I would think this would be the most beneficial for our needs as a family."</p>
Perspectives	<ul style="list-style-type: none"> • Clients appreciate dignity and respect – program is empowering, improves confidence • Overwhelmingly positive, some negative outlier perspectives 	<p>"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."</p> <p>"MHAP for Kids sent [our advocate] to our family, like God would send an angel from heaven. [The advocate] was literally a Godsend. Just the knowledge of us having support got the school to get on track and help our child [helped our family]."</p> <p>"[...] the lawyer was absolutely amazing. She kept complete contact, never a lapse in contact. She always understood my point of view and was with me in the same goal for my child. She assured me that we would get everything done, and lifted a burden off of my shoulder. She did everything, no questions asked. She kept her word, and with her involvement, I felt like I had another person on my side."</p> <p>"[What worked best in the program] 1. Our attorneys know what they're talking about, which is especially impressive for free services. 2. They treat you with respect, regardless of your situation, and as if you are paying them. There is a lot of dignity there. 3. If they don't know something, they go the extra mile to find out. 4. The school knows the attorneys and respects them. They have good relationships with the other programs you are dealing with."</p>

Implementation & Sustainability Infrastructure	<ul style="list-style-type: none"> • Recommendations include further resourcing the program • Waitlist – indicates need for program, but also barrier to accessing resources • Some concerns over attorney workload (again, indicating need for program) 	<p>“The waitlist meant that I did not get access to the advocate at the height of our problems. I would add more resources and attorneys to shorten the waitlist so that people can get help as soon as they need it.”</p> <p>“I would say, like anything else, you guys need more help. It's a lot for you guys to take on all of this. You need more funding and resources so that you can help everyone on the waiting list, or to keep people on for longer. You guys do important work and need the support to do it.”</p> <p>“Sometimes there were crucial times that I needed help, but I think the advocate's caseload was a bit too high. It was not her fault, but her caseload was so high that she could not get back to me.”</p> <p>“[I would have liked] a helpline for when the advocate is busy, so that if you have an emergency or a situation where you need to make a quick decision and the advocate is busy, [there is] someone you can speak to and get advice from.”</p> <p>“I would get you guys more resources, time and stuff so that you could help more families. Maybe more in-house experts so that you don't need to call as many other people in. An in-house expert on different options, topics, diagnoses, or outpatient programs/schools, etc. We need someone on transitional pieces[...].”</p>
External Environment	<ul style="list-style-type: none"> • Relevant policies include 504, IEP • External actors - schools 	<p>(Inherent to other quotations above)</p>
<p>* Only including RE-AIM PRISM domains that were relevant to data</p>		

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