



## A White Paper

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# Advocating for Youth Access to Mental Health Services During a Pandemic

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[The MHAP for Kids Model](#)

[How COVID-19 Threatens Youth Mental Health](#)

[School Closures](#)

[Prolonged Time at Home](#)

[Economic Impact](#)

[Compounding Force of Racism](#)

[Looking Toward a Better Future](#)

Youth in need of mental health services are particularly vulnerable during the COVID-19 pandemic. The impact of the pandemic on family unemployment, social inequities, education, and court closures, as well as underlying mental health conditions demonstrate the need for robust advocacy services like those offered by Health Law Advocates' Mental Health Advocacy Program for Kids.

The Mental Health Advocacy Program for Kids (MHAP for Kids) has [demonstrated](#) its impact by improved youth and family functioning, school attendance, and youth mental health; decreased use of emergency or mobile crisis services; and reduced court-involvement. Now, as the largest public health crisis in recent history intensifies systemic barriers to, and increases the need for, mental health care for youth, MHAP for Kids adapts its strategies to support youth and their families. This paper describes the MHAP for Kids model and the innovative approach the program uses to meet the needs of families during COVID-19.

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# The MHAP for Kids Model

MHAP for Kids' mission is improved access to mental health services for youth, diverting them from the juvenile justice system. First piloted in just two juvenile courts in Massachusetts, MHAP for Kids now provides free legal services for youth in income-eligible households in seven counties: Bristol, Essex, Hampden, Middlesex, Norfolk, Suffolk, and Worcester. MHAP for Kids staff attorneys are embedded within Family Resource Centers (FRCs) in each of these counties. FRCs were created by a 2012 state law and are supported by the Massachusetts Executive Office of Health and Human Services and the Department of Children and Families (DCF) to provide emotional support services and other practical assistance to help families thrive.

A fundamental reason why youth mental health services are difficult to access for families is that numerous different systems are supposed to provide such services. These systems include schools, clinicians, health insurance, state agencies, and the juvenile justice system. MHAP for Kids attorneys are uniquely skilled in navigating these complex systems.

MHAP for Kids attorneys' representation of youth and their families can last from a few weeks to more than a year, depending on the complexity of the mental health challenges and barriers to services the youths face. Within schools, MHAP for Kids attorneys ensure that youth are provided with a learning environment that accommodates their mental health concerns –services which are often overlooked by schools but are required under the law. In many instances, these matters are addressed cooperatively with the school, though in some instances a neutral arbiter must resolve the issues. MHAP for Kids also helps youth apply for and receive the mental health-related services they need from state agencies such as the Departments of Mental Health, Children and Families, and Developmental Disabilities. MHAP for Kids also has considerable expertise in securing coverage for

pediatric mental health services from health insurers. Perhaps most important, MHAP for Kids attorneys ensure that all of these parties – schools, state agencies, health insurers, as well as justice system personnel – work together to meet children's mental health needs and keep them out of the justice system and especially detention.

An evaluation conducted by researchers at the Boston University School of Public Health (BUSPH) documented the success of MHAP for Kids as well as the needs of the population the program serves. The [evaluation](#), which tracked the progress of youth and families served by the MHAP for Kids pilot over two years, found MHAP for Kids produces the key results in Figures 1 and 2.

[The MHAP for Kids Model](#)

[How COVID-19 Threatens Youth Mental Health](#)

[School Closures](#)

[Prolonged Time at Home](#)

[Economic Impact](#)

[Compounding Force of Racism](#)

[Looking Toward a Better Future](#)

## What services does MHAP for Kids provide?

- Begin or improve special education services
- Secure and/or coordinate community-based mental health services
- Collaborate with Dept. of Children and Families, Dept. of Mental Health, and Dept. of Developmental Services
- Advocate for general education accommodations
- Assist with health insurance coverage
- Seek diversion from the justice system

The BUSPH evaluation also found that 94% of families served reported experiencing challenges to accessing mental health services for their child. Now as COVID-19 has created new and more intensive barriers to mental health services for youth, the role of MHAP for Kids is even more important to ensuring the wellbeing of youth across Massachusetts.

Figure 1. Changes in Family Mental Health and Functioning

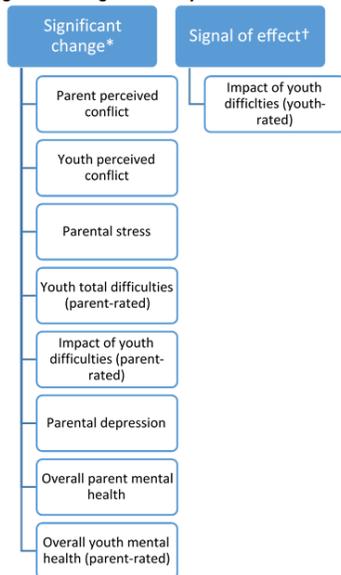
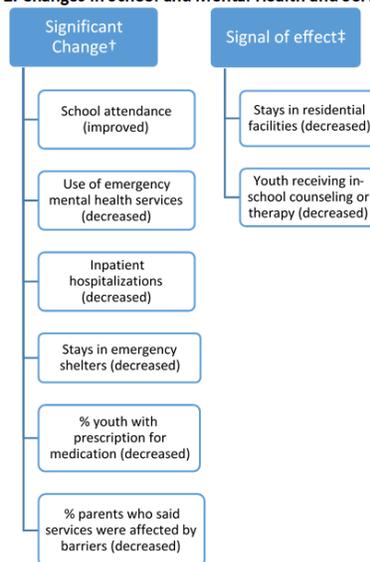


Figure 2. Changes in School and Mental Health and Service Use\*



\* Changes observed were statistically significant (not due to chance) ( $p \leq .05$ )  
 † Changes observed showed a signal of effect (not likely due to chance) ( $p \leq .10$ )

\* Results should be interpreted with caution because of differences in the look-back period at baseline and follow-up  
 † Changes observed were statistically significant (not due to chance) ( $p \leq .05$ )  
 ‡ Changes observed showed a signal of effect (not likely due to chance) ( $p \leq .10$ )

Source: Juvenile Court Mental Health Advocacy Project (JMHP), Update to Final Report, Nov. 3, 2017. (In its pilot phase, MHAP for Kids was known as JMHP.)

[The MHAP for Kids Model](#)

[How COVID-19 Threatens Youth Mental Health](#)

[School Closures](#)

[Prolonged Time at Home](#)

[Economic Impact](#)

[Compounding Force of Racism](#)

[Looking Toward a Better Future](#)

# How COVID-19 Threatens Youth Mental Health by Increasing Mental Health Needs and Imposing Barriers to Services

## School Closures

On March 15, 2020, Governor Charlie Baker issued a temporary, six-week [order](#) suspending in-person instruction in all Massachusetts public and private elementary and secondary schools, in an effort to prevent the spread of COVID-19. Five weeks later, the Baker Administration [extended](#) the initial school closure order through the end of the school year. In the initial weeks following the closures, school districts throughout the Commonwealth [scrambled](#) to develop and implement distance learning for students. For students with disabilities, including mental health disabilities, school closures meant an abrupt cessation of their in-person specialized instruction and related services, like school-based counseling.

In early April, school districts were [instructed](#) to begin implementing remote learning for all students and to resume providing special education services for students with disabilities. MHAP for Kids attorneys, though, found that the quality and methods of remote instruction provided to their clients varied significantly across districts and schools. Some school districts, for example, began providing services like school-based therapy to students with Individual Education Plans, while others did not.

The public health crisis and resulting school closures were stressful and potentially [traumatic](#) for all students, but especially so for students who already struggled with existing mental health needs. Many families reported to MHAP for Kids attorneys, increased symptoms of depression and anxiety in their children, as well as significant difficulties engaging in the remote learning models. Clients cite technology barriers, the demands of trying to make a living during the pandemic, and significant household stress as challenges to supporting their children's remote learning.

Yet another major barrier to school-based mental health services is that many families' primary language is not English. Approximately 17% of all families served by MHAP for Kids do not speak English as their primary language; though in Hampden County, the number is more than twice as high (39%). It has been reported that nearly [1 in 5](#) students in Boston Public Schools have never logged in to their virtual learning platform and still many more may be doing so inconsistently. [Language barriers](#) are likely a big part of this. Effective implementation of remote learning models for students requires close communication between educators and parents, but language barriers persist in many school districts. The need for effective interpretation and translation services during remote learning is so great that the state department of education piloted a language access program. That pilot, though, exists in only five school districts throughout the Commonwealth.

COVID-19 school closures will impact learning and retention of previously taught material, especially for youth who require school-based mental health services. Researchers are already predicting the effect of [COVID-slide](#) – an additional 30% of learning loss in reading and 50% loss in math skills over that lost in a traditional school year. For some grades, students may end up a full school year behind. These are the predictions for typical students who do not require special education accommodations. Students who need special education services to address learning challenges like those served by MHAP for Kids are likely to experience even more significant losses, since in many cases the move to remote learning resulted in the loss of necessary learning supports and accommodations.

The education system is complex and often difficult for families to navigate. Special education and mental health services in schools are hard-won. While MHAP for Kids attorneys provide a wide range of services, nearly two-thirds of the work they do involves attaining specific special educational services for youth with mental health needs, such as accessing school-based counseling, additional social and emotional supports in mainstream settings, and more therapeutic school placements. As public health experts struggle to advise the public on what is to come with possible subsequent waves of COVID-19, youth with special education needs must be prioritized. An exacerbation of existing inequities may have a lasting impact on youth trajectories, grade promotion, and engagement with learning for youth who require supports. Educational achievement is linked directly to current youth mental health and later adult health and economic outcomes.

#### [The MHAP for Kids Model](#)

#### [How COVID-19 Threatens Youth Mental Health](#)

##### [School Closures](#)

##### [Prolonged Time at Home](#)

##### [Economic Impact](#)

##### [Compounding Force of Racism](#)

#### [Looking Toward a Better Future](#)

**The MHAP for Kids Response to School Closures:** In response to the school closures, MHAP for Kids staff attorneys crafted a toolkit to advocate for children with mental health needs during COVID-19. The toolkit was published nationally by the American Bar Association Children’s Rights Committee:

<https://www.americanbar.org/groups/litigation/committees/childrens-rights/practice/2020/advocating-for-special-education-services-during-covid19/>.

MHAP for Kids’ Director/Managing Attorney Marisol Garcia also conducted a national webinar with the Alliance for Children’s Rights on “Advocating for Special Education Needs: Best Practices to Support Children in a Time of Crisis.” Slides from this presentation and a recording can be accessed [here](#).

The toolkit helps families document any regression or new behavioral health concerns in their children over the course of the school closures and will assist parents in seeking compensatory services once in-person instruction resumes.

At the outset of the school closures, with the support of BUSPH, MHAP for Kids began collecting data from caregivers on the level of services being provided to special needs students as well as barriers to accessing those services. MHAP for Kids also has created additional bilingual educational materials and trained hundreds of caregivers, service providers, and other stakeholders on how to advocate for children with mental health care needs during the COVID-19 extended school closures.

### **Prolonged Time at Home**

During the pandemic, families have been encouraged to stay home. Social isolation causes youth and families to be separated from their support networks. The effects of quarantine have been [shown](#) to result in symptoms of Post-Traumatic Stress Disorder (PTSD) and depression, even among people without any underlying psychiatric conditions or without the loss of loved ones due to COVID-19.

But youth served by MHAP for Kids are especially vulnerable to the effect of social isolation because of their preexisting mental health conditions. The vast majority (86%) of youth in the MHAP for Kids pilot had one or more mental health diagnoses. Existing conditions for youth in the MHAP for Kids pilot included depression (62%), anxiety disorder (60%), ADHD (60%), oppositional defiance disorder (30%), bipolar or psychotic disorder (28%), substance use disorder (22%), self-injuring behavior (18%), and PTSD (12%), among others.

The Centers for Disease Control and Prevention [indicate](#) that children and teens may react more strongly than adults to a crisis like the COVID-19 pandemic. These stress reactions may manifest in exacerbated or new symptoms of emotional distress, 'acting out', or substance use. For youth with a history of behavioral or substance use problems, these conditions may lead to behaviors that, without mental health intervention, necessitate police or emergency response services.

## **COVID-19 [Toolkit](#) for Attorneys**

- Sample letter for Special Education Directors
- Online forms for families in both English and Spanish
- Sample letter for community providers
- Check-in questions for clients

**Webinar recording:** <https://vimeo.com/413729733>

[The MHAP for Kids Model](#)

[How COVID-19 Threatens Youth Mental Health](#)

[School Closures](#)

[Prolonged Time at Home](#)

[Economic Impact](#)

[Compounding Force of Racism](#)

[Looking Toward a Better Future](#)

The ripple effects of social distancing on youth are only just beginning to be understood. Increases in violence within the home have been detected [globally](#) as people are encouraged to stay at home to mitigate virus exposure. However, even violence is likely going unreported. The Department of Children and Families (DCF) relies on teachers, physicians and other professionals who are required by law to report abuse or neglect, but these professionals are no longer in frequent contact with children. As a result, reports to DCF of suspected abuse or neglect are down [51%](#) compared to this time last year, raising concerns that youth may be experiencing increased trauma during COVID-19 without intervention.

Data from the MHAP for Kids pilot suggest that family members of children served may also be particularly vulnerable during the pandemic. In the [BUSPH evaluation](#) of the pilot, parents and guardians scored higher than the general community on scores of family conflict, parental depression, the impact of youth functioning on the family, and general quality of life. [Data](#) is emerging on the direct impact of COVID-19 on parent mental health in the United States, indicating an increase in depression and anxiety symptoms. Additional trauma caused by the pandemic compounds existing levels of trauma already experienced by families in low-income communities. Families in crisis will likely not be able to fully support home-based learning or provide additional support services to compensate for reduced special education accommodations.

**The MHAP for Kids Response to Prolonged Time at Home:** In the MHAP for Kids pilot, families who received staff attorney assistance were likely to see a reduction in conflict in the home through statistically significant improvements in: parent stress, youth mental health, parent and youth conflict, parent's perceptions of youth difficulties, and parental depression symptoms. Given the aforementioned negative consequences of the Governor's advisory to only leave home as necessary, the stabilizing influence MHAP for Kids has on families is critical [now](#), and will be even more necessary in the [future](#) as mental health needs surge in both youth and adults.

#### **Economic Impact**

More than two-thirds (72%) of families served by MHAP for Kids had household income of 150% of the federal poverty line (FPL) or below before COVID-19 hit. This rate of families with income below 150% of FPL is even higher among clients in Suffolk and Hampden counties where it was 81%, and 85% respectively. As the unemployment rate has [skyrocketed](#) so has the proportion of children living in poverty. The [Center on Poverty and Social Policy at Columbia University](#) estimates that COVID-related unemployment could increase child poverty by more than half. The stresses from unemployment and financial insecurity are accumulating with other COVID-19 challenges and negatively impacting the mental health of parents and youth.

**The MHAP for Kids Response to Economic Impact:** Knowing the impact of poverty on mental health outcomes for youth, MHAP for Kids used data to inform where the program has placed its staff attorneys. MHAP for Kids examined information on socioeconomic status and juvenile court involvement across parts of the state to determine in which FRCs to place the program's staff attorneys. Not by coincidence, the communities prioritized for assistance by MHAP for Kids using this approach have also been among the hardest hit by the pandemic. MHAP for Kids has also partnered with MassHealth accountable care organizations (ACOs) to

[The MHAP for Kids Model](#)

[How COVID-19 Threatens Youth Mental Health](#)

[School Closures](#)

[Prolonged Time at Home](#)

[Economic Impact](#)

[Compounding Force of Racism](#)

[Looking Toward a Better Future](#)

identify pediatric Medicaid enrollees with unmet mental health needs and a history of psychiatric hospitalizations to support in accessing community-based resources to stabilize low-income families and lower the acuity level of youths' mental health needs. The economic crisis caused by the pandemic will result in the loss of employer-based health insurance and more reliance by families on Medicaid. This will make MHAP for Kids' collaborations with Medicaid even more valuable as health coverage patterns shift.

**Compounding Force of Racism**

Emerging data suggests that COVID-19 has [disproportionately impacted communities of color](#), both in terms of rates of infection and economic hardship. Black and Latinx youth are more likely to live in poverty than White youth ([18%](#), [22%](#), and [8%](#), respectively) and live in households with poorer health status than White youth – even prior to the pandemic. This means that the poverty and health gaps related to historic marginalization of Black people and communities of color is also worsening and resulting in increased disparities in mental health concerns, as well.

The cradle to prison pipeline is also already disproportionately full of youth of color with unmet mental health needs. In fact, the vast majority of youth of color involved with the court system have at least one major [mental health](#) diagnosis and or [substance use disorder](#). Because of social inequities and long-standing systems of oppression, Black and Latinx youth are disproportionately represented in the justice system and within the [state's foster care system](#).

Current resources are not doing enough. Even in communities that have resources and services available, Black and Latinx youth are overwhelmingly more likely to live in neighborhoods with few [opportunities](#). For example, figure 3 shows the distribution of children living in the Boston metro area neighborhoods with increasing Child Opportunity Scores, which are based on a set of 29 community indicators of education, health and medical, and social and economic measures. The Boston area, as a whole, scores very well for [child opportunity](#), but not all members of the community share access to the wealth of resources and these divisions fall along racial lines.

Black and Latinx youth and children with unmet mental health needs are also disproportionately [represented](#) in school exclusion and disciplinary matters. Stress and trauma can translate to challenging behavior in school which can lead to suspensions, expulsions, and arrests.

**The MHAP for Kids approach to the Compounding Force of Racism:** A primary goal of MHAP for Kids when it transitioned from its pilot phase to its current FRC based model was to significantly improve the racial diversity among the families served. MHAP for Kids worked to improve the program model to reflect the multiracial

[The MHAP for Kids Model](#)

[How COVID-19 Threatens Youth Mental Health](#)

[School Closures](#)

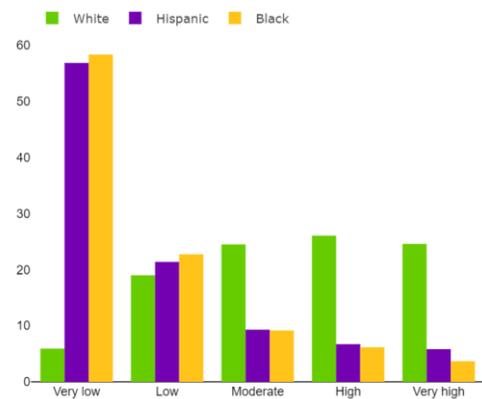
[Prolonged Time at Home](#)

[Economic Impact](#)

[Compounding Force of Racism](#)

[Looking Toward a Better Future](#)

**Figure 3.** Percentage of children in the Boston-Cambridge-Newton, MA-NH metropolitan area at each neighborhood opportunity level, by race/ethnicity



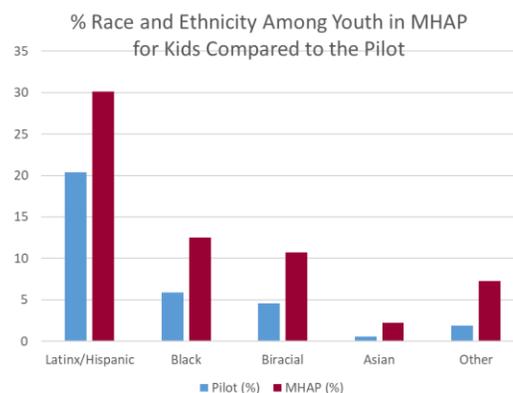
Source: Child Opportunity Index, diversitykids.org

communities the program served and divert kids of color who are overrepresented in secure detention from the juvenile justice system.

In the pilot program juvenile court judges were solely responsible for client referrals to MHAP for Kids. This resulted in the program serving a cohort of youth who were 66% White, 20% Latino/Hispanic, 6% Black and 4.6% biracial, according to data collected by BUSPH from 2015 to 2017. When the program transitioned to the FRCs, MHAP for Kids began accepting client referrals from all sources. This important change in program design has led to a significant

racial diversification of clients and identification of youth in need MHAP for Kids' services prior to court-involvement. Now, the percentage of Black and biracial youth served by MHAP for Kids has doubled (6% to 12.5%, and 4.6% to 10.7%, respectively) and the percentage of youth served who are Latinx has increased by 50% (20.4% to 30%) as shown in figure 4. MHAP for Kids has also been successful in reaching children at a younger age, potentially altering their life's trajectory earlier and before court-involvement. In the pilot, the average age of the youth was 15-years old, with a range of 8-22 years. Now, MHAP for Kids' clients are, on average, 13-years old, with a range of 2-22 years old.

Figure 4.



[The MHAP for Kids Model](#)

[How COVID-19 Threatens Youth Mental Health](#)

[School Closures](#)

[Prolonged Time at Home](#)

[Economic Impact](#)

[Compounding Force of Racism](#)

[Looking Toward a Better Future](#)

## Looking Toward a Better Future

The advocacy of the MHAP for Kids' staff attorneys is critical for youth with unmet mental health needs and their families during the pandemic, in the recovery phase and in the post COVID-19 era. MHAP for Kids delivers needed legal services for the communities that are most impacted by the pandemic Throughout the period of enforced social distancing, MHAP for Kids staff attorneys continue to participate remotely in court proceedings, administrative hearings, client meetings, settlement conferences, discovery, and other activities to fully serve their clients. Further, MHAP for Kids provides extensive training, support, and materials for stakeholders in the juvenile justice, state agency, education, and health care systems in order to prepare to meet the post-COVID needs of youth and families. Finally, MHAP for Kids currently serves seven Massachusetts counties. Many of these service areas have months-long waitlists, and the program receives frequent inquiries to bring the program to other parts of the state. Because the need for mental health services will only increase after the pandemic and barriers to services will persist, MHAP for Kids actively seeks creative partnerships to replicate and sustain this evidence-based model in Massachusetts and in the United States.

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