

Health Law Advocates

Special Education & Covid Planning Workshop

9/24/2020 Presentation

Advocacy Resources

1. Sample Letters

- *Parent Ltr COVID19 - Ed Neglect* – Children with IEP not getting appropriate services
- *Parent Ltr COVID19 – Chromebook* – Children with IEP does not have Chromebook
- *Parent Ltr COVID19 - Children need additional accommodations*

2. Tools

- Home Schooling Log – May be used to track challenges of remote learning
- Extended School Closure Logs - May be used to track challenges of remote learning
 - English
 - Portuguese
 - Spanish

3. FAQ – Mental Health Advocacy Program for Kids (MHAP)

- Mental Health Advocacy Program for Kids/ MHAP for Kids FAQ – English
- Mental Health Advocacy Program for Kids/ MHAP for Kids FAQ – Spanish

Fall 2020 School Reopening & COVID-19: Regular and Special Education

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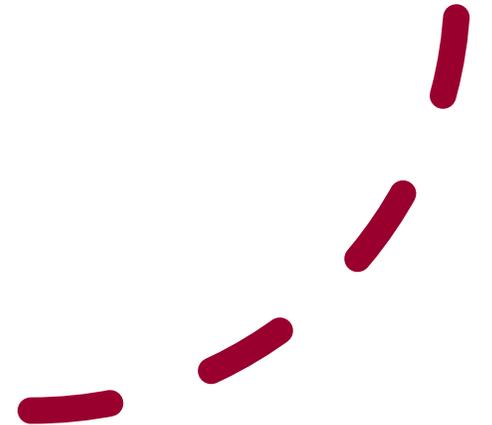


health law **advocates**
Lawyers Fighting for Health Care Justice



Agenda

- MHAP for Kids
- Fall Reopening Plans
- Special Education
- Action Steps for Families



MHAP for Kids

Project of Health Law Advocates, a Massachusetts not-for-profit that provides pro bono legal representation to low-income residents having trouble **accessing** or **paying for** needed medical services.

Staff attorneys in 7 Family Resource Centers serving Suffolk, Middlesex, Essex, Hampden, Worcester, Norfolk, and Bristol counties

- Represent parents, guardians, and students in **special education** and **school discipline** matters
- Secure community-based mental health services
- Collaborate with Dept. of Children and Families, Dept. of Mental Health, and Dept. of Developmental Services
- Assist with **health insurance coverage** for behavioral health services

Fall 2020 – School Reopening Plans

- Local decision
- DESE required districts to submit a plan with three models
 - in-person, hybrid, and remote
 - Final plans were due August 14, 2020.
- Minimum day and hour requirements
 - 170 days
 - 850 hours for elementary schools
 - 935 hours for middle/high schools

Fall 2020 – District Plans

District Plans should be available on school district websites.

Boston Globe has a district plan tracker.

<https://www.bostonglobe.com/2020/08/04/metro/tracker-what-are-mass-school-districts-plans-reopening-this-fall-read-their-proposals/>

District Plans

- [Boston](#)
 - [BTU Memorandum of Agreement](#)
- [Chelsea](#)
- [Revere](#)
- [Winthrop](#)

Prioritized student groups for in-person learning

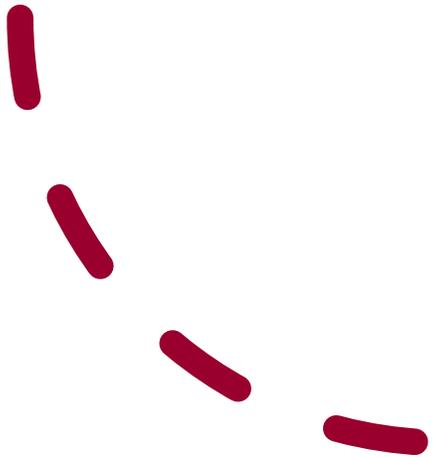
Districts should prioritize in-person, full time learning for:

- **Students with disabilities**
- **English learners**
- Students whose parents/caregivers report they do not have access to reliable internet or a suitable learning space
- Students who are “significantly behind” academically
- Students who were disengaged or struggled significantly during previous remote learning periods
- Early learners (preK-5)



What does this mean for parents/caregivers?

- Parent/caregiver choice
- Reasonable transition periods between models may exist





In-Person Safety Measures

- Mask for second graders up and all adults
 - Physical distancing of 3 feet with masks or 6 feet without masks
 - Mandatory handwashing at the beginning of the day, at mealtimes, when taking masks on and off
 - Stay home when sick
 - Cohorts of students
- 

Transportation

- **All** students must wear a mask on the bus
- 3 feet distance
- One student per bench, unless members of the same household.
- For students attending out-of-district placements, if the out-of-district placement is providing in-person instruction, then the school district **MUST** transport the student.
- Anticipate transportation problems

What happens when someone gets sick?

- Staff/student should stay home
- Self-isolate for at least 10 days and until at least 3 days with no fever
- Close contacts must either isolate and test 4 – 5 days after last exposure or self-quarantine for 14 days
- If a student gets sick at school, they will stay in the **medical waiting room** until they can go home.
- **Sick students should not be sent home on the bus.**

Remote Learning

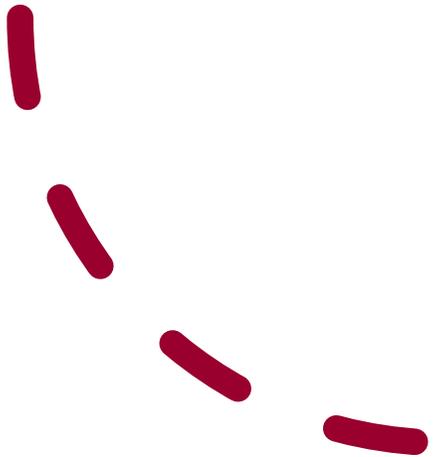
Remote learning plans must include:

1. Plans to engage student participation/track attendance
2. Standards
3. Grading policy
4. Regular communication including appropriate interpretation and translation

DESE requires that remote learning programs include **regular, two-way communication** between students, educators, and families to ensure students and families have **meaningful opportunities to connect regularly** with staff.

English Language Learners

- All schools and districts must have a comprehensive plan for delivering English Learner Education (ELE) services remotely



Hybrid

- A/B cohort model
- High-needs students should be prioritized for full-time in-person learning when feasible
- Consider technology access

Boston Hybrid Plan

	Monday	Tuesday	Wednesday	Thursday	Friday
In-Person Priority Students Group A October 5					
In-Person Priority Students Group B October 1					
Special Ed Public Day Schools October 12					
Other High-Priority groups TBD					

Technology

- Districts “must ensure that every student has adequate access to technology to engage in remote learning,” including access to an appropriate device and adequate internet.
- Districts must ensure students with students with IEPs have necessary computer devices, internet connectivity, and educator/parent training.

Attendance Requirements

- School attendance requirements are in force again, and districts are required to take daily attendance whether a student is in person or remote.
- Districts are required to “investigate extended absences and make and document reasonable efforts to locate the student and determine the reason for nonattendance.”

DCF COVID FAQ

Educators have been instructed by DCF to file a 51A when:

- “Schools has made multiple, documented attempts to reach a student/family/caregiver and they have gone unanswered/ignored and all opportunities to make contact (i.e., phone calls, email, reaching out to emergency contacts, etc.) have been exhausted.
- The student is repeatedly truant/missing from their school programming (i.e., not participating in remote learning, attending/participating in their academic programming, after multiple, documented attempts to engage the student/family/caregiver) and attempts to provide resources (i.e., internet access, computer support, paper materials, etc.) have been ignored or refused.”
- Wellness checks questions

[DCF Tip Sheet for Educators: Communicating with Students During Remote Learning](#)

Special Education

- School districts must provide a free and appropriate public education (FAPE)
- Students with disabilities, particularly **pre-schoolers** and those with **significant and complex needs**, should be prioritized for in-person instruction.
- School districts should cultivate “**excellent two-way communication with families.**”
 - All written and oral communication must be provided in the primary language of the home and in language that is understandable to the general public.

Special Education: How does DESE define a students with “significant or complex disabilities”?

- Students already identified as “high needs” through the IEP process on the IEP form entitled “Primary Disability/Level of Need-PL3.” Such students must meet at least two of these criteria:
 - Services provided outside of the general education classroom;
 - Service providers are special education teachers and related service providers;
 - Special education services constitute more than 75% of the student’s school day;
- Students who cannot engage in remote learning due to their disability-related needs;
- Students who primarily use aided and augmentative communication;
- Students who are homeless;
- Students in foster care or congregate care; and/or
- Students dually identified as English Learners.

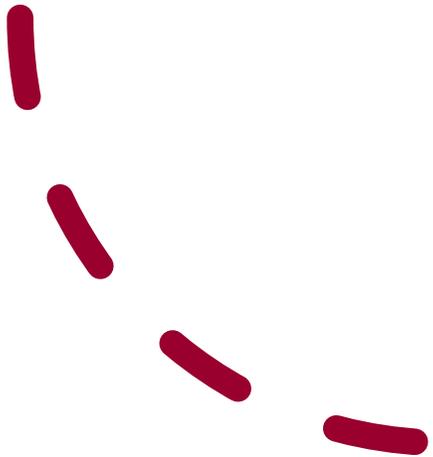
Priority Student Comparison

SPECIAL EDUCATION PRIORITY	REGULAR EDUCATION PRIORITY
<p>Pre-school students + students with significant and complex needs</p> <ul style="list-style-type: none">• “high needs” on IEP• Students who cannot engage in remote learning because of their disability;• Students who primarily use aided and augmentative communication;• Students who are homeless;• Students in foster/congregate care;• English Learners.	<ul style="list-style-type: none">• Students with disabilities*• English learners*• Students whose parents/caregivers report they do not have access to reliable internet or a suitable learning space• Students who are “significantly behind” academically• Students who were disengaged or struggled significantly during previous remote learning periods• Early learners (preK-5)



Special Education & Remote Learning

- Instruction and Services = structured lessons, teletherapy, video-based lessons, etc.
- NOT Resources and Supports = packets and assignments



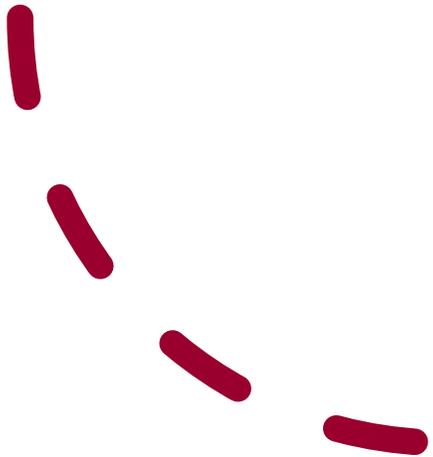
Special Education Remote Learning Components

- Remote learning for special education students **must** include:
 - A regular and consistent schedule of classes, interventions, services and therapies as required by the student's IEP, offered synchronously or asynchronously;
 - Structured learning time designed so that the student can access state standards; and
 - Frequent interactions with teachers and other staff members to ensure participation.



Students with significant or complex disabilities

- 1:1 in person instruction in the home or in a community-based setting
- Increased parent consults



Initial Evaluations, Re-Evaluations, Annual Reviews

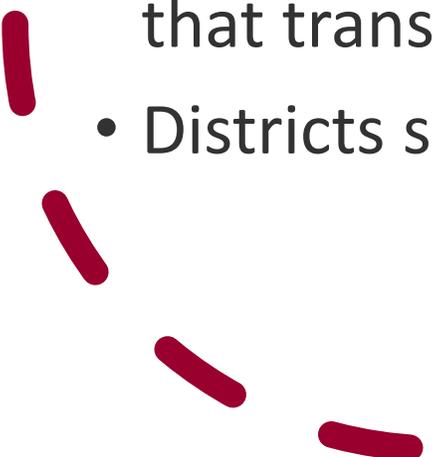
- Expect a backlog of assessments and meetings.
- School districts should continue to conduct annual review meetings
 - Districts should update the IEP as if students are attending school full time in-person
- School districts cannot have blanket policies precluding Team meetings or evaluations from occurring.
- Districts are encouraged to work with parents to reach mutually agreed upon extensions

Evaluation and Meeting Disagreements

- If parent does not agree to the extension, the school district should document the reasons the district requires the extension in an N-1.
- Schools and districts cannot require parents to waive procedural safeguards when agreeing to an extension or to have a virtual IEP meeting.
- BSEA open for virtual mediations + hearings
- PRS accepting complaints



Early Intervention, Transition Services, MCAS

- Early Intervention services through an Individual Family Service Plan (IFSP) can be extended until October 15
 - Chapter 688 referrals still happening
 - State cannot require services to be provided after a student turns 22, but schools and families can reach an individualized determination that transition will be delayed
 - Districts should plan for MCAS for 2020-2021 school year
- 

Compensatory Services (Pre COVID-19)

Compensatory education is a court-created remedy for denials of special education services designed to make the student whole, by providing either the services that the student should have received or otherwise positioning them where they would have been if the services had been provided in the first place.

Examples of this equitable relief:

1. Hour for hour make up of services;
2. With expert opinion, grant services to put student in position they would have been; or
3. Extending age of eligibility of services beyond what is required by law to ensure student has access to necessary services.

Compensatory Services during COVID-19

- As described in DESE guidance on compensatory services released August 17, 2020
 - General Education Recovery
 - COVID-19 Compensatory Services (CCS)
 - New IEP Services

General Education Recovery

Although DESE notes that the term “General Recovery Support” is not defined in either state or federal law, it is being used increasingly by states to describe “the general education support that **all students**, including students with disabilities, may need to recover from educational gaps in learning or loss of skill – or even the impact on students’ emotional well-being – caused by the unexpected suspension of in-person education.”

DESE identifies three means by which General Recovery Support may be delivered to students: core instruction, Tiered Systems of Support, or through a District Curriculum Accommodation Plan (DCAP).

COVID-19 Compensatory Services (CCS)

COVID-19 Compensatory Services- not found in state or federal law – defined by the *Advisory* as “services that a student’s IEP Team determines are **needed to remedy a student’s skill or knowledge loss or lack of effective progress** that **resulted from delayed, interrupted, suspended, or inaccessible IEP services** because of the emergency suspension of in-person education related to the COVID-19 pandemic.”

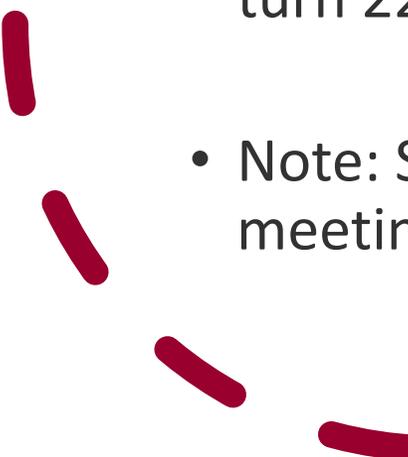
In a footnote, DESE distinguishes between COVID-19 Compensatory Services and compensatory services (“COVID-19 Compensatory Services are not the same as compensatory services”). Compensatory services are defined in the *Advisory* as an equitable remedy “ordered” “when a school has been found to have failed to provide a student with FAPE.”

How do we know if a student is entitled to CCS?

1. Are there services in the student's IEP that were not provided or they could not access?
2. To what extent has the student demonstrated regression?
3. Has the student failed to make effective progress toward their IEP goals and in the general curriculum?
4. Are there general education recovery supports that will support the student?
5. What CCS are necessary to address the special education needs?



December 15, 2020

- Prioritize COVID-19 Compensatory Services (CCS) IEP meetings for:
 - Students with complex and significant needs
 - Pre-school students
 - Students who turned 22 during suspension of in-person learning OR who will turn 22 within the first three months of the school year
 - Note: Some school districts are already disputing the need for these meetings.
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Potential Challenges to Compensatory Services during COVID-19

- 1. No body of law exists regarding CCS.
- 2. Districts will likely argue that recovery services are available to all students through General Education Recovery.
- 3. Districts will likely dispute whether services were “delayed, interrupted, suspended, or inaccessible,” especially for those students who struggled to access remote learning because of mental or behavioral health challenges.
- 4. In any BSEA proceedings, Districts are likely to file motions to dismiss CCS claims on the ground that CCS is not an obligation arising from the IDEA.

Priority Student Comparison

SPECIAL EDUCATION PRIORITY

Pre-school students + students with significant and complex needs

- “high needs” on IEP
- Students who cannot engage in remote learning because of their disability;
- Students who primarily use aided and augmentative communication;
- Students who are homeless;
- Students in foster/congregate care;
- English Learners.

REGULAR EDUCATION PRIORITY

- Students with disabilities*
- English learners*
- Students whose parents/caregivers report they do not have access to reliable internet or a suitable learning space
- Students who are “significantly behind” academically
- Students who were disengaged or struggled significantly during previous remote learning periods
- Early learners (preK-5)

New IEP Services

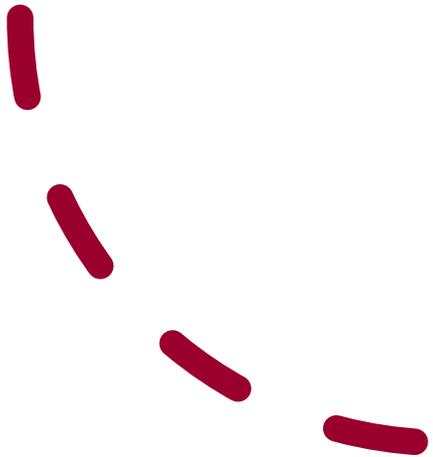
The *Advisory* states that any new special education supports that a student may need due to the COVID-19 school closure should be determined “in accordance with the requirements of state and federal special education law.”

Notably, the *Advisory* specifically mentions “mental health needs” as a possible “new area of disability-related need” for students.

For students with new or increased mental health needs related to the COVID-19 school closure, parents and providers may be able to effectively advocate for increased or new IEP services without the need for additional assessments, if they can provide the school with written evidence of the child’s mental health challenges during the shutdown.

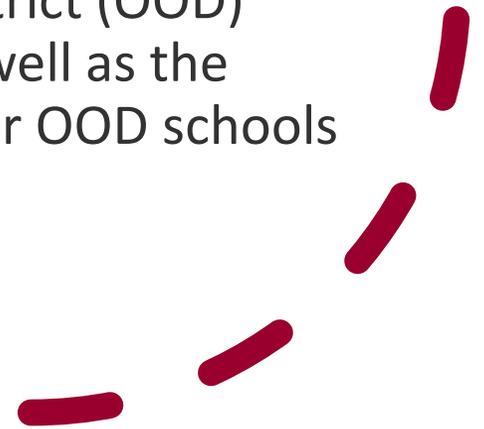
Resolving Disagreements

- PRS
- Mediation
- Due Process Request

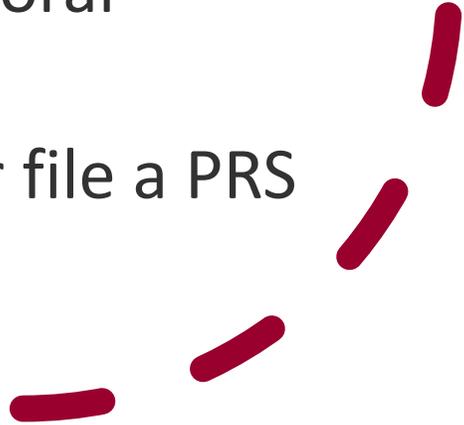


Action Items for Families – Before School Starts

1. Review school district's website/communications with families to determine which learning model options(s) are available and submit preferences/applications
2. Reach out to school principal and/or special education administrator about access to technology (hardware, internet access)
3. Proactively communicate to school officials any barriers to engagement that existed last year, as well as possible solutions
4. Secure PPE for students returning to in-person instruction, including face masks and shields
5. If the student is placed in an out of district (OOD) school, review its reopening plans, as well as the school district's transportation plans for OOD schools

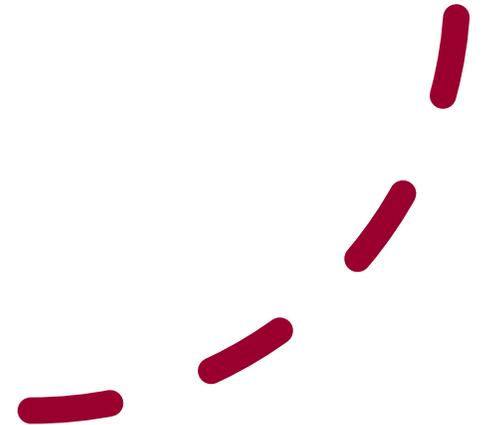


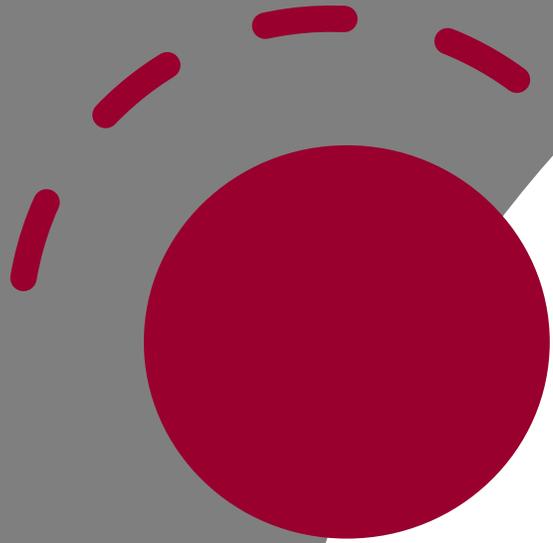
Action Items for Families – Once School Begins

1. Communicate, communicate, communicate!
 2. Keep track of when services aren't working, or if they are not available
 3. Communicate barriers to engagement right away (and repeatedly)
 4. Document attempts to communicate with school staff and resolve issues
 5. Document learning and behavioral regressions
 6. Contact a PRS specialist and/or file a PRS complaint
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Dispute Resolution for Families – Special Education

1. Request an IEP meeting re: compensatory services or changes to the IEP
2. Request an independent evaluation, either school-funded or through the student's health insurance
3. File a PRS complaint
4. Request mediation through the BSEA





Questions?

MHAP Intake Line:
617-275-2919

[Date], 2020

Via E-Mail and USPS

Special Education Director,
School District
Address
City, MA 02001

Re: **STUDENT NAME** (D.O.B.)

Dear Special Education Director [NAME]:

I am the parent of **STUDENT NAME**. **STUDENT NAME** is a (grade/PK/EI) student within the City Public Schools placed at (school) pursuant to his/her/their IEP. As you are aware, **STUDENT NAME** struggles with significant mental health needs as a result of the following diagnoses: _____, _____ and _____. I am concerned that **STUDENT NAME**, is struggling to attend and/or meaningfully participate in remote learning classes due to his/her/their mental health needs.

STUDENT NAME's mental health needs have made it particularly challenging for him/her/them to attend and/or meaningfully participate in remote learning classes. As a result of **STUDENT NAME**'s diagnoses, [list any symptoms that your child experiences that interfere with their attendance or participation – for example: “she experiences hyperactivity and struggles to remain seated at her computer throughout remote classes” or “he can become irritable or aggressive when asked to login to his computer for classes”]. I have tried to address these challenges by [list any actions you have taken to try to encourage attendance and participation – for example: “I have tried to address these challenges by providing sensory fidgets during online classes” or “by setting up my child’s computer and opening the proper online learning tools before each class”].

Despite my efforts, I am concerned that my child’s disability is preventing him/her/them from participating meaningfully in remote learning. Please let me know what services the City Public Schools can offer to support **STUDENT NAME**, including modifications to his/her/their IEP, implementation of additional IEP progress evaluations, and/or compensatory services.

Sincerely,

Parent

Cc: Principal of (school)

[Date], 2020

Via E-Mail and USPS

Principal of (school).
School District
Address
City, MA 02001

Re: **STUDENT NAME** (D.O.B.)

Dear Principal [NAME]:

I am the parent of **STUDENT NAME**. **STUDENT NAME** is a (grade/PK/EI) student within the City Public Schools placed at (school) pursuant to his/her/their IEP. As you are aware, **STUDENT NAME** struggles with significant mental health needs as a result of the following diagnoses: _____, _____ and _____. I am concerned that **STUDENT NAME**, is struggling to attend remote learning classes due to inconsistent access to a computer at home.

As you know, **STUDENT NAME** is currently following a remote learning plan at (school). I understand that my child may be entitled to a Chromebook during remote learning because my family does not have consistent access to a computer at home. In an effort to receive a Chromebook for **STUDENT NAME**, [list any actions already taken with dates if you can remember them – for example: “I submitted an application for a Chromebook through the school district website on September 1st” or “I called the school’s main office on August 24th to request more information”]. Please advise as to how I can receive the Chromebook my child needs to reliably access remote learning classes.

Sincerely,

Parent

Cc: Special Education Director [NAME]

[Date], 2020

Via E-Mail and USPS

Special Education Director,
School District
Address
City, MA 02001

Re: **STUDENT NAME** (D.O.B.)

Dear Special Education Director **[NAME]**:

I am the parent of **STUDENT NAME**. **STUDENT NAME** is a (grade/PK/EI) student within the **City** Public Schools placed at **(school)** pursuant to his/her IEP. As you are aware, **STUDENT NAME** struggles with significant mental health needs as a result of the following diagnoses: _____, _____ and _____. I am concerned that **STUDENT NAME**, even when provided the accommodations and specialized services in his/her last IEP dated **XXXX-XXXX**, struggles across academic, social, emotional and behavioral areas.

On **Month XX, 2020**, the District proposed the following evaluations: _____ . I consented to these evaluations on **Month XX, 2020**. Prior to school closure, an IEP Team meeting had been scheduled for **April XX, 2020**. I am concerned as to how the District intends to complete the evaluation process and when **STUDENT's** Team will convene to review these findings.

Please confirm in writing: 1) the District's intention to implement remote learning plans that are individualized to engage **STUDENT** in meaningful and productive learning; 2) how the District plans to proceed with the evaluation review timeline; and 3) the District's intention to convene **STUDENT's** IEP Team during and/or after the extended school closures.

Sincerely,

Parent

Cc: Principal of **(school)**

Home Schooling Log

Week Of:	Reading/ Writing	Math	Other	Behaviors Seen/Notes
Monday				
Tuesday				
Wednesday				
Thursday				

Home Schooling Log

Friday				
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Week Of:	Reading/ Writing	Math	Other	Behaviors Seen/Notes
Monday				
Tuesday				
Wednesday				

Home Schooling Log

Thursday				
Friday				

Week Of:	Reading/ Writing	Math	Other	Behaviors Seen/Notes
Monday				
Tuesday				

Home Schooling Log

Wednesday				
Thursday				
Friday				

LINK TO GOOGLE FORM: <https://forms.gle/vWmTj4XBJWM7cJIs8>



EXTENDED SCHOOL CLOSURE LOG

Week of: ____/____/2020

Child's name: _____

1. What subjects were assigned this week?

- Reading
- Writing
- Math
- History/social studies
- Science
- Speech/Language
- Counseling
- OT
- PT
- Other _____

2. How was the work provided this week?

- Printed Worksheets
- Assignments through an online classroom
- Online Videos/Pre-Recorded Materials
- Live Video
- Telephone Call
- Other _____

3. Did your child complete their assigned work this week?

- Yes, completed the work
- No, because of technical difficulties: _____
- No, because my child wasn't willing to do the work: _____
- No, because my child didn't understand the work: _____
- No, because of another reason: _____

4. How much time did your child spend on their assigned work this week?

- 3-4 hours
- 2-3 hours

- 1-2 hours
- Less than 1 hour

5. Were any IEP accommodations or services provided this week?

- Yes. Please list: _____
- No

6. Were you and/or your child contacted by a teacher, school administrator, or other school staff?

- Yes. Who? _____
- No

7. Do you have concerns that your child may not receive credit or be held back in their grade?

- Yes. Please check all that apply
 - I am worried this might happen
 - Child has expressed they are worried this might happen
 - Teacher or school staff have expressed their concern this might happen
 - Teacher or school staff have informed me my child will not receive credit in one or more classes
 - Teacher or school staff have informed me my child will be held back in their grade
- No.

8. Please select any Social/Emotional/Behavioral Challenges observed this week (check all that apply)

- Anxiety
- Physical complaints—stomachache, headache
- Refused to get out of bed/sleep issues
- Work refusal
- Verbal aggression
- Physical aggression
- Property destruction
- Left home without permission
- Other _____
- None observed

9. If you checked off any of the options in question 8, please explain what happened below. Provide as much detail as possible:

10. Do have any new concerns or thoughts from last week?

11. How did behavior and/or school assignments differ from last week?



Documentação dos Serviços Escolares e Aprendizado a Distância

Semana de: ____ / ____ / 2020

Nome da criança: _____

1. Quais classes e/ou serviços foram oferecidos esta semana?

- Leitura
- Escrita
- Matemática
- Terapia de Fala / Idioma
- Terapia / Aconselhamento
- Outro _____

2. Como que o material e/ou conteúdo foi oferecido?

- Imprimido
- On-line Vídeos / Materiais pré-gravados
- Vídeo ao vivo
- Chamada Telefónica
- Outro _____

3. O seu filho pode acessar a lição?

- Sim, e completou o trabalho



REGISTRO DE CIERRE DE LA ESCUELA EXTENDIDA

Semana: ____/____/2020

Nombre de estudiante: _____

1. ¿Qué trabajo escolar o otros servicios recibió su hijo/a esta semana?

- Lectura
- Escritura
- Matemática
- Historia
- Ciencia
- Hablar/lenguaje
- Consejería
- Terapia ocupacional
- Fisioterapia
- Otro: _____

2. ¿Cómo recibió su hijo/a este trabajo escolar?

- Hojas
- Aula remota
- Videos pregrabados
- Videos en vivo
- Llamadas por teléfono
- Otra manera _____

3. ¿Pudo cumplir el trabajo su hijo/a?

- Sí, y lo cumplió _____
- No, por dificultades técnicas _____
- No, porque mi hijo/a no quería cumplirlo _____
- No, porque mi hijo/a no lo entendió _____
- No, por otra razon _____



4. ¿Por cuanto tiempo pasó su hijo/a en sus tareas esta semana?

- 3-4 horas
- 2-3 horas
- 1-2 horas
- Menos que 1 hora

5. ¿Se proporcionaron adaptaciones o servicios del IEP?

- Sí. Explica: _____
- No

6. ¿Usted y/o su hijo/a fueron contactados por un maestro, administrador de la escuela u otro personal de la escuela?

- Sí. ¿Quién? _____
- No

7. ¿Esta usted preocupado que su hijo/a no recibirá créditos por algunas clases o no pasará al próximo grado?

- Sí. Por favor, indicar todos que aplican:
 - Estoy preocupado por eso
 - Mi hijo/a esta preocupado por eso
 - Personal de la escuela ha comunicado esta preocupación
 - Personal de la escuela ha comunicado que mi hijo/a no recibirá créditos por algunas clases
 - Personal de la escuela ha comunicado que mi hijo/a no pasará al próximo grado
- No.

8. ¿Habían algunos desafíos sociales/emocionales/conductuales?

- Ansiedad
- Quejas físicas. Por ejemplo, dolor de estómago, dolor de cabeza
- Su hijo/a rechazó levantarse de cama o tuvo problemas con el sueño
- Su hijo/a rechazó cumplir trabajo escolar
- Agresión verbal



- Agresión física
- Destrucción de propiedad
- Su hijo/a salió de casa sin permiso
- Otros problemas: _____
- Ningún problema

9. ¿Si Ud. seleccionó cualquiera de las opciones de la pregunta 8, por favor explique incluyendo todos los detalles que recuerda:

10. ¿Tienes preocupaciones diferentes de la semana pasada?

11. ¿Como son diferentes los comportamientos y tareas de la semana pasada?



FREQUENTLY ASKED QUESTIONS

Mental Health Advocacy Program for Kids/ MHAP for Kids

What is Health Law Advocates?

Health Law Advocates (HLA) is a non-profit public interest law firm whose mission is to provide free legal representation to low-income individuals experiencing difficulty accessing or paying for needed medical services. HLA is committed to ensuring universal access to quality health care in Massachusetts, particularly for those who are most at risk due to such factors as race, gender, disability, age, immigration status or geographic location. With its partner organization, Health Care for All, HLA combines legal expertise with grassroots organizing and policy reform to advance the statewide movement for universal health care access.

What is the MHAP for Kids?

HLA's MHAP for Kids improves the health and educational success of children with unmet mental health needs at risk for possible or further court involvement, by advocating to improve access to needed mental health services. It achieves this goal by adding legal representation by a staff attorney to the services offered at seven Family Resource Centers (FRCs). These attorneys, who work in FRCs in Bristol, Essex, Hampden, Middlesex, Norfolk, Suffolk, and Worcester counties, collectively advocate for up to 210 youth at a time.

What is a MHAP for Kids Staff Attorney?

A MHAP for Kids Staff Attorney is a highly qualified attorney who advocates for mental health services that improve health outcomes for families, increase educational success for children, and divert them from the juvenile justice system. By working with state agencies, school systems, and insurance providers, a MHAP for Kids Staff Attorney ensures that a child receives appropriate mental health care.

Why would a child need a MHAP for Kids Staff Attorney?

Many children enter, or are at risk of entering, the juvenile justice system because they have unmet mental health needs. Untreated mental illness, including conditions that are trauma-related, can lead to truancy, running away from home, inability to abide by the rules of the home and even delinquent behavior -- all of which are triggers to juvenile court involvement. Children's mental health needs often go unmet because of systemic barriers to treatment, which the juvenile justice system is not best-equipped to address. The long-term effects of untreated mental illness in youth can include, among other tragic circumstances, incarceration, school disenrollment, long-term disability, and suicide.

The MHAP for Kids attorneys provide legal assistance to children so they may overcome steep obstacles to mental health care. These specially trained lawyers work with school systems, state agencies, health insurance companies, health care providers, and the juvenile justice system to ensure children receive the mental health services to which they are entitled.

How can I make a referral to MHAP for Kids?

Referrals to MHAP for Kids may be made by the FRC to the on-site Staff Attorney or by others in the community through the intake line: 617-275-2919. Our Director/ Managing Attorney, Marisol Garcia, reviews all referrals to make sure they are complete and appropriate for case intake.

Do you offer consultations or trainings to inform others about your work?

Yes. We would be happy to speak with you about trainings or consultations. If you have any other questions about MHAP for Kids, please contact Marisol Garcia, Director/ Managing Attorney at mgarcia@hla-inc.org or 617-275-2917.



PREGUNTAS FRECUENTES

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¿Que es Health Law Advocates?

Health Law Advocates (HLA) es un bufete de abogados sin fines de lucro de interés pública cuya misión es proporcionar representación legal *gratuita* a los residentes de bajos ingresos que tienen dificultades para acceder o pagar los servicios médicos necesarios. HLA se compromete a asegurar el acceso universal para la calidad de salud médica en Massachusetts, en particular para aquellos que están en mayor riesgo debido a factores como raza, género, discapacidad, edad, estado migratorio o ubicación geográfica. Con la organización asociada, Health Care for All, HLA combina la experiencia legal con la organización de base y la reforma política para avanzar el movimiento del estado para obtener el acceso del seguro médico universal.

¿Qué es MHAP for Kids?

HLA's MHAP for Kids mejora la salud y aumenta el éxito educativo de los jóvenes con necesidades de salud mental que corren el riesgo de participación en el tribunal, al promover el acceso a los servicios de salud mental necesarias. El programa logra este objetivo por la incorporación de la representación legal de un abogado con los servicios que ofrecen los siete Centros de Recursos para Familias (FRCs). Estos abogados, que trabajan en FRCs en los condados de Bristol, Essex, Hampden, Middlesex, Norfolk, Suffolk, and Worcester pueden apoyar 210 jóvenes a la vez.

¿Qué es un abogado de MHAP for Kids?

Un abogado de MHAP for Kids es un abogado calificado que promueve los servicios de salud mental que mejora los resultados médicos de familias, aumenta el éxito educativo de los jóvenes, y los desvía del tribunal. Trabajando con las agencias del estado, los sistemas escolares, y los proveedores del seguro, un abogado de MHAP for Kids asegura que un joven reciba la asistencia de salud mental apropiada.

¿Por qué un joven necesitaría un abogado de MHAP for Kids?

Muchos jóvenes participan, o corren el riesgo de participar, en el tribunal porque sus necesidades de salud mental son insatisfechas. Sin el tratamiento de la salud mental, incluyendo las condiciones que están relacionadas al trauma, hay una posibilidad del absentismo escolar, escaparse de la casa, la inhabilidad de seguir las reglas de la casa y el comportamiento delincuente – todos que son detonantes de la participación en el tribunal. Las necesidades de salud mental de los niños son insatisfechas muchas veces debido a las barreras sistémica al tratamiento que el tribunal no está preparado abordar. Los efectos a largo plazo de la salud mental en los jóvenes pueden incluir, entre otras circunstancias trágicas, la encarceración, la desinscripción de la escuela, la discapacidad a largo plazo, y el suicidio.

Los abogados de MHAP for Kids provienen la asistencia legal a los jóvenes para que ellos pueden superar los obstáculos grandes de la asistencia de salud mental. Los abogados especialmente calificados trabajan con los sistemas escolares, las agencias del estado, las compañías del seguro médico, los proveedores del seguro médico y el tribunal para asegurar que los jóvenes reciben los servicios de salud mental que tienen derecho.

¿Cómo puedo hacer una referencia a MHAP for Kids?

Todos pueden referir familias por la línea de ingreso: 617-275-2919. La directora, Marisol Garcia, revisa todas las referencias para garantiza que están completas y son eligibles.

¿Ofrecen las consultas o instrucción sobre temas legales?

Si. Si tiene preguntas sobre MHAP for Kids, por favor contacte con Marisol Garcia, la directora, a mgarcia@hla-inc.org o por teléfono al 617-275-2917.