
Strengthening Medical and Mental Health Services for Unaccompanied Children in U.S. Communities

Webinar

April 24, 2023

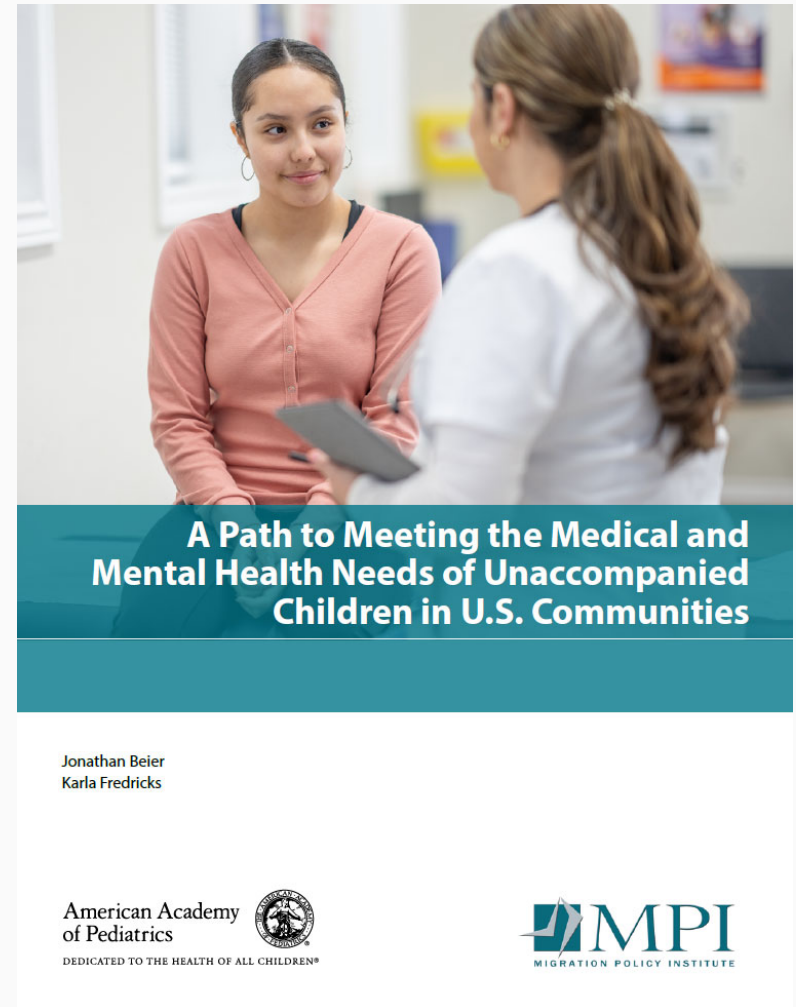


Today's Release

A Path to Meeting the Medical and Mental Health Needs of Unaccompanied Children in U.S. Communities

By Jonathan Beier and Karla Fredricks

Available at: <https://www.migrationpolicy.org/research/medical-mental-health-needs-unaccompanied-children>



Webinar Speakers

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Project Team



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Unaccompanied Child (UC)

An individual who has no lawful immigration status in the U.S., is under 18 years of age, and does not have a parent or legal guardian immediately present and able to care for them when they enter the U.S.

Why we undertook this project

- The number of unaccompanied children (UC) entering the U.S. increased significantly over the past decade, reaching a record high in 2022.
- Once UC make the transition from U.S. government custody to parents or other sponsors in U.S. communities, the services and supports they need to thrive can be difficult to access.
- Among the most essential are medical and mental health care.
- Given that many UC will ultimately remain in the country permanently, ensuring they are healthy, protected, and able to contribute to their communities benefits society more broadly.

Why Children Migrate to the U.S.

- **Violence** - familial, criminal actors
- **Persecution** by government actors
- **Climate change, natural disasters**
- **Reunification** with family members
- **Poverty, lack of opportunities**
- Impact of U.S. immigration policy e.g., **Title 42**

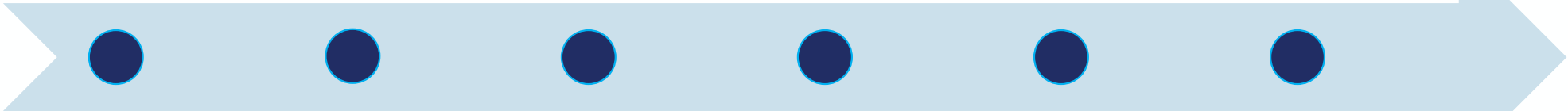
Migration and Immigration Process for Unaccompanied Children

One month, on average

HHS Office of
Refugee
Resettlement
Shelter/Foster Care

Immigration
Decision

Journey



Apprehension in
DHS Customs and
Border Protection

<72 hours

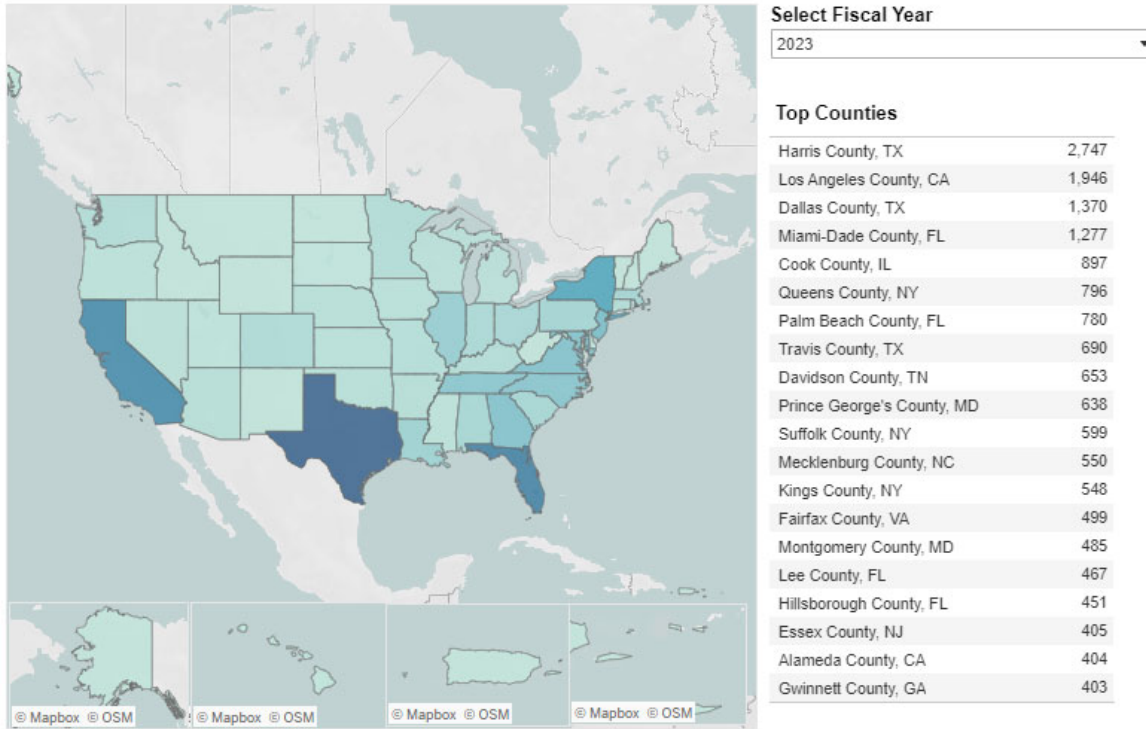
Reunification
with Family
Member or
Sponsor in U.S.
Communities

Years

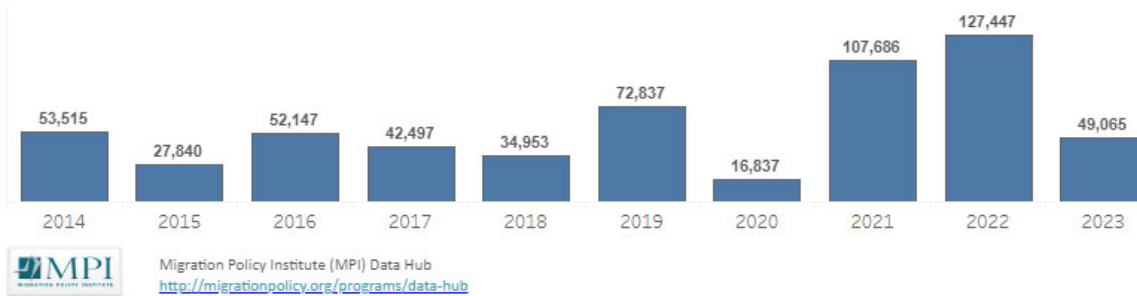
Integration or
Repatriation



Unaccompanied Children Released to Sponsors by State and County, FY 2014 to FY 2023 YTD*



Annual Number of Unaccompanied Children Released to Sponsors, FY 2014 to FY 2023 YTD*



Data Collection and Research Design

- Site visits to **Houston, TX; Los Angeles, CA; and New Orleans, LA** in 2022.
- Roundtable discussions with **more than 100 professionals and young people** who arrived in the U.S. as UC.
- Interviews with **key informants** across the U.S., including leaders of organizations with a particular focus on UC, state Medicaid officials, and other experts.
- **Recommendations** developed through thematic analysis of data collected.
- Draft report **externally reviewed** by numerous subject matter experts.

Overview of the Report

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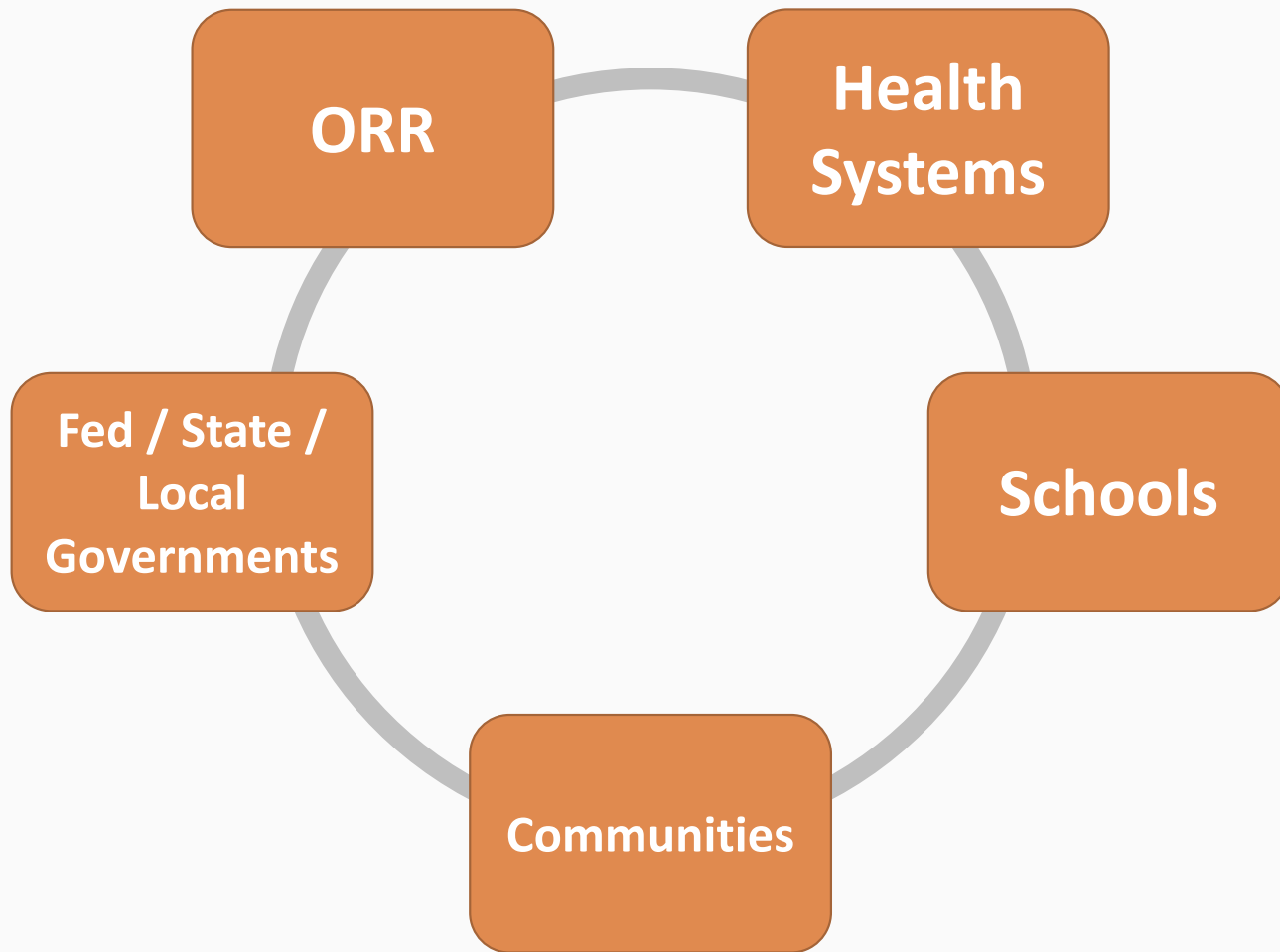
A Path to Meeting the Medical and Mental Health Needs of Unaccompanied Children in U.S. Communities

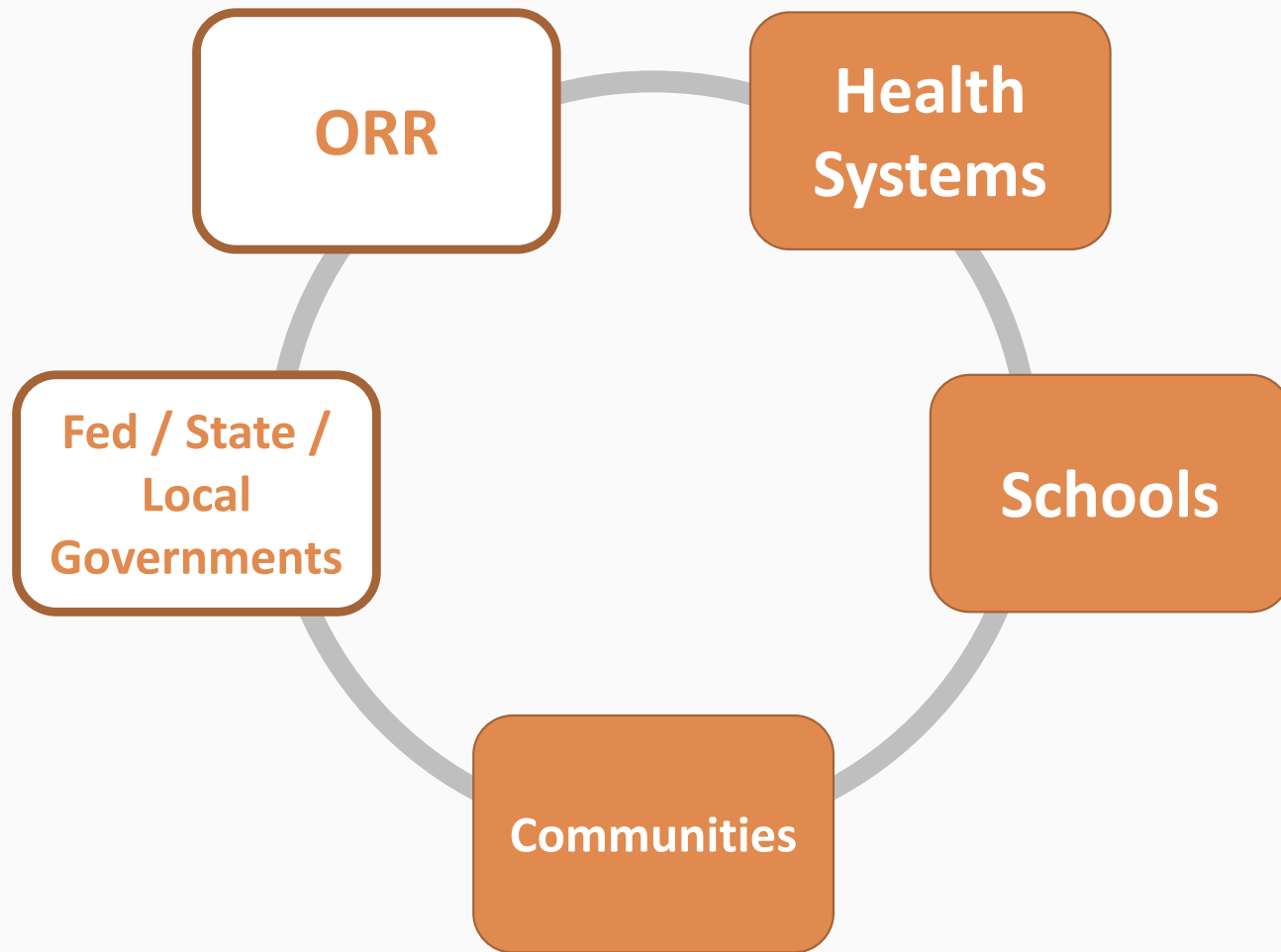
Selected Findings and Recommendations (*part 1 of 2*)

Jonathan Beier, Policy Analyst

April 24, 2023







The transition from ORR's care

- Sponsors assume responsibility for unaccompanied children's care, but do not receive sufficient information or guidance from ORR
- Children and sponsors are left unaware of the child's medical and mental health needs, what needs to be done, and how to do it
- The U.S. health system is unfamiliar and hard to navigate

For the Office of Refugee Resettlement (ORR):

Provide complete and accessible health-related information to unaccompanied children and sponsors

- Review the discharge packet with the sponsor in their language of preference
- Include a "key information" summary sheet in the packet, as well as a document stating that the sponsor can consent for medical and mental health care
- Fund health orientation workshops in communities

For the Office of Refugee Resettlement (ORR):

Create and facilitate medical and mental health case management in the community

- Provide medical and mental health case management for all unaccompanied children for at least one year
- Reduce caseloads to allow for in-person, regular communication between case managers and clients
- Prioritize hiring culturally sensitive case managers and install them within multidisciplinary organizations

A challenging situation upon release

- For most unaccompanied children, there are few options for affordable medical and mental health care
- Time is pressing

For the Office of Refugee Resettlement (ORR):

Continue support of medical and mental health care during the transition to a sponsor's home

- Extend the duration of financial coverage of health services for at least 3 months after release
- Ensure at least a 3-month supply of medications for chronic conditions
- Schedule appointments prior to release

For the Office of Refugee Resettlement (ORR):

Improve communication with community medical and mental health clinicians

- Implement “warm hand-offs” between clinicians
- Designate ORR staff to respond to medical record requests within 30 min or allow secure online access

For the Department of Health and Human Services:

- Create nationwide vaccination registry

Barriers of the U.S. health care infrastructure

- Health care costs are high, and unaccompanied children's eligibility for public insurance is limited
- There are not enough clinicians offering culturally appropriate, trauma-informed services in a child's and sponsor's language of preference

For Federal, State, and Local Governments:

Extend eligibility for public insurance to unaccompanied children in low-income households

- Change federal policy to extend Medicaid/CHIP eligibility to unaccompanied children
- If not possible at the federal level:
 - Create state-level programs that offer eligibility

OR

 - Change federal CHIPRA 214 language to immediately include unaccompanied children as lawfully residing
 - Adopt the CHIPRA 214 option, if states have not done so

CHIPRA 214 option to states

- Expands Medicaid/CHIP eligibility to “lawfully residing” children
- Unaccompanied children can meet that requirement if they:
 - are under 14 years, with asylum applications pending 180 days
 - are 14 and older, with asylum applications pending and a work permit
 - have pending SIJS applications

For Federal, State, and Local Governments:

Improve access to mental health clinicians with suitable linguistic skills and training

- Offer financial incentives for educational institutions to train more mental health clinicians, especially those from diverse backgrounds
- Set adequate payment rates for mental health services
- Support school- and community-based mental health programming

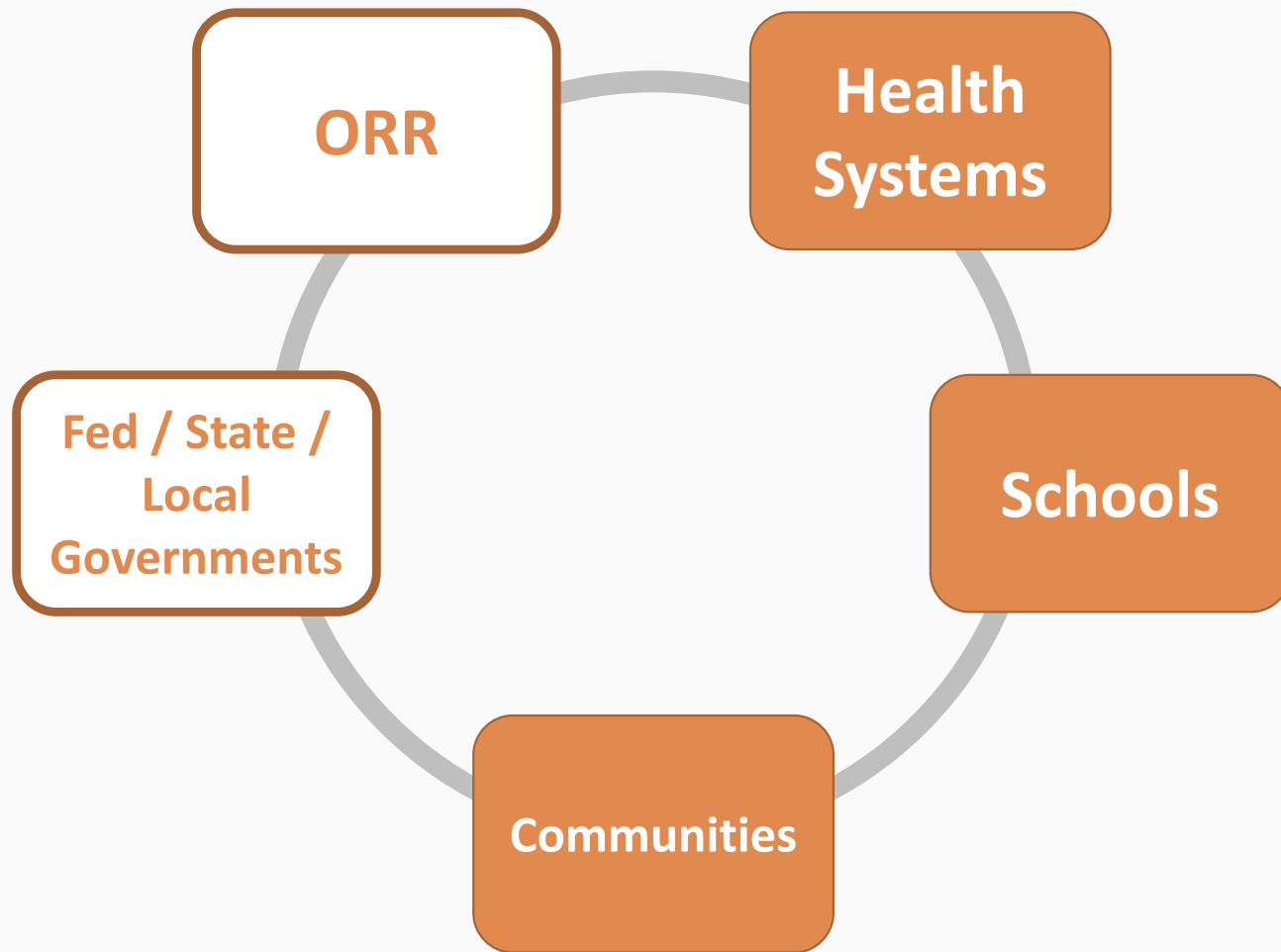
Policymaker awareness and attention

- Policies (and funding) can improve unaccompanied children's access to critical medical and mental health services
- But policymakers must keep the unique circumstances of this group in mind

For Federal, State, and Local Governments:

Ensure all levels of government include positions dedicated to addressing immigrant integration, with a specific focus on health, youth, and language access

- Create Offices of Immigrant Affairs at all levels of government or, at minimum, place teams or individuals with expertise in immigrant integration in all relevant government agencies
- Institute trainings on unaccompanied children and language access, through partnerships with community-based organizations
 - Within government agencies
 - Throughout the health care system



A Path to Meeting the Medical and Mental Health Needs of Unaccompanied Children in U.S. Communities

Recommendations (Part 2 of 2)

Karla Fredricks, MD, MPH, FAAP

Immigration Fellow, American Academy of Pediatrics; Director of the Program for Immigrant and Refugee Child Health (PIRCH) at Baylor College of Medicine/Texas Children's Hospital



American Academy of Pediatrics



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HEALTH CENTER

traditional health care structure in the U.S. is not conducive to meeting the medical and mental health needs of unaccompanied children.

- Based on system of health insurance
- Delivered in brick-and-mortar facilities
- Open during typical working hours
- Predominant language is English

For Health Systems:

1. Create a welcoming environment for newly arrived children and families

- Ensure language access
- Hire staff that reflect the community and are trained in implicit bias and cultural humility
- Train clinicians in trauma-informed care and best practices for caring for unaccompanied children

For Health Systems, continued:

2. Increase physical accessibility and community outreach

- Position clinics where children are (e.g., school-based or mobile), offer telehealth (when appropriate), and employ community health workers
- Expand hours on evenings and weekends, make walk-in appointments available

For Health Systems, continued:

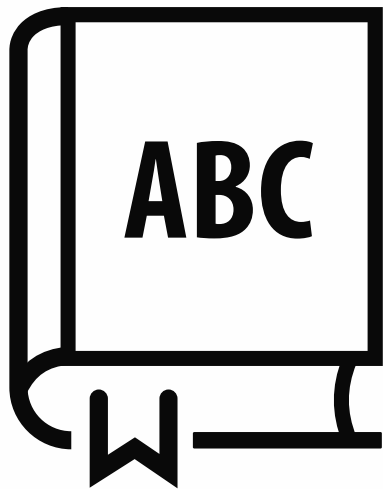
3. Expand financial assistance programs and streamline their applications

- Offer financial assistance at all health facilities
- Streamline and minimize paperwork, with assessment of ability to pay accepted at similar institutions

For Health Systems, continued:

4. Establish in-house interdisciplinary service models and/or co-location of organizations

- Form multidisciplinary teams that provide comprehensive services within the same organization
- If not possible, then establish smooth referral pathways to geographically close partner organizations



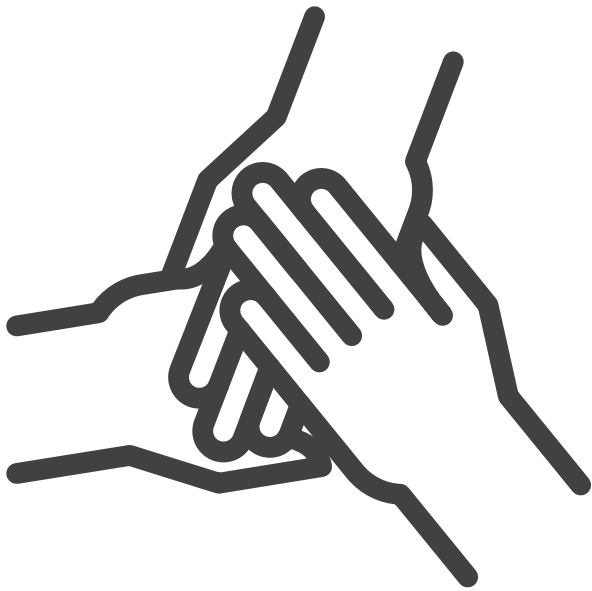
Many schools do not have sufficient resources to support the health and well-being of newcomer students.

- Inability to combine other services with registration
- Delays in cognitive and developmental evaluations
- Lack of partnership with health care entities

For Schools:

1. Create programs and partnerships to maximize unaccompanied children's health and well-being

- Screen and refer for needs in social determinants of health
- Co-locate education and health (e.g., school-based or mobile clinics)
- Consider dedicated newcomer programs



Communities may be unprepared to welcome unaccompanied children.

- Limited understanding of their circumstances
- Few dedicated individuals working independently

For Communities:

1. Build or strengthen local, multidisciplinary coalitions focused on unaccompanied children and sponsors

- Include professionals working with this population, community leaders, and unaccompanied children with their sponsors

For Communities, continued:

2. Develop initiatives to better prepare communities to receive and support unaccompanied children

- Conduct trainings
- Establish welcome centers

All children deserve the opportunity to reach their full potential and maximize their physical, mental, and emotional health. The implementation of these recommendations would help ensure that unaccompanied children are afforded the same opportunity to do so as other children in the U.S., to their great benefit as well as that of the families, schools, and communities they join.





ESPERANZA IMMIGRANT RIGHTS PROJECT

Inspiring Hope; Advancing Social Justice



Esperanza Immigrant Rights Project

Courtney Mosley, MSW

Opportunities for Youth Project Manager

Esperanza Immigrant Rights Project



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Esperanza Immigrant Rights Project

- Serving LA's most vulnerable immigrant population
- Legal Orientation Program for Custodians of Unaccompanied Minors (LOPC)
- Needs beyond legal
- 2019: New Opportunity



ESPERANZA IMMIGRANT RIGHTS PROJECT

Inspiring Hope; Advancing Social Justice



Opportunities for Youth Project

- Continued collaboration across organizations
- Three important elements:
 - Case management
 - Program Navigation
 - Mentorship
- Eligibility
- Emphasis on wellness
- Common needs



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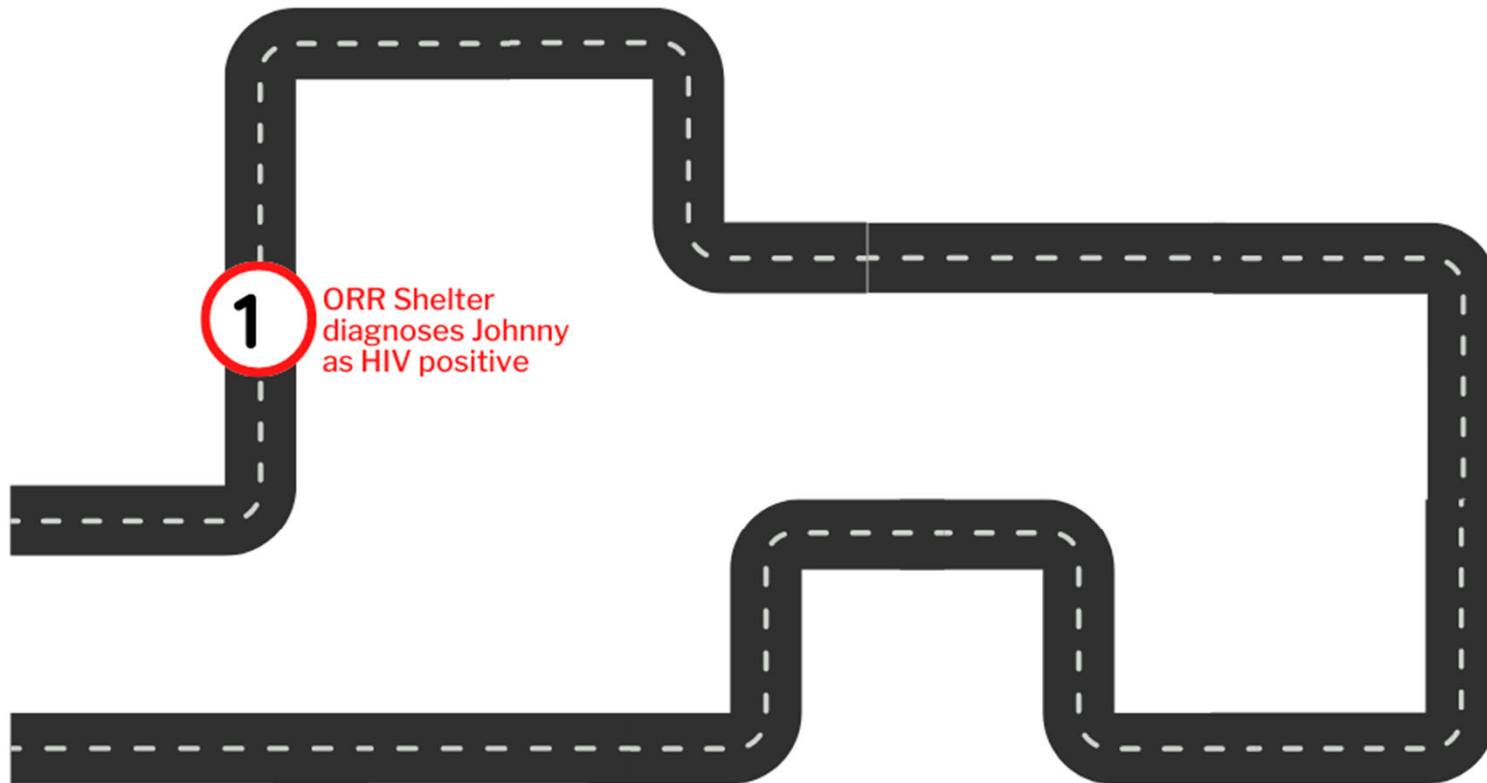


Welcome Fair For Unaccompanied Minors

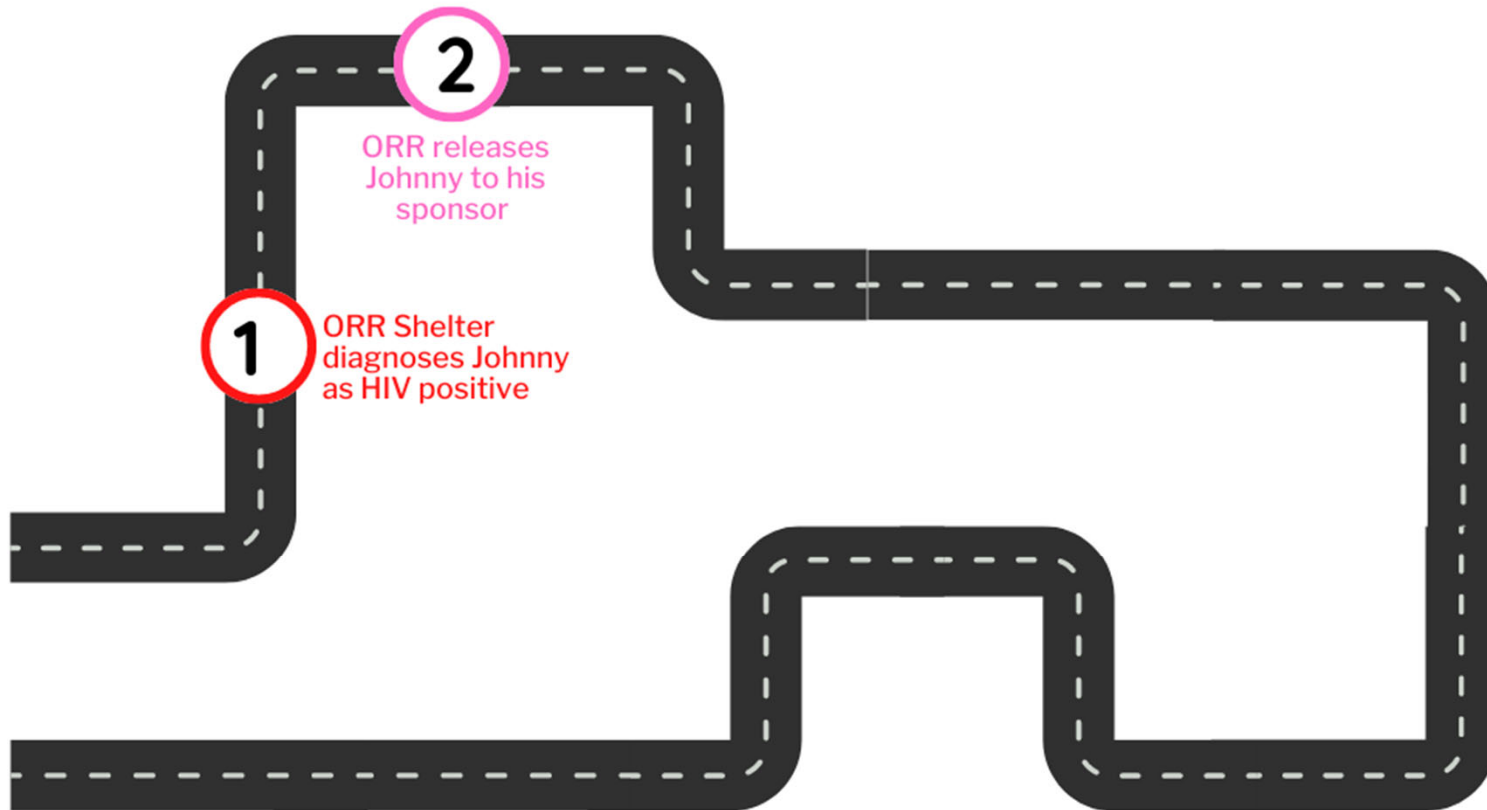
- 250+ Families served
 - Roughly 1,000 attendees
- Establishing Trust
- Outreach
- Multidisciplinary Services
- City & County government, Educational institutions, Faith Based Orgs, and Non-Profits
- Collaboration is key!



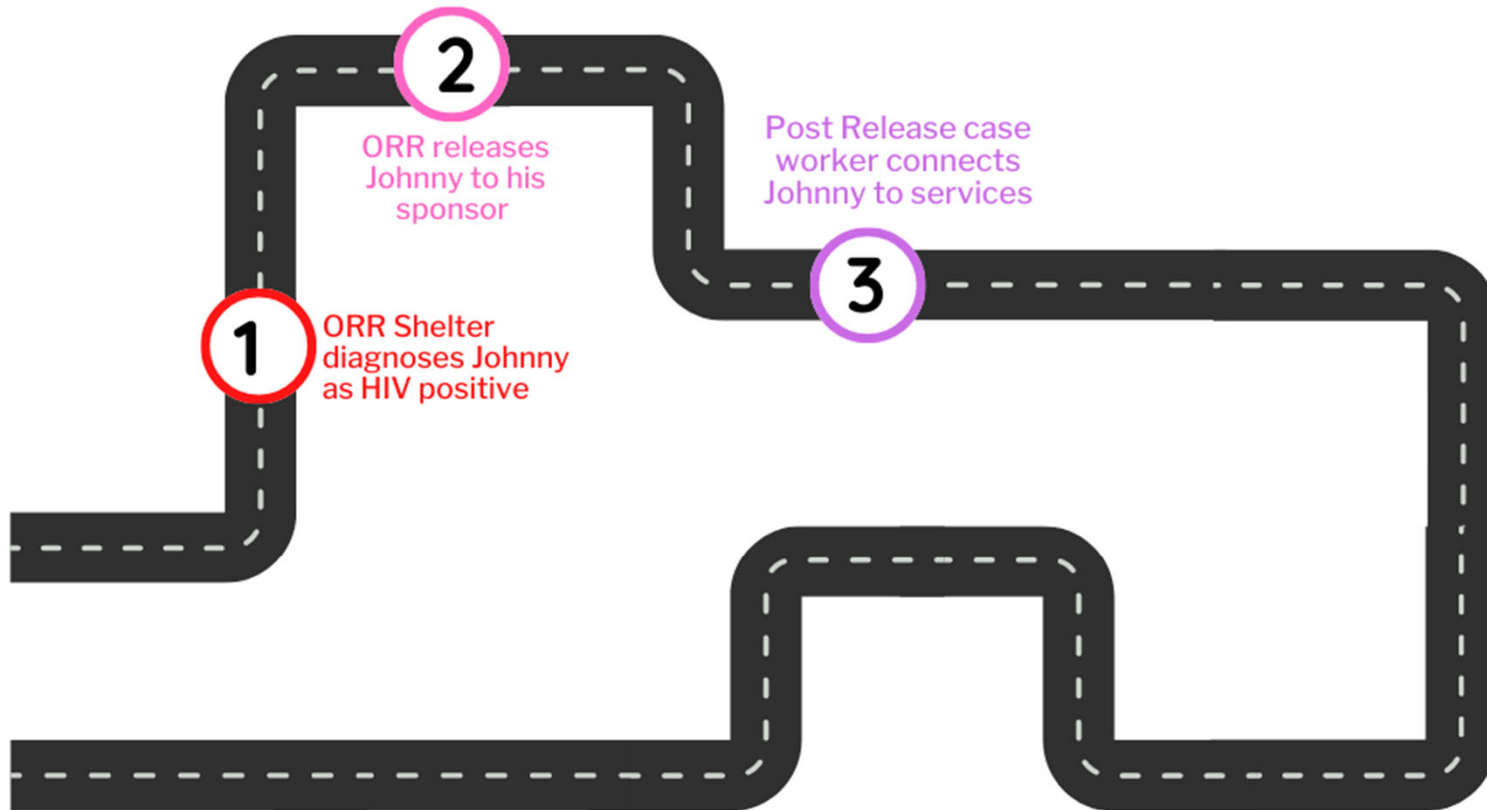
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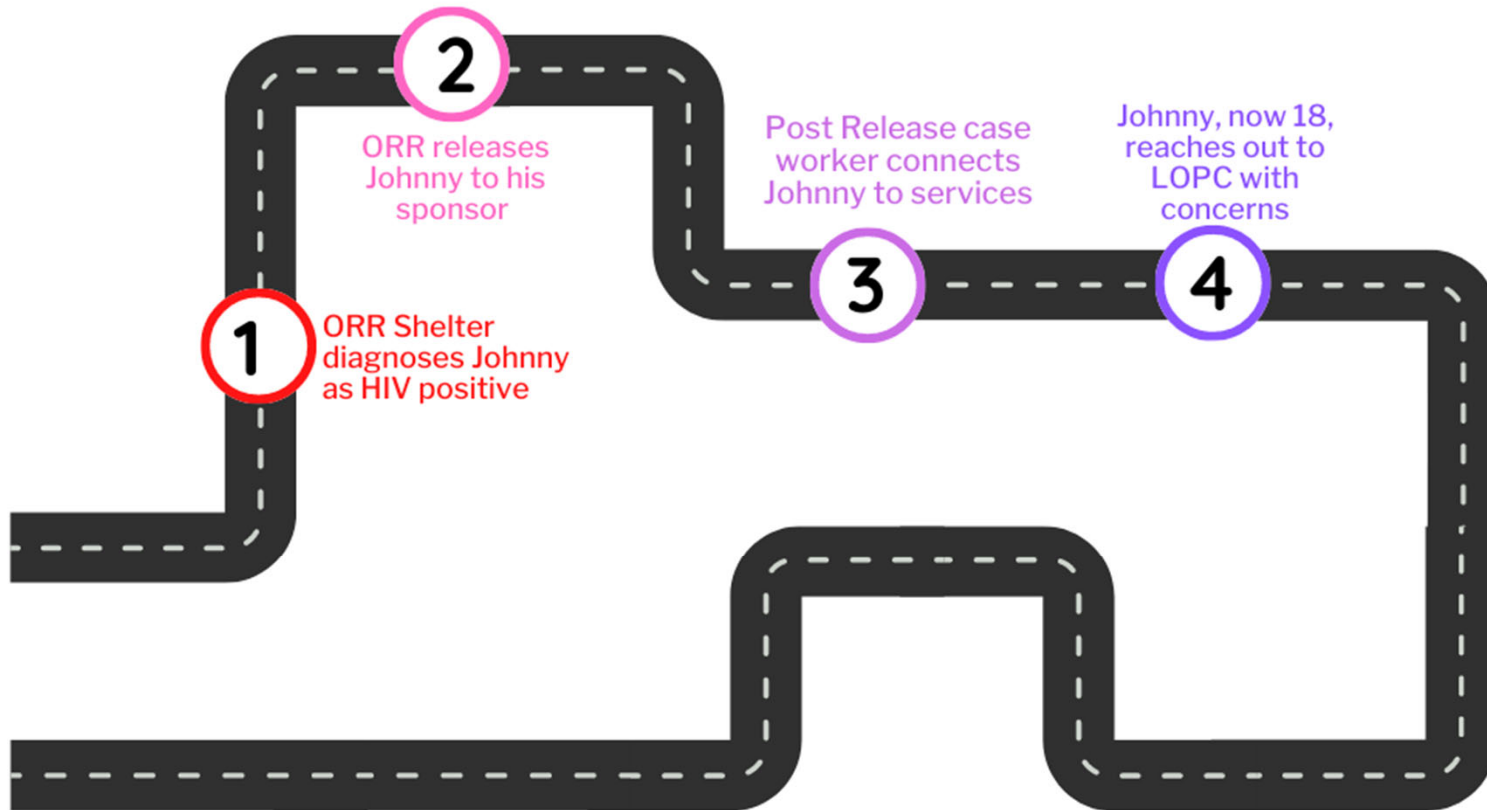
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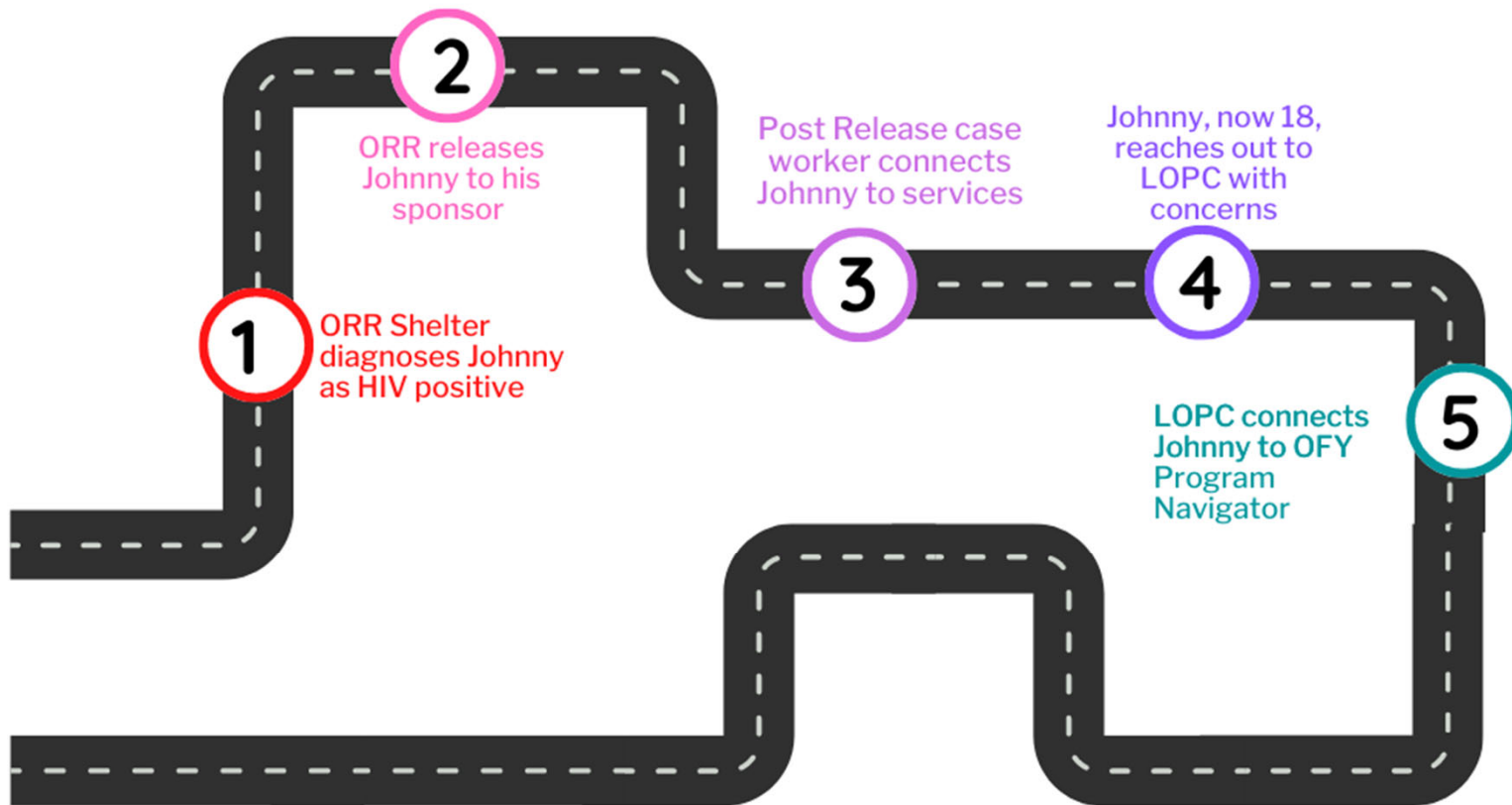
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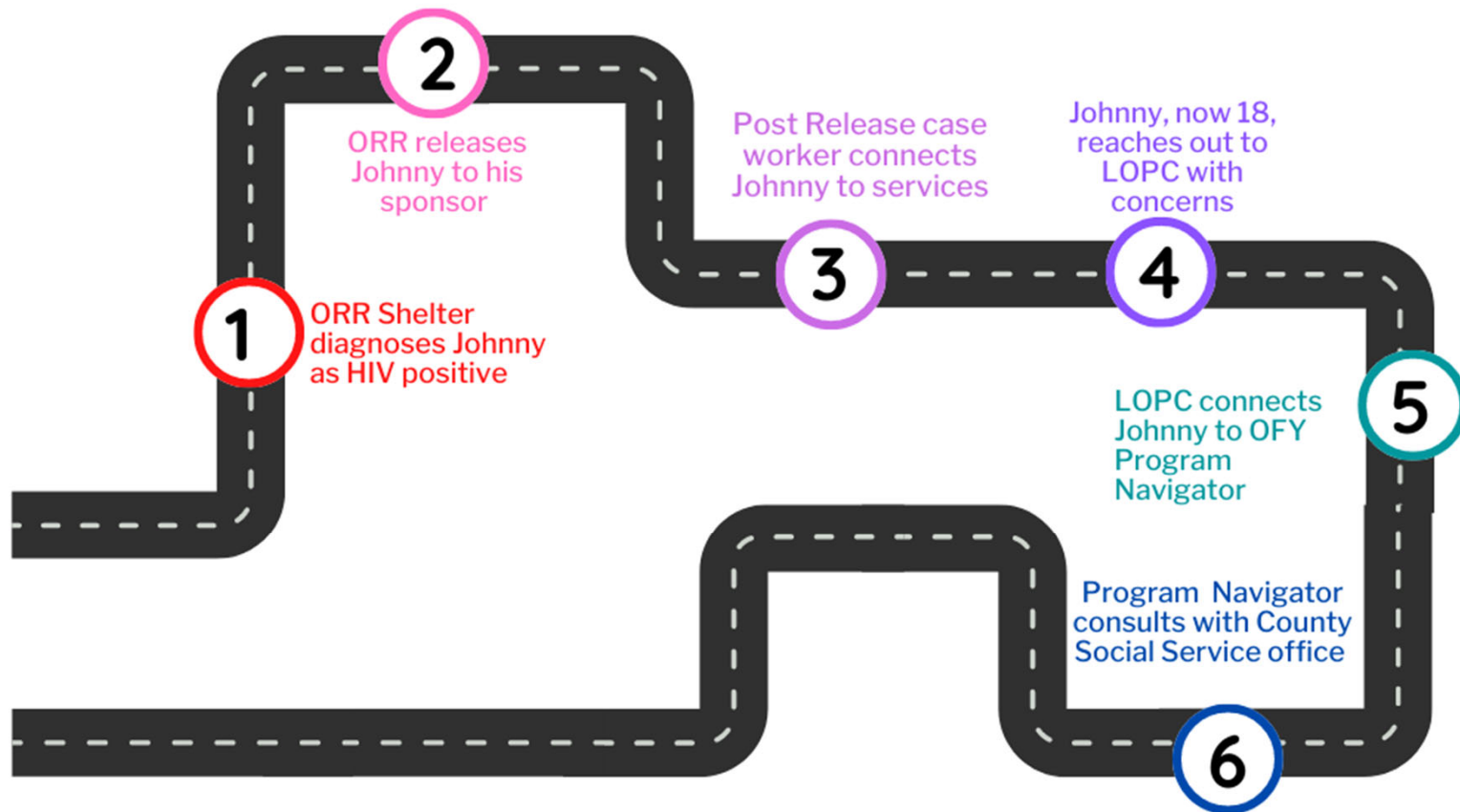
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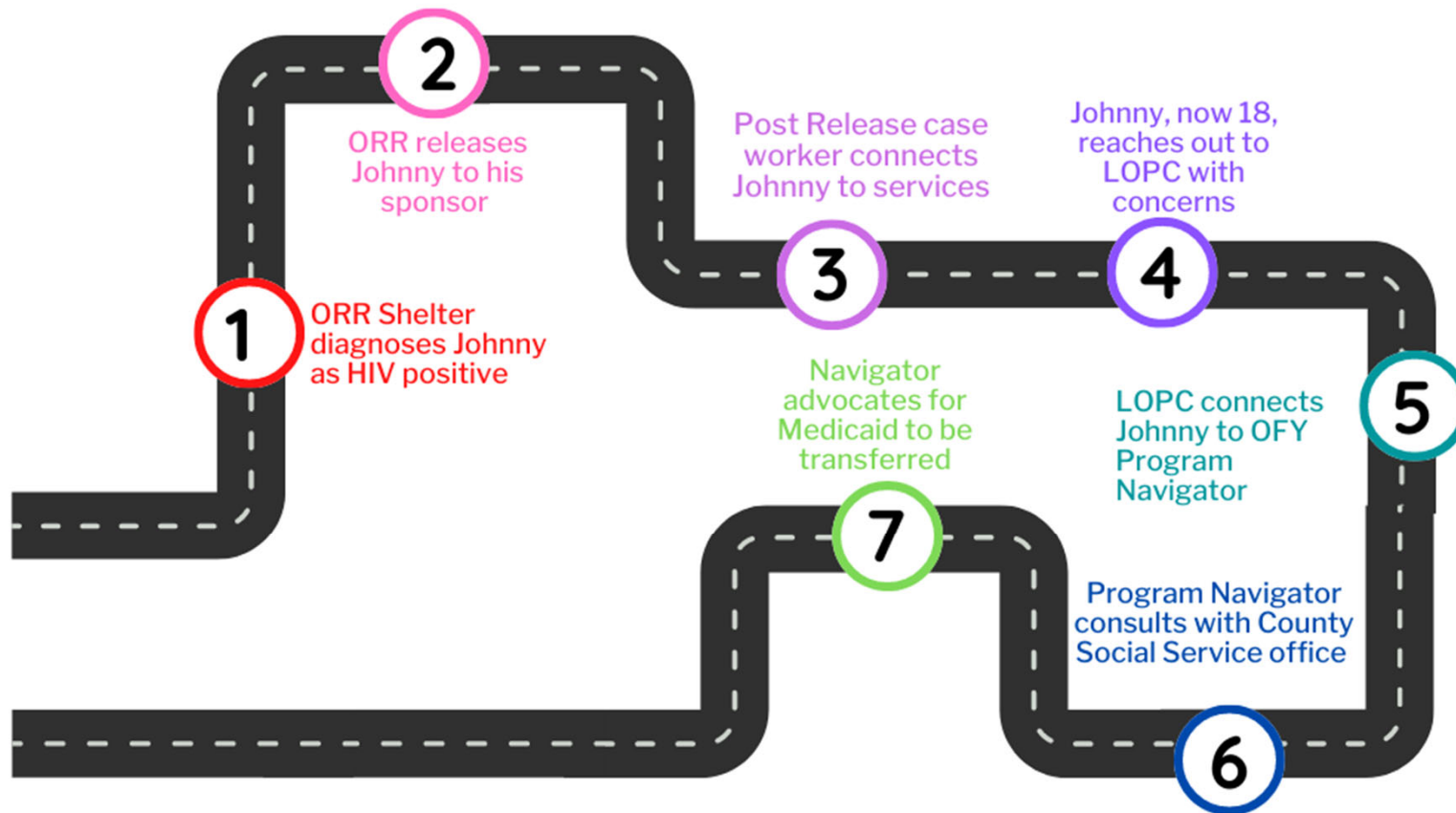
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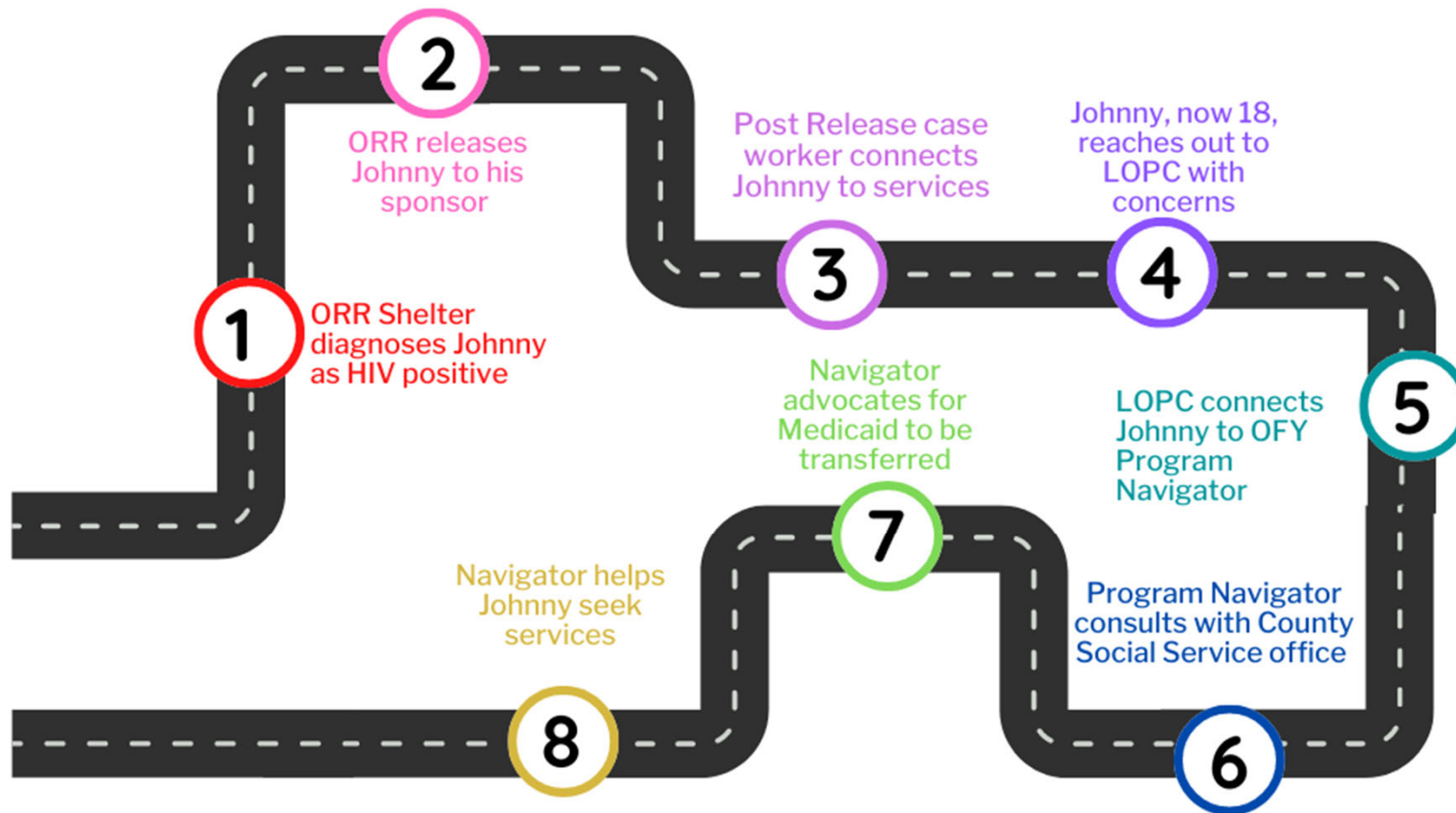
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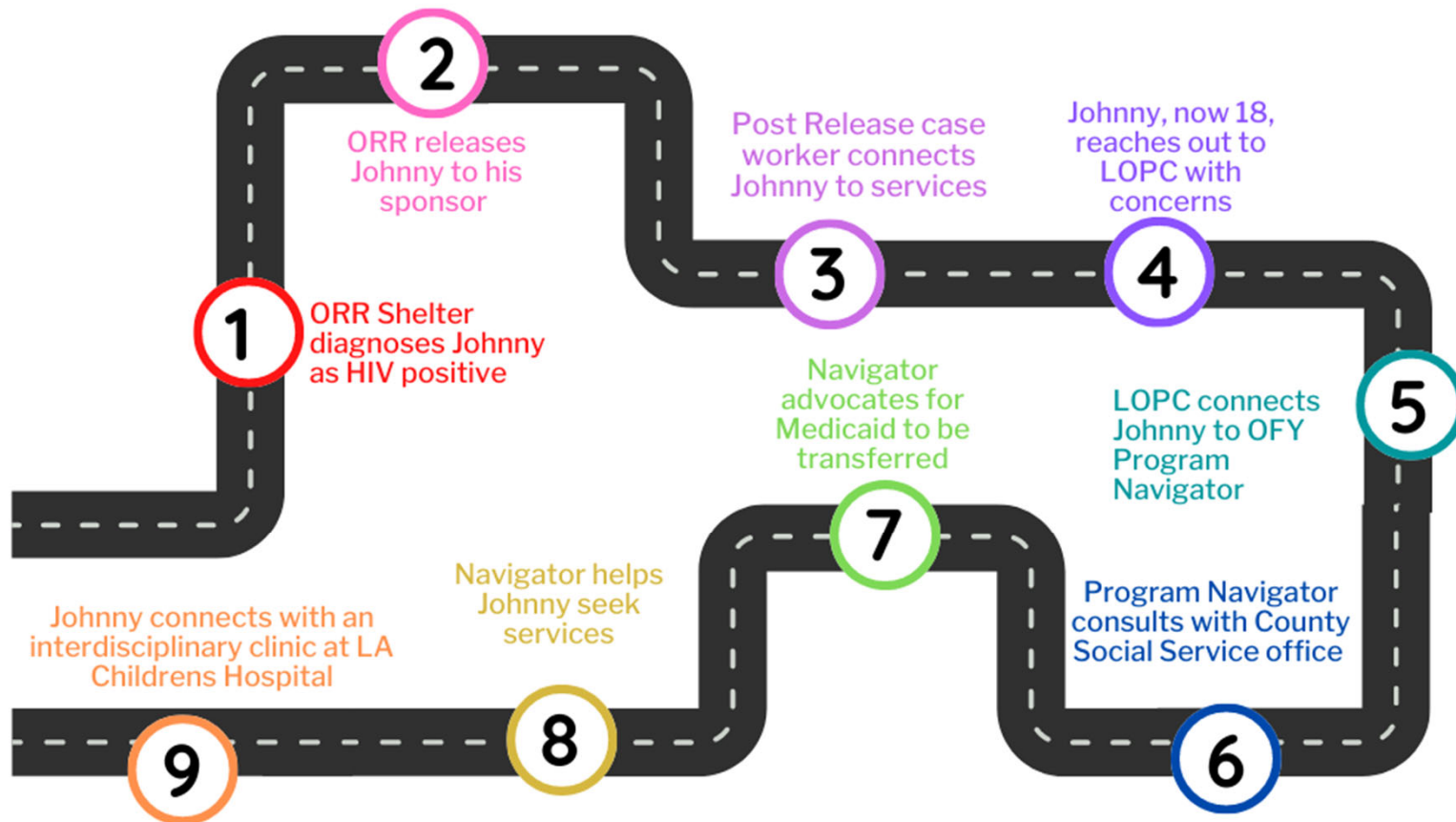
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ESPERANZA IMMIGRANT RIGHTS PROJECT

Inspiring Hope; Advancing Social Justice



Key Takeaways

- Community collaboration is essential
- Limited resources and numerous hurdles
- Improve services both on federal and state level

Thank you for joining us!



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Jonathan Beier
Karla Fredricks

American Academy
of Pediatrics
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Today's report available:

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Reporters can contact:


- Michelle Mittelstadt at mmittelstadt@migrationpolicy.org or 202-266-1910
- Jamie Poslosky at jposlosky@aap.org

Video from today's event will be available at:

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