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

Webinar
April 24, 2023

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American Academy of Pediatrics
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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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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.

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 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

- Journey
  - Apprehension in DHS Customs and Border Protection (<72 hours)
  - HHS Office of Refugee Resettlement Shelter/Foster Care
- Immigration Decision
  - Reunification with Family Member or Sponsor in U.S. Communities
  - Integration or Repatriation

One month, on average
Unaccompanied Children Released to Sponsors by State and County, FY 2014 to FY 2023 YTD*

Select Fiscal Year
2023

Top Counties
Harris County, TX  2,747
Los Angeles County, CA  1,946
Dallas County, TX  1,370
Miami-Dade County, FL  1,277
Cook County, IL  897
Queens County, NY  796
Palm Beach County, FL  780
 Travis County, TX  690
Davidson County, TN  553
Prince George's County, MD  538
Suffolk County, NY  599
Mecklenburg County, NC  550
Kings County, NY  543
Fairfax County, VA  499
Montgomery County, MD  485
Lee County, FL  407
Hillsborough County, FL  451
Essex County, NJ  405
Alameda County, CA  404
Gwinnett County, GA  403

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

2014  53,515
2015  27,649
2016  52,147
2017  42,407
2018  34,953
2019  72,837
2020  16,837
2021  107,686
2022  127,447
2023  48,658

Migration Policy Institute (MPI) Data Hub
http://migrationpolicy.org/quarterlydatahub

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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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Selected Findings and Recommendations (part 1 of 2)

Jonathan Beier, Policy Analyst

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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
  • 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

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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

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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
The 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
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

Courtney Mosley, MSW
Opportunities for Youth Project Manager
Esperanza Immigrant Rights Project
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
Opportunities for Youth Project

• Continued collaboration across organizations
• Three important elements:
  • Case management
  • Program Navigation
  • Mentorship
• Eligibility
• Emphasis on wellness
• Common needs
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!
1. ORR Shelter diagnoses Johnny as HIV positive
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2. ORR releases Johnny to his sponsor
JOHNNYS HEALTH NAVIGATION JOURNEY

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**JOHNNY'S HEALTH NAVIGATION JOURNEY**

1. ORR Shelter diagnoses Johnny as HIV positive
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4. Johnny, now 18, reaches out to LOPC with concerns
5. LOPC connects Johnny to OFY Program Navigator
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1. ORR Shelter diagnoses Johnny as HIV positive
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6. Program Navigator consults with County Social Service office
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7. Navigator helps Johnny seek services

8. Navigator advocates for Medicaid to be transferred
JOHNNY'S HEALTH NAVIGATION JOURNEY

1. ORR Shelter diagnoses Johnny as HIV positive
   - Johnny connects with an interdisciplinary clinic at LA Childrens Hospital

2. ORR releases Johnny to his sponsor
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3. Post Release case worker connects Johnny to services
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4. Johnny, now 18, reaches out to LOPC with concerns
   - Navigator advocates for Medicaid to be transferred
   - LOPC connects Johnny to OFY Program Navigator

5. Program Navigator consults with County Social Service office
   - Program Navigator consults with County Social Service office

6. Navigator helps Johnny seek services
   - Navigator helps Johnny seek services

7. Navigator advocates for Medicaid to be transferred
   - Navigator advocates for Medicaid to be transferred

8. Johnny seeks services
   - Navigator helps Johnny seek services

9. Johnny reaches out to LOPC with concerns
   - Post Release case worker connects Johnny to services
Key Takeaways

• Community collaboration is essential
• Limited resources and numerous hurdles
• Improve services both on federal and state level
Thank you for joining us!

Today’s report available: https://www.migrationpolicy.org/research/medical-mental-health-needs-unaccompanied-children

Reporters can contact:
• Michelle Mittelstadt at mmittelstadt@migrationpolicy.org or 202-266-1910
• Jamie Poslosky at jposlosky@aap.org

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