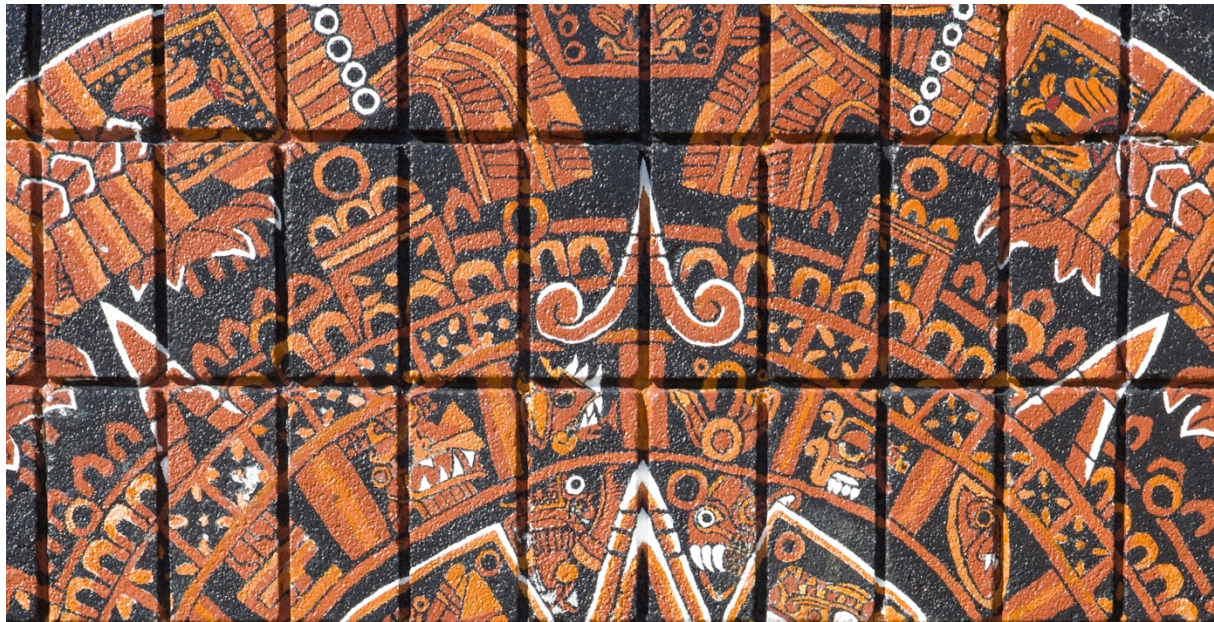




Sanctuary and Success: Taking Action for Alameda County's Unaccompanied Immigrant Youth

COMMUNICATION BRIEF
JANUARY 2019



CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES 

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Communication Brief
January 2019

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Sanctuary and Success: Taking Action for Alameda County's Unaccompanied Immigrant Youth

This brief highlights how Alameda County has responded to the needs and assets of unaccompanied immigrant youth and presents strategies that other health and education agencies can adopt.

I. Who Are Unaccompanied Immigrant Youth?

Unaccompanied immigrant youth (UIY) are **minor children and youth** who make dangerous journeys across borders to flee extreme violence, traumatic experiences, and economic deprivation in their home countries. Most immigrant youth who enter the United States unaccompanied come from Central America, primarily Guatemala, as well as El Salvador, Honduras, and Mexico (Figure 1).

Alameda County has the **second-highest percentage** of UIY in California and the eighth highest in the country. Since 2014, over 2,200 UIY have been apprehended at the border and released to sponsors in the county, with 504 reported in the last fiscal year alone (2017–2018). Approximately two-thirds of the youth were male between the ages of 15 and 17.ⁱ The two largest school districts, Oakland and Hayward, enrolled approximately 1,900 UIY in their TK–12 grade in school year 2017–2018. This number includes recent immigrants as well as those who may have been in the US for three years or less. Approximately 20% of the newcomer students currently enrolled in OUSD schools are known to have entered the country unaccompanied.ⁱⁱ

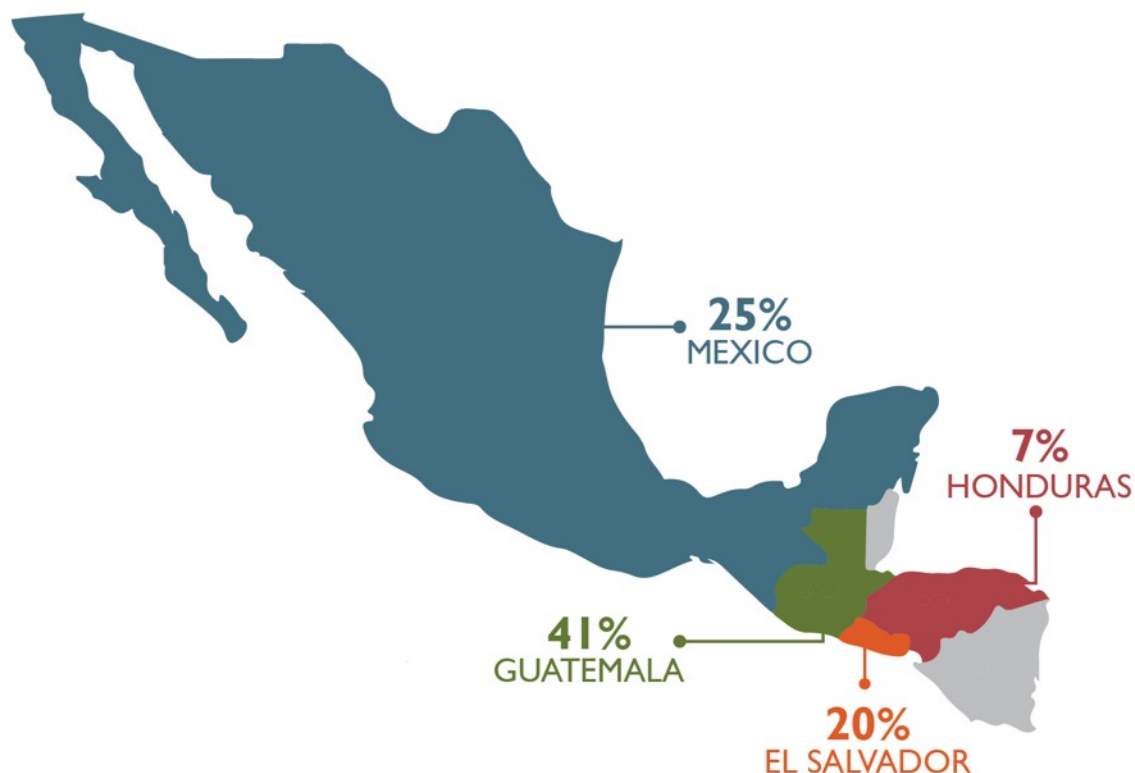


Figure 1. Alameda County UIY Countries of Origin

But the UIY designation, which refers to all youth who enter the US unaccompanied, does not describe the life they fled from, their immigration journey, or their living situation after they crossed the border. UIY, especially those not apprehended at the border, are often difficult to identify, as they may be understandably reluctant to share their immigration status and stories with schools. (Figure 2)



Figure 2. Unaccompanied Youth—Who Are They?

2. UIY and Education

Having persisted through the arduous journey, UIY are a **resilient population** with unique health and mental well-being needs. About one-third of Alameda’s UIY have experienced interruptions in their education. Nevertheless, many view schools as a refuge and attend regularly with an eagerness to learn, while also living independently and working long hours. However, challenges of displacement, acculturation, and trauma create social vulnerability, poor access to care, anxiety and depression, behavioral problems, and posttraumatic stress disorder (PTSD).ⁱⁱⁱ UIY may be unstably housed or homeless, struggle with basic needs (i.e., food, clothing, and school supplies), and lack access to health care and legal representation. Taken together, these factors can keep UIY from staying engaged and succeeding in school.

When school district personnel experience a growth in the number of newcomer or UIY within their student population, they may not know how to best support their needs. They may not even know how to find out if a student entered the US unaccompanied. Aligning resources and developing systems of support for UIY can be overwhelming for school and district personnel. Alameda County’s Health Care Services Agency’s (HCSA) Center for Healthy Schools and Communities (CHSC) provides customized UIY training, coaching, and consultation to district staff, educators, and service providers. This support is designed to increase school and district knowledge of these young people’s unique needs and strengths and to assist districts in building a system of clinical and nonclinical supports to support their success.

With CHSC's thought partnership, funding, and content expertise, local school-district staff have reported feeling more confident about identifying UIY, gaining a better understanding of UIY resiliency, and utilizing a strengths-based approach to support UIY. Oakland Unified School District, the district with the highest number of UIY and newcomer students in the county, has leveraged the CHSC model to obtain additional outside funding for its UIY and newcomer students. These resources support a dedicated UIY specialist at the district level, ten FTE clinician/case managers deployed to school sites to support all newcomer students, seven paraprofessional newcomer assistants, and two community navigators at the enrollment office who are trilingual in English, Spanish, and Mam. Hayward Unified has also dedicated resources to hire one FTE Newcomer Services Coordinator.

3. Increasing Access to Care for UIY

HCSA has a long history of expanding access to health care services for populations which, due to economic circumstances and/or immigration status, would not otherwise receive quality care. As part of its work with schools and districts to build health and wellness supports, CHSC developed and implemented a targeted strategy for serving UIY: System-Level Capacity Building and Client Level Direct Service (Figure 3).

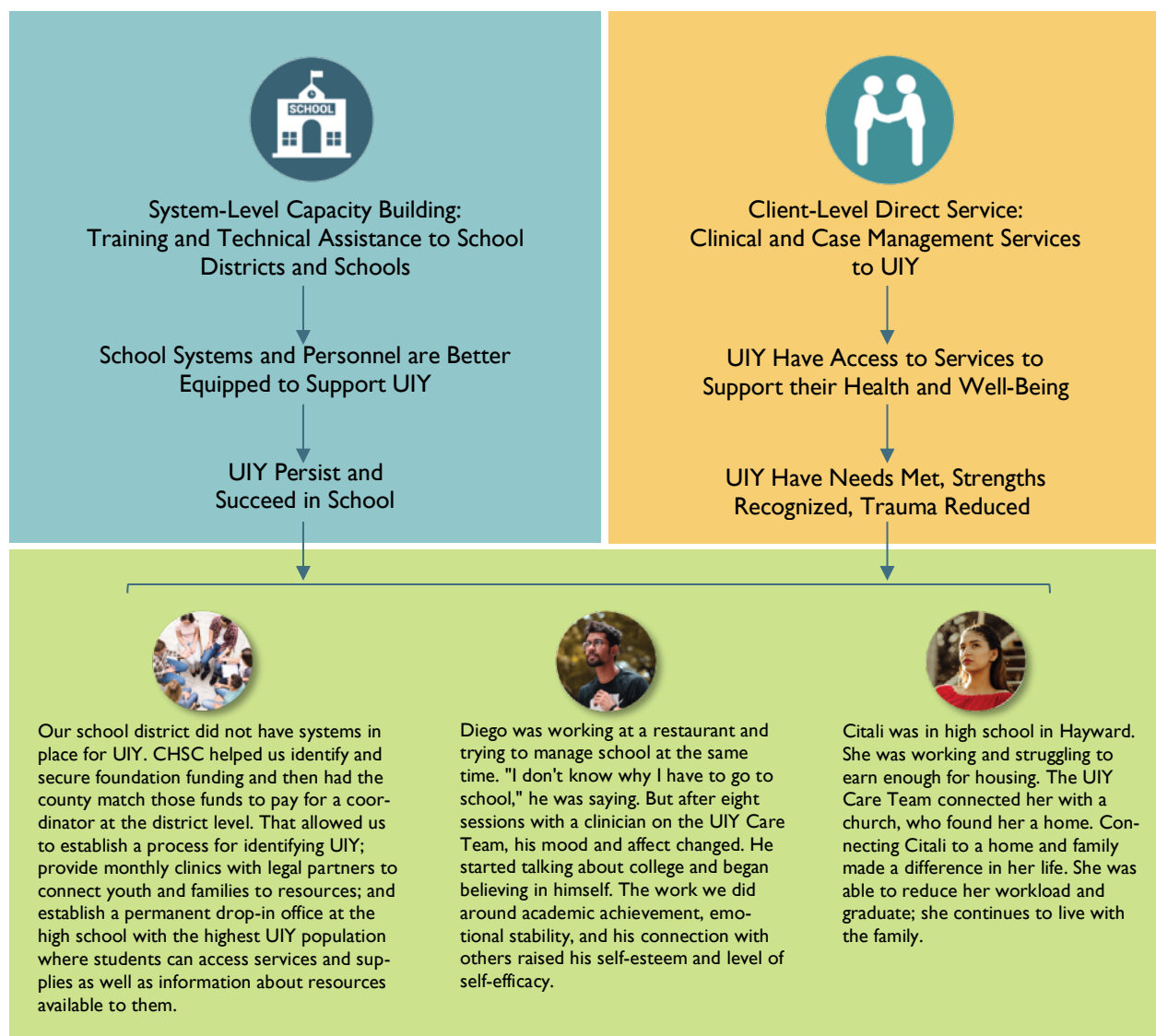


Figure 3. UIY: System-Level Capacity Building and Client Level Direct Service

Building on a school-based, school-linked service system, and in partnership with local community-based organizations, HCSA developed a framework for supporting UIY and caregivers that focuses on:

- Facilitating capacity building with educational institutions and educators.
- Conducting broad outreach to educators, school staff, students, and families.
- Providing direct services to UIY and their caregivers.

Specifically, Alameda County has invested in the following supports for UIY in five local school districts (Fremont, Hayward, Newark, New Haven, and Oakland):

- Behavioral health consultants and a UIY specialist at the school-district level to link UIY to services and build/monitor supports.
- A county-wide UIY care team comprising four clinicians and two case managers to provide school-based mental health and case management services to UIY and caregivers at school districts with the greatest need.
- Active linkage of UIY (whether attending school or not) to school health centers for physical and mental health supports, including screenings, assessments, and direct services.
- Earmarked funds and prioritized services to support social-emotional needs (No Wrong Door policy; EPSDT community-based mental health providers, who can bill for services delivered to UIY; prioritization of UIY on caseloads of providers and school staff who do not bill for services).

Given that services are funded through the Mental Health Services Act,^{iv} CHSC supports preventive counseling delivered by mental health clinicians. UIY care-team records show that these youth tend to present with stress and cultural-adjustment issues. In most counseling sessions, discussions center around wellness, self-care, and education-related concerns and strategies. Additionally, UIY care-team members attempt to connect UIY with supports for basic needs, housing, food, clothing, and proper legal representation, to assist them in applying for asylum and addressing other legal concerns. Most support services (96%) are delivered at school sites; although UIY care-team members may meet youth and families in the community or at their homes.

4. Creating Change

Outcomes

HCSA's UIY strategy aims to have an impact at the systems level and at the client level. Intended outcomes are:

Systems-level Outcomes

- Improved systems for identification of UIY in schools and districts.
- Improved awareness and understanding of UIY among school and district personnel.
- Improved ability to link UIY and families to services and supports.
- Increased dedication of funding for UIY services and supports.

Client-level Outcomes

- Increased access to resources for basic needs (housing, food, clothing, legal, etc.).
- Increased access to mental health care at the school site.
- Improved social-emotional well-being for UIY who receive mental health services.
- Increased persistence in school (reduced dropout).

A comprehensive evaluation planning process is currently underway using the Results-Based Accountability framework, which asks the following three questions:

How much did we do?

UIY care-team records show that in a single month, the small team of four clinicians and two case managers conduct 85 sessions with 52 unduplicated UIY clients across the county, for a total of 94.5 hours of face-to-face time and an average of 1.6 sessions per student. Students are each entitled to eight clinical and eight case management sessions. Records also show, in a typical six-month period, the team will have over 1,300 outreach contacts with school personnel, community professionals, youth, and family, and make 130 referrals to outside services. (Figure 4).

How well did we do?

Data from a client-satisfaction survey conducted with UIY care-team clients show that most students felt that they received services that were right for them, that they got the help they wanted, and that their counselor was sensitive to their cultural and ethnic background.

Is anyone better off?

CHSC is working with outside evaluators to develop a comprehensive evaluation. This will synthesize anecdotal accounts of how services have helped youth with systematic measurement of the impact of efforts to support youth resiliency and success.

5. Future Considerations

Despite making progress toward achieving these outcomes (Figure 5), HCSA and district partners have identified the following outstanding needs that UIY in Alameda County continue to experience:

- Safe and affordable housing, which is challenging given the high cost of living in Alameda County.
- Legal services, because many free or low-cost legal services are already at full capacity.
- Other basic needs, including clothing, food, and primary health care.
- Caregiver supports and case management services (for relatives/sponsors of UIY).

Alameda County is actively seeking additional resources to ensure that the outstanding and complex needs of unaccompanied immigrant youth are met, that school districts and school personnel have the capacity to recognize and build on these students' strength and resiliency, and that these youth are afforded opportunities to explore community leadership roles.

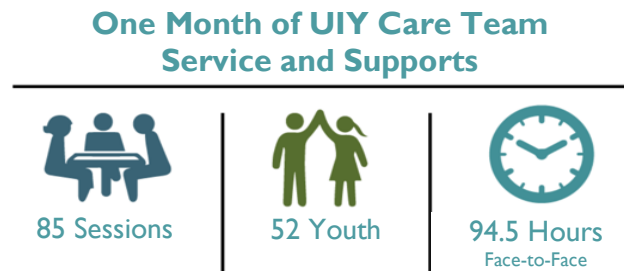


Figure 4. How much did we do in one month for UIY?

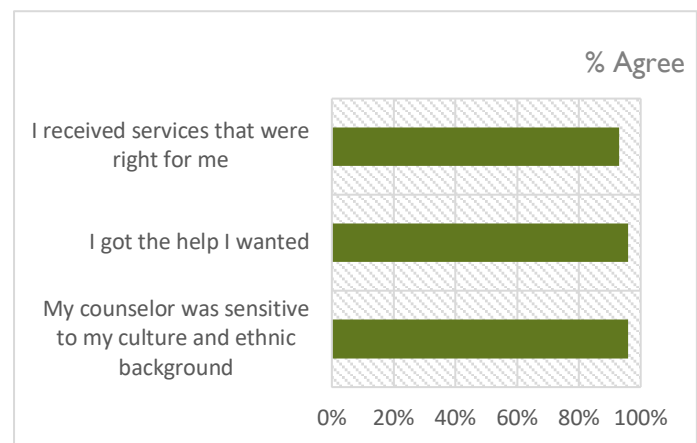


Figure 5. UIY Client Satisfaction

6. Additional Resources

For additional resources, visit <http://achealthyschools.org/immigrant-youth.html> and/or contact Jasmine Gonzalez, Alameda County HCSA UIY program coordinator, at jasmine.gonzalez@acgov.org.

ⁱ <https://www.acf.hhs.gov/orr/about/ucs/facts-and-data>.

ⁱⁱ http://archive.acoe.org/lcap/2017/Oakland_USD_LCAP.pdf.

ⁱⁱⁱ <http://www.apa.org/pi/families/resources/newsletter/2016/06/immigrant-minors.aspx>.

^{iv} The Mental Health Services Act is a voter-approved initiative, signed into law in 2005, that provides funding for mental health services, with an emphasis on community collaboration, consumer voice, cultural competence, wellness and recovery, and prevention.