

Alejandro LaRiviere, MS4, UCSF / Kathleen Howe, MS4, SUNY Upstate

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Title: Expanding Formal Health Curricula Within UAC Detention Facilities

Background: Following Flores vs. Reno (1993), the Office of Refugee Resettlement (ORR) has been responsible for the care of unaccompanied alien children (UAC) who are detained by immigration authorities during or following a border crossing. Its facilities are located in multiple states across the country (Texas, Arizona, CA, etc.), but the Rio Grande Valley remains the most concentrated area of border crossings in the nation. Southwest Key's Casa Presidente in Brownsville, Texas is one of a number of local facilities that strives to meet this need (the most recent estimate of UAC referrals numbered 33,726 nationwide in FY 2015). Children stay in ORR care programs for an average of 34 days while awaiting placement with an in-country sponsor, typically a family member. In addition to case management, minors are provided with informal classroom education, basic mental and medical health services, socialization, and recreation. While awaiting reunification, UACs also begin the process of seeking asylum and/or navigating their way through removal proceedings per current national immigration law.

Objective: It is stated in the Administration for Children and Families' (ACF) 2016 ORR UAC fact sheet that "DCS strives to provide the highest quality of care tailored to each unaccompanied child in order to maximize opportunities for success both while in care and when discharged from the program." However, in order to properly achieve this goal of comprehensive care provision, it is necessary to address several limitations inherent in the immigration and detention process. These include limited access to health care in countries of origin, scant interaction with ORR medical providers (i.e., generally limited to basic screening), and a narrowly-focused educational curriculum within ORR-funded programs. Therefore, in attempting to provide the "highest quality of care" to children and adolescents immigrating to the United States, it is necessary to navigate several topics which may be best addressed by clinical professionals.

Methods: Upon arrival, a needs assessment was carried out by eliciting ideas from key clinical and educational staff--namely, the lead mental health provider and head teacher at the Casa Presidente facility. The staff was also provided with a list of suggested topics based on common clinical issues in this age group. After identifying overlapping needs, a prioritized list of subjects was created, with the goal of addressing as many as possible over a 2-week period. Presentation methods included interactive discussion, visual demonstration (e.g., Powerpoint), and use of tactile models provided by the UTRGV School of Medicine.

Results: Health "charlas" covering the aforementioned topics were given in small groups, consisting of approximately 10-25 students. The demographic consisted of females from Guatemala, Honduras, El Salvador, and Mexico, between the ages of 10 and 17 (13 and 17 for selected topics). A total of 253 youth participated in lectures covering the following subjects: nutrition and body image; hygiene and personal space; substances of abuse and safe over-the-counter medication use; sexual education. Finally, 12 clinical staff members--master's level mental health providers--were provided with an overview of common mental disorders and psychotropic medications.

Conclusion: Youth at the Southwest Key Casa Presidente facility display a keen interest in learning about topics related to their health and well-being. This was demonstrated through frequent audience participation, follow-up questions outside of the classroom which displayed consolidation of student knowledge, and verbal reports from classroom teachers suggesting increased interest in health-related subjects. It is essential that concepts presented in these environments address the wide range of backgrounds and comprehensive capacities of UAC. This can be accomplished by engaging youth with a variety of teaching methods, and through repetition of information at multiple academic levels; however, providing a safe and comfortable in which youth can ask questions is equally important. This project and the positive reception of both learners and staff suggest a potential model for early health education intervention for immigrant children. Future improvements upon this model could include more a thorough needs assessment, and administration of "before" and "after" surveys with each charla to assess information delivery and comprehension.