

From Striving to Thriving: Nurturing Immigrant Children's Health within Maryland's Schools

Nouf Bazaz, PhD

Clinical Assistant Professor of Counseling
Loyola University Maryland
Mental Health Director, HEAL Refugee Health &
Asylum Collaborative

C. Nicholas Cuneo, MD, MPH

Assistant Professor of Pediatrics & Medicine
Johns Hopkins University School of Medicine
Medical Director, HEAL Refugee Health &
Asylum Collaborative



HEAL

REFUGEE HEALTH &
ASYLUM COLLABORATIVE

Disclosure Statement

We have no financial relationships with a commercial entity that is relevant to the content of this presentation.

We will not reference unlabeled or unapproved uses of drugs or other products.

Some details of patient/client stories have been altered or omitted to maintain confidentiality.



Learning Objectives

01

Identify recent **demographics** of immigrant children in MD along with their **needs and barriers** to care

02

Recognize available **community-based resources** for newly arrived immigrant children in Maryland

03

Describe the principles of **trauma-informed care** when working with immigrant children



01

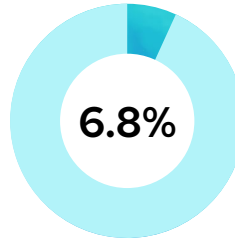
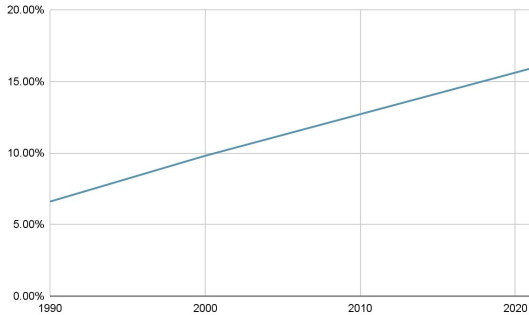
Demographics, Needs & Barriers

The immigrant population in Maryland is growing

88.9%

increase from 2000-2021

% Foreign Born Population (MD)



6.8% of foreign-born population in MD are children (<18 yo)

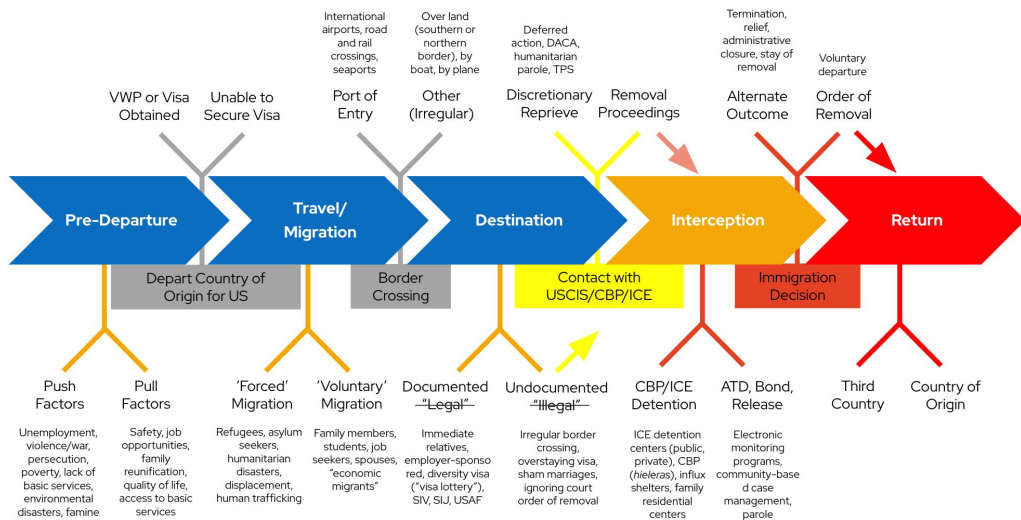
15.9%

of MD population is foreign-born:

- 61,680 between ages 5-17
- 7,870 active DACA recipients
- 19.7% born in Africa
- 32.2% born in Asia
- 8.7% born in Europe
- 38.2% born in Latin America

Source: Migration Policy Institute <<https://www.migrationpolicy.org/data/state-profiles/state/demographics/MD>>

Migration to the United States

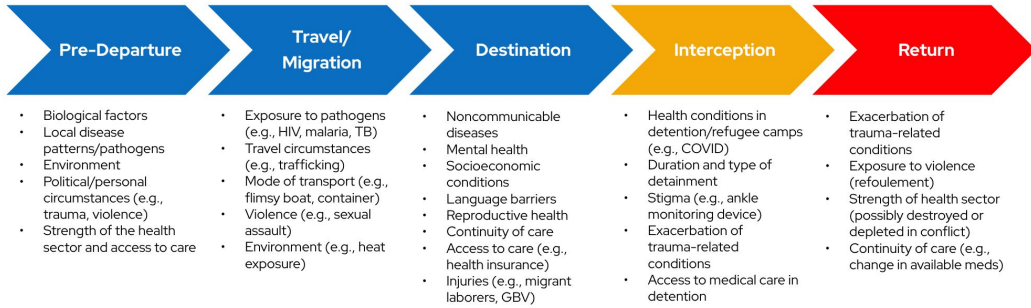


Health and Migration



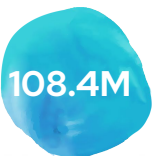
Excerpt from "Home" by Warsan Shire

no one leaves home unless
home is the mouth of a shark
you only run for the border
when you see the whole city running as well



108.4 Million

people are forcibly displaced from their homes due to war & persecution



Forcibly Displaced Persons



Internally Displaced Persons (IDP)

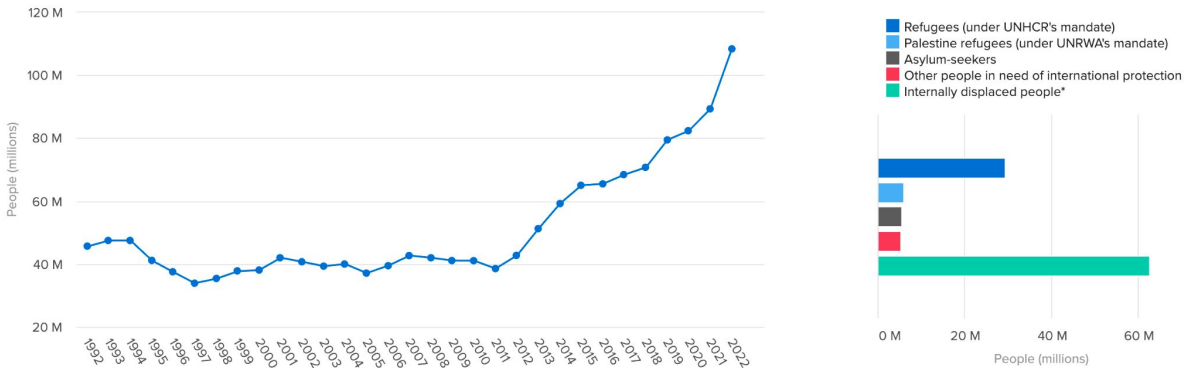


Refugees



Asylum Seekers

We are seeing an unprecedented rise in number of forcibly displaced people worldwide



Processing of Unaccompanied Children

Unaccompanied Child (UC):

- Under the age of 18 years old,
- Without lawful status, and
- Without an accompanying parent or legal guardian.

Unaccompanied Refugee Minor (URM):

- Identified by the State Department as URM
- Eligible for resettlement in the U.S. but do not have a parent or adult sponsor



* Note: This chart only shows interagency process to address the humanitarian situation.

DOD is providing temporary shelter to assist HHS including JB Lackland, NB Ventura County and Ft. Sill.

U.S. Department of Homeland Security

Unaccompanied Children (UCs) in Maryland

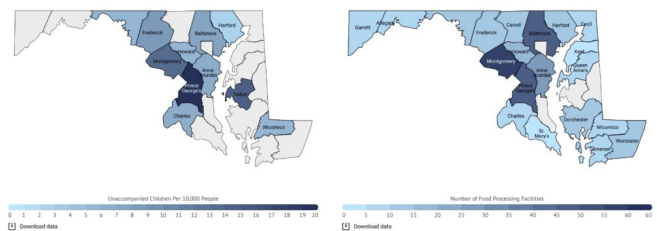
The number of UMs in Maryland is on the rise:

- 6062 UC were released to Maryland-based sponsors in FY22 (compared to 1794 in FY15)

This has been associated with an uptick in labor trafficking

National Human Trafficking Hotline
888-373-7888

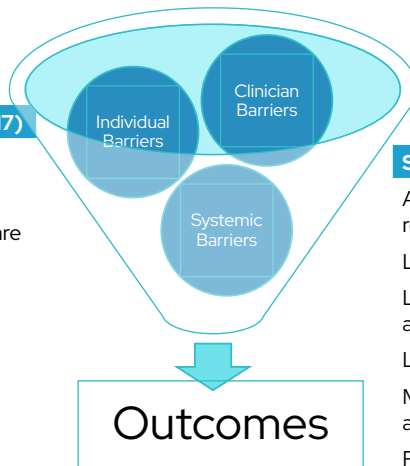
Maryland: County Overview of Unaccompanied Minors per Capita and Number of Food Processing Facilities



Many Barriers

Individual Barriers (Mishori et al. 2017)

- Difficulty obtaining medications
- History of trauma or torture
- Lack of familiarity with the US healthcare system
- Lack of transportation
- Limited English proficiency
- Low health literacy
- Mental health comorbidities
- Lack of prior health records
- Prioritizing of basic needs, family integrity, and social adjustment over medical concerns



Clinician Barriers (Mishori et al. 2017)

- Limited availability of subspecialist consultants
- Limited expertise in migrant/refugee care
- Limited use of interpreters
- Time constraints

Systemic Barriers (Mishori et al. 2017)

- Anti-immigrant sentiment in areas of resettlement
- Lack of professional interpreters
- Lack of transportation to medical appointments
- Limited training in ESL
- Multiple, fragmented agencies, resources, and clinical care professionals
- Refugee Medical Assistance insurance coverage limited to 8 months (insurance eligibility under the ACA varies by state)

Medical Screening Exams

Baseline lab tests for all:

- CBC w/ differential (focus on anemia, eosinophilia)
- Lead (age 0–16 y, pregnant or breastfeeding females at any age)
- Interferon-γ release assay (IGRA is first-line at any age, second-line: tuberculin skin test)
- HIV (4th-gen Ag/Ab test for age ≥18 mo, RNA test for age <18 mo)
- Syphilis (EIA, VDRL test, or RPR test at any age or FTA-ABS test if ≥12 mo old)
- Hepatitis B Surface Antigen, anti-HBs
- Consider 25-OH vitamin D
- Hepatitis C Antibody (if positive, would need confirmatory RNA test if age <18 mo)
- Strongyloides serology (IgG) (optional presumptive treatment if not from *Loa loa* region)
- Ova and parasite stool test, 2–3 samples collected on 2–3 different days (although presumptive treatment is preferred over testing, if possible)

If lived in Sub-Saharan Africa (excluding Lesotho) add:

- Schistosoma IgG (if lived in SSA)

If lived in Latin America and clinical suspicion add:

- Trypanosoma IgG (if suspicion)

If <6 years old add:

- TSH
- Free T4

If <12 months old add:

- Newborn Screen

If adolescent/adult add:

- Pregnancy test for females (urine beta hCG)
- Gonorrhea/chlamydia for males and females (urine nucleic amplification test) per CDC

Maryland eligibility rules

Medicaid

- Must have “qualified” immigration status with exception of pregnant/postpartum women (Healthy Babies Act)
- LPRs (5-year bar)
- Refugees
- Asylees/application pending >180 days
- Cuban/Haitian entrants
- Paroled for >1 year
- VAWA
- Victims of trafficking

MCHP

- Must be MD resident legally admitted
- DACA recipients, UACs excluded
- <19 yo child whose household modified adjusted gross income is <211% of the FPL
- For <322% FPL, can pay monthly premiums (~\$61-76 per month) and qualify for MCHP Premium

ACA Marketplace

- LPRs (before 5-year bar is met)
- DACA recipients, UACs excluded
- Parolees in US for <1 year
- Individuals with TPS
- Lawfully present and not meeting income requirements for Medicaid/MCHP

Emergency Medical Services

- Undocumented immigrants and those who have not yet met 5-year bar who would otherwise qualify for Medicaid
- Covers labor and delivery services for pregnant women and some emergencies

The Access Partnership (TAP)

- JHM charity care program for uninsurable patients who would otherwise qualify for Medicaid
- Must be seen at JHM or TAP clinic (BMS Highlandtown, EBMC, BMS at Yard 56, Esperanza Center, Baltimore HCH, Chase Brexton) for their primary care

Verify immunizations and provide catch-up

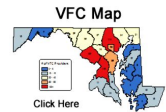
- Vaccinations from other countries can be accepted if the dates are written in ink or typed on an official form containing the patient's correct name/DOB
- If no acceptable record, can: 1) perform serum testing (HAV, HBV, MMR, VZV) or 2) administer all vaccines per CDC catch-up schedule or 3) test for VZV/HBV but administer others.

Vaccine For Children Providers by County - 2019

The Maryland Vaccines for Children (VFC) Program has been in operation since October 1994. To date we have more than 750 providers enrolled who practice at 1,000 public and private practice vaccine delivery sites throughout the State. Designed to remove cost as a barrier to vaccination, this program allows enrolled physicians to provide all routinely recommended vaccines, free of cost, to children 18 years old and younger who:

- are Maryland Medicaid eligible;
- are uninsured; or
- are Native American or Alaskan Native; or
- are underinsured (children who have health insurance that does not cover immunization).

To enroll a physician simply completes and returns the Vaccines for Children enrollment package. After returning the completed forms they will be contacted by their assigned VFC Site Reviewer. The VFC Site Reviewer will provide the practice/clinic staff with the necessary training to assist in the [safe storage and handling of vaccines](#) and provide information on how to comply with federal law regarding vaccine documentation.



02

Community Resources

To Immunize Kids Everywhere (TIKE) Program (Baltimore City)



- Offered to children but not adults
- Separate clinic days for COVID-19 and Flu shots

Sunday Domingo	Monday Lunnes	Tuesday Martes	Wednesday Miércoles	Thursday Jueves	Friday Viernes	Saturday Sábado
TIKE IMMUNIZATION (No CoVID-19) CLINICS October (October) 2023						
1	2 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	3 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	4 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	5 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	6	7
8	9 HOLIDAY	10 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	11 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	12 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	13	14
15	16 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	17 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	18 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	19 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	20	21
22	23 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	24 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	25 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	26 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	27	28
29	30 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM	31 BCHD Eastern Health District 1200 E Fayette St 21202 10:00 AM – 2:00 PM				



Back-to-School Clinics (Baltimore County)



WALK IN CLINICS

- Monday, September 18, from 10 a.m. to 6 p.m.
Eastern Family Resource Center
Woodlawn Health Center
- Tuesday, September 19, from 10 a.m. to 6 p.m.
Dundalk Health Center
- Wednesday, September 20, from 10 a.m. to 6 p.m.
Essex Health Center
- Thursday, September 21, from 10 a.m. to 6 p.m.
Baltimore Highlands Lansdowne Health Center

EARLY BIRD WALK-IN WEEK CLINICS

From Monday, September 11 to Friday, September 15

Walk-in hours from 9 a.m. to 3 p.m.

[All Baltimore County Health Centers](#)

SPECIAL HOURS

Call [410-887-2705](tel:410-887-2705) for more information or to make an appointment.

- Baltimore Highlands-Lansdowne will be closed on September 20 and 22
- Hannah More Health Center will be closed on September 19 and 21
- Liberty Family Resource Center will be closed on September 21 and 22

ELIGIBILITY FOR FREE IMMUNIZATIONS

Free vaccines are available for those who:

- Have Medical Assistance or Maryland Children's Health Program (MCHP)
- Have no health insurance
- Have health insurance that does not pay for vaccine
- Are 18 years old or younger
- Attend a Baltimore County Department of Health Mass Vaccine Clinic

CLINIC SCHEDULE

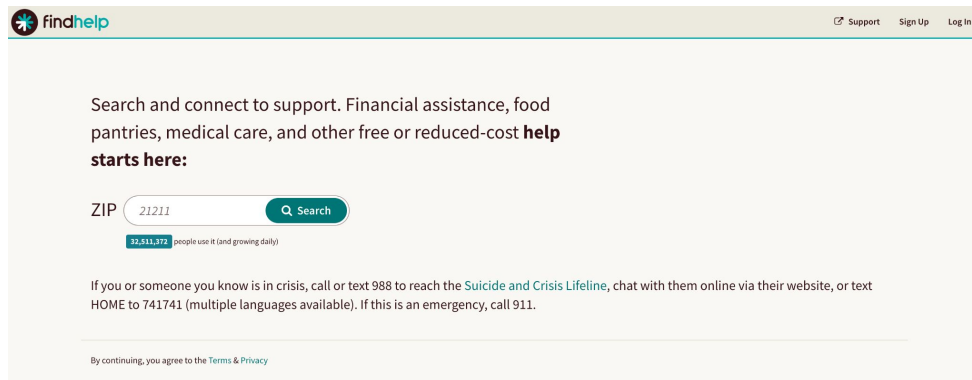
Starting September 18 through October 6, please call [410-887-2705](tel:410-887-2705) for an appointment at a [County Health Center](#). Walk-in hours are between 9 a.m. to 3 p.m. through October 7.

SATURDAY MASS CLINICS

- Saturday, September 16, 9 a.m. to Noon
Eastern Family Resource Center
Woodlawn Health Center



What other resources do we have available?

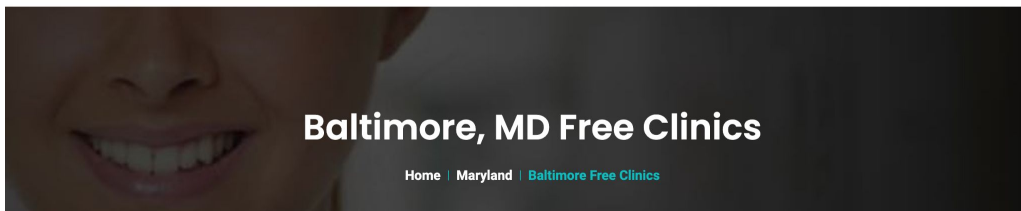


The screenshot shows the 'findhelp' website. At the top left is the 'findhelp' logo. At the top right are links for 'Support', 'Sign Up', and 'Log In'. The main content area features the text: 'Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost **help starts here:**'. Below this is a search bar with 'ZIP' and the value '21211'. A green 'Search' button is to the right of the input field. Underneath the search bar, it says '32,511,372 people use it (and growing daily)'. Further down, there is a paragraph: 'If you or someone you know is in crisis, call or text 988 to reach the **Suicide and Crisis Lifeline**, chat with them online via their website, or text HOME to 741741 (multiple languages available). If this is an emergency, call 911.' At the bottom, there is a small line of text: 'By continuing, you agree to the [Terms & Privacy](#)'.

What other resources do we have available?

FREECLINICS.COM
MEDICAL HEALTH CLINICS FOR EVERYONE

🕒 9:00 AM - 2:00 PM 📞 Call Us: (641) 715-3900 Extension: 301402
✉️ Email: support@freeclinics.com



What other resources do we have available?



Bridging Refugee Youth & Children's Services

[Home](#) [About BRYCS](#) [What's New](#) [Topics](#) [Refugee Portal](#) [Promising Practices](#) [Clearinghouse](#) [Contact](#)

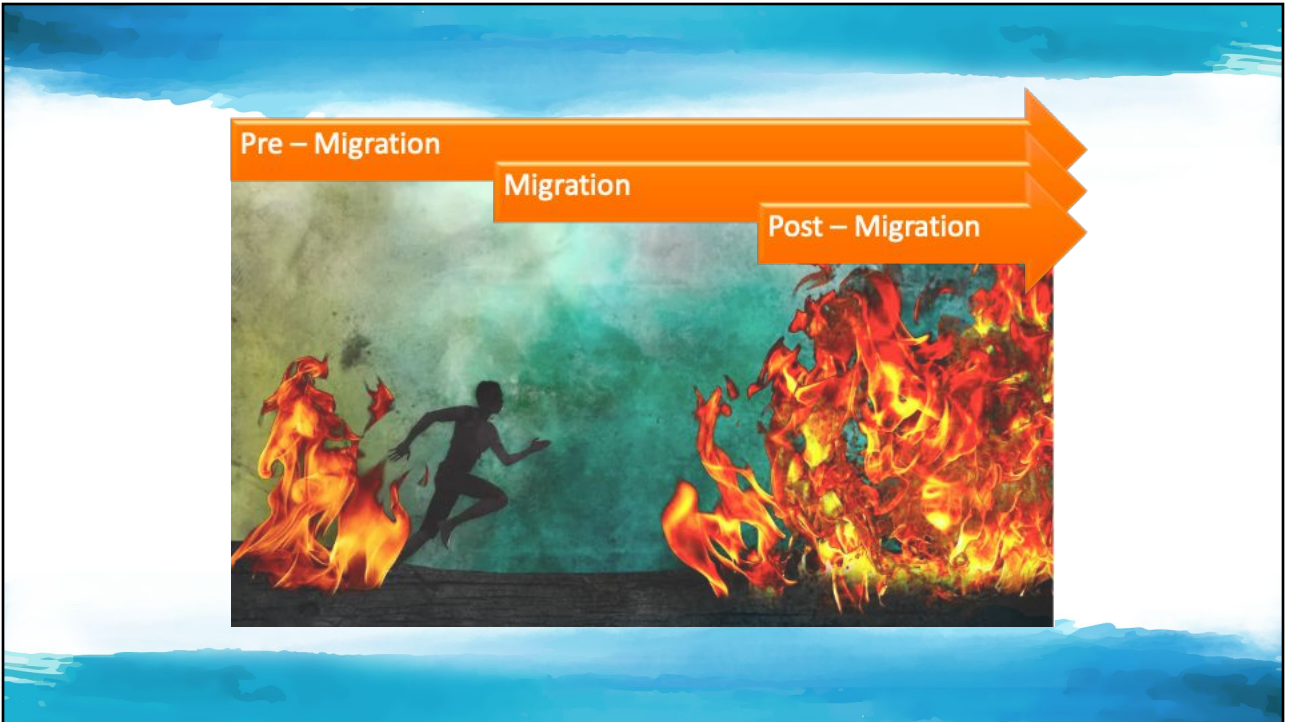
Home

Welcome to your information hub for empowering immigrant children and their families.

Bridging Refugee Youth and Children's Services (BRYCS) aims to strengthen the capacity of refugee-serving and mainstream organizations across the U.S. to empower and ensure the successful development of refugee children, youth, and their families.

03

Trauma-Informed Care



Post - Migration Stressors (Li, Liddell and Nickerson, 2016)

01

Socio - economic

Finances, housing security,
& stable employment

02

Social & Interpersonal

Family separation, social
isolation or exclusion,
discrimination, loss of social
identity, & change in social
roles

03

Asylum Process & Immigration Policy

More restrictive policies,
mandatory detention, extended
processing time, insecure visa
status, complex legal
procedures, and temporary
versus permanent protections

Pre-Migration/Migration

- Anxiety, depression, and/or post-traumatic stress symptoms experienced
- Those that migrate without a family member present (such as UCs) are at a higher risk for mental health challenges following the loss of contact with family members during the journey. (Mcleod, 2016)

Post- Migration

- UCs face increased discrimination due to their immigration status, ethnicity, language, and/or appearance (Mcleod, 2016)
- Challenges with family reunification
- UCs' undocumented status can make them further vulnerable to exploitation and abuse post-migration as they fear reaching out for help when needed (Diaz-Strong, 2020)
- Educational struggles due in part to educational gaps and/or the quality of education received in their home country (Hallson III et al., 2019)
- Symptoms of distress can impede developing a social network

Trauma Informed Systems of Care

(National Child Traumatic Stress Network)

- 1) All parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, staff, and service providers
- 2) Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies
- 3) They act in collaboration with all those who are involved with the child, using the best available science, to **maximize physical and psychological safety, facilitate the recovery or adjustment of the child and family, and support their ability to thrive.**

Aspects of Trauma



Psychological



Physiological

"We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present. Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think." - Bessel van der Kolk

Ways Trauma Can Manifest in Children

- Children rarely meet full criteria for PTSD on screeners (Miller et al, 2019)
- Issues with attention, focus and disruption in class
- Various externalizing and internalizing Behaviors

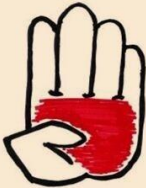
Where is your brain?



Thinking Brain
Upstairs Brain
Ready to Learn



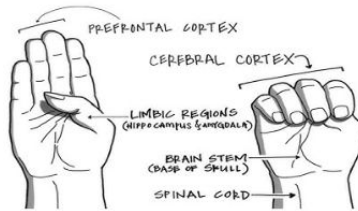
Yellow Zone
Caution area



Feeling Brain
Downstairs Brain
Flipping your lid

Flipping Your Lid

Hand Model of the Brain



Flipping Your Lid

(Dan Siegel)

Overactive vs Underactive

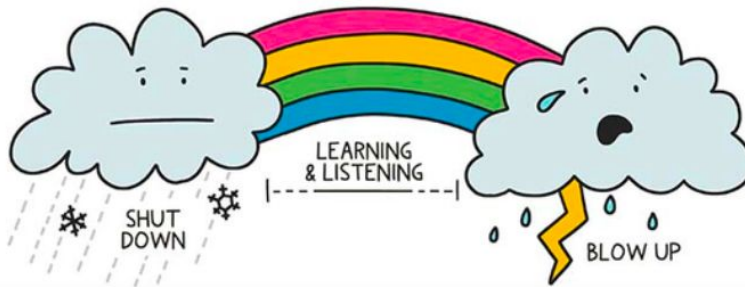
Keep in mind that some of our students/clients who have experienced trauma are in an overactive state, while others are in an underactive state.

IT'S NORMAL TO HAVE A SMALLER

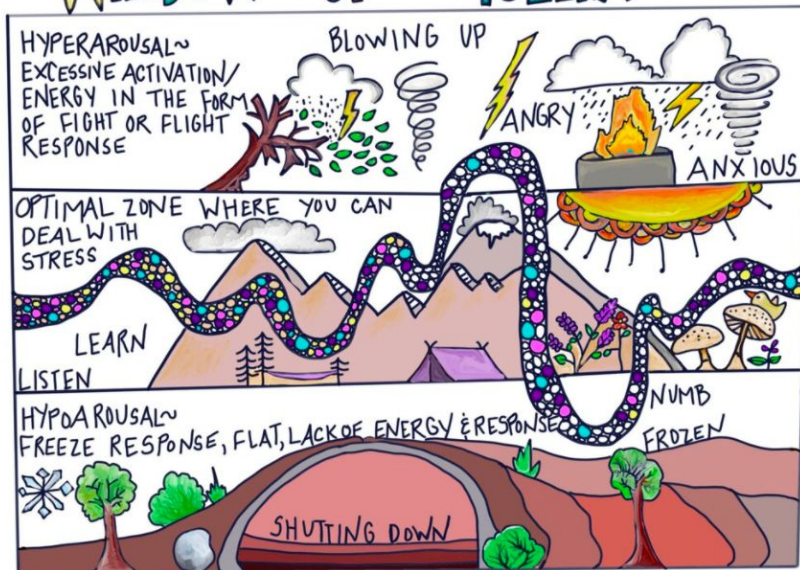
WINDOW OF TOLERANCE

DURING STRESSFUL TIMES

©LINDSAYBRAMAN



Window of Tolerance

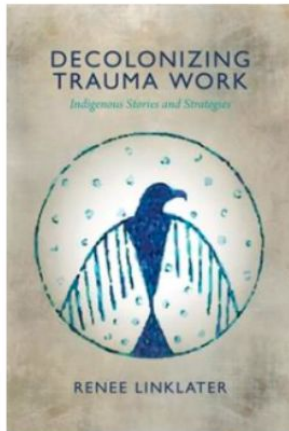


Jocelyn Fitzgerald
Owner of
[ColorfulTherapyTools](http://ColorfulTherapyTools.com)



©2021 Cathy Malchiodi PhD www.cathymalchiodi.com

Make space for collective and individual grieving and mourning that may or may not be reflected in a bio-medical trauma framework

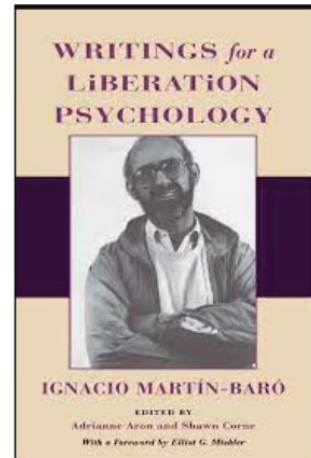


"...It is a reaction to profoundly injurious events and situations in the real world, and indeed a world in which people are routinely wounded"

"Trauma is personal, collective, and historic"

What is Trauma?

Can be "the normal consequence of a social system's way of functioning" or a "normal abnormality"



Especially in schools, the focus should be on community care, not self care.

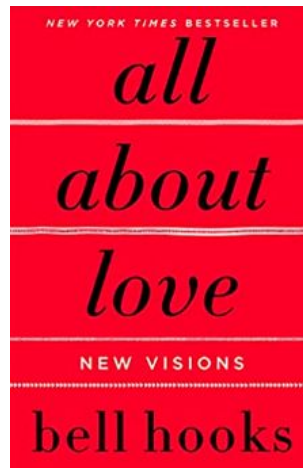
"Individualism ends up reinforcing the existing structures, because it ignores the reality of social structures and reduces all structural problems to personal problems"

"Without doubt, of all the deleterious effects of the war on the mental health of the Salvadoran people, the undermining of social relations is the worst, for our social relations are the scaffolding we rely on to construct ourselves historically, both as individuals and as part of a human community."

-Ignacio Martin Baro

bell hooks on "community"

"rarely, if ever, are any of us
healed in isolation. Healing is an
act of communion"

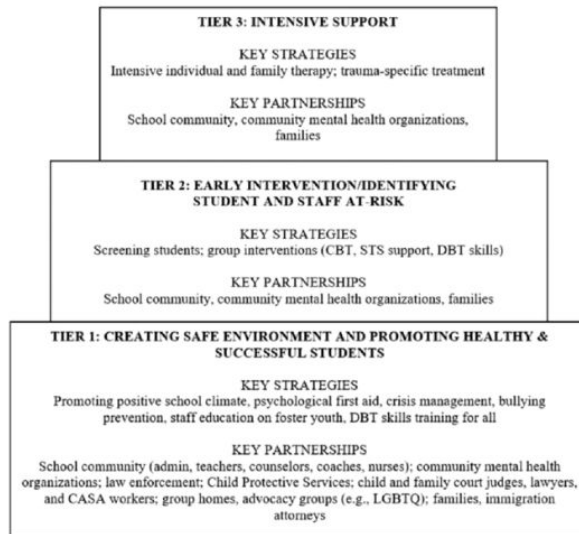


"I had to examine, in my dreams as well as in my
immune-function tests, the devastating effects of
overextension. Overextending myself is not stretching
myself. I had to accept how difficult it is to monitor the
difference. Necessary for me as cutting down on sugar.
Crucial. Physically. Psychically. Caring for myself is not
self-indulgence, it is self-preservation, and that is an
act of political warfare."

Audre Lourde
A Burst of Light, 1988



Multitiered Systems of Support (Martinez et al, 2019)



Developmental Relational Theory

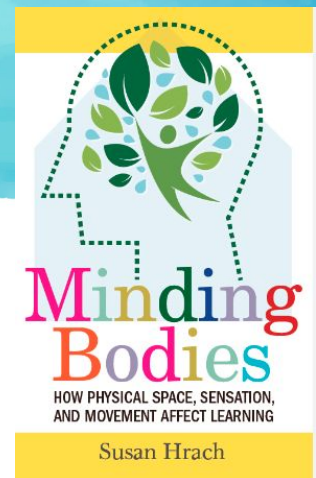
- Safety and security in the counseling relationship is most important
- People in relationships both experience neurological change through connection (the client and the counselor)
- Relationships shape brain development
- Co-regulation before self-regulation: This is the core of success (a two-person relational system)
- It's hard to feel safe in any relationship when secure and loving attachments are interrupted or absent
 - Importance of a consistent, structured, transparent environment (\neq rigid) and working to repair ruptures as they occur and not merely avoiding ruptures

The Role of Trauma Narrativization in Schools

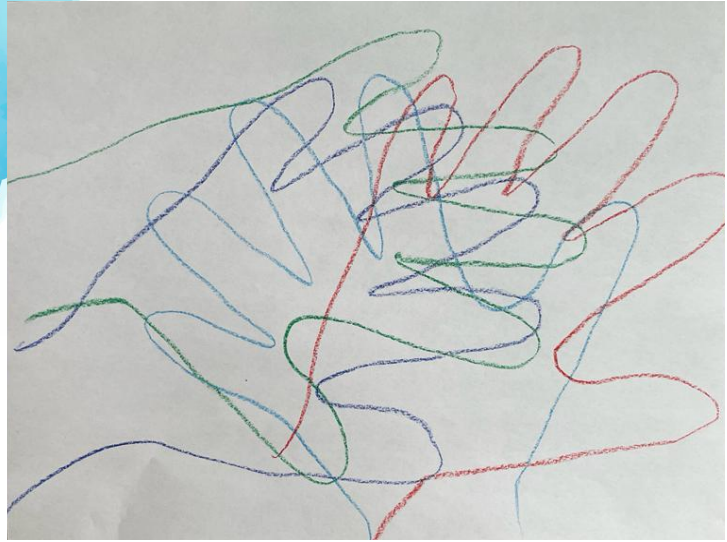
- Recognize the difficulties in verbalizing trauma
- Play is the language of children
- It may take considerable time for a child/teen to share their narrative if they ever share at all

Embodied Cognition

- Engaging the whole body to learn
- Bodies in motion using the senses learns more! Can we move while we learn? - Cathy Malchiodi
- Patterned, repetitive rhythmic activity (Even just standing can help!)
- Minding Bodies- How physical space, sensation and movement affect learning .

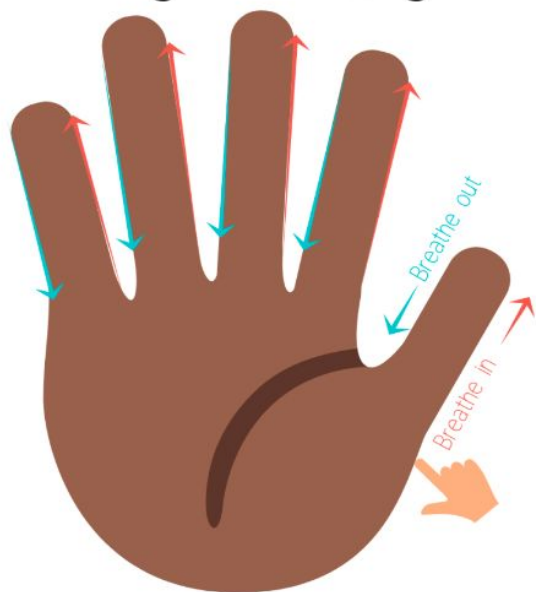


Hand Drawing Scribble Drawing Zen Doodle



Five Finger Breathing

5 Finger Breathing



Sensory Elements

- Sand Tray
- Weighted Stuffed Animals
- Sensory Pillows
- Grab bag of sensory items based on developmental age

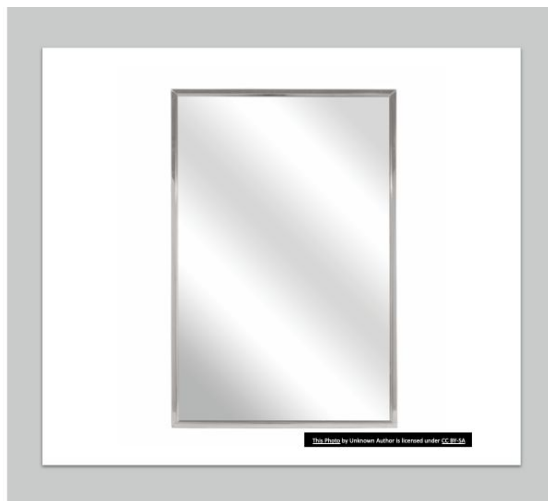


Bringing awareness and even changes to the way we may be seated.

Can start in a position with both feet on the ground, with one hand on each knee



Mirror Exercise (how we develop as social beings)



Wall Push Ups

(calm and regulate,
develop body
awareness)

Put both hands on the wall with the feet a little farther than arm's length back from the wall. Lean your body towards the wall and back out. Another option is to just push both hands against the wall for 5-10 seconds with arms extended.



Lion Pose

(letting go)

The jaw joint,, is very strong, and tends to lock when we try to hold back impulse or desire, especially when it is emotional. When the jaw locks up, the hips also tend to lock up. We feel frozen. By opening the mouth wide and sticking your tongue out to its full extension while exhaling in Lion Pose, the jaw opens completely, which helps to release the tension in the jaw.



Thank you!



HEAL

REFUGEE HEALTH & ASYLUM COLLABORATIVE

www.healasylum.org



Contact Info:

nick.cuneo@jhmi.edu
nsbazaz@loyola.edu