

# Children at the Border: Community and Hospital Responses

SAN MATEO COUNTY IMMIGRANT FORUM

# Learning Objectives

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- Explore the needs of an increasing asylum-seeking migrant population
- Describe protocols to better identify, screen, and support asylum seeking patients in the clinical setting
- Discuss avenues to support asylum seekers transition from the inpatient to local community setting

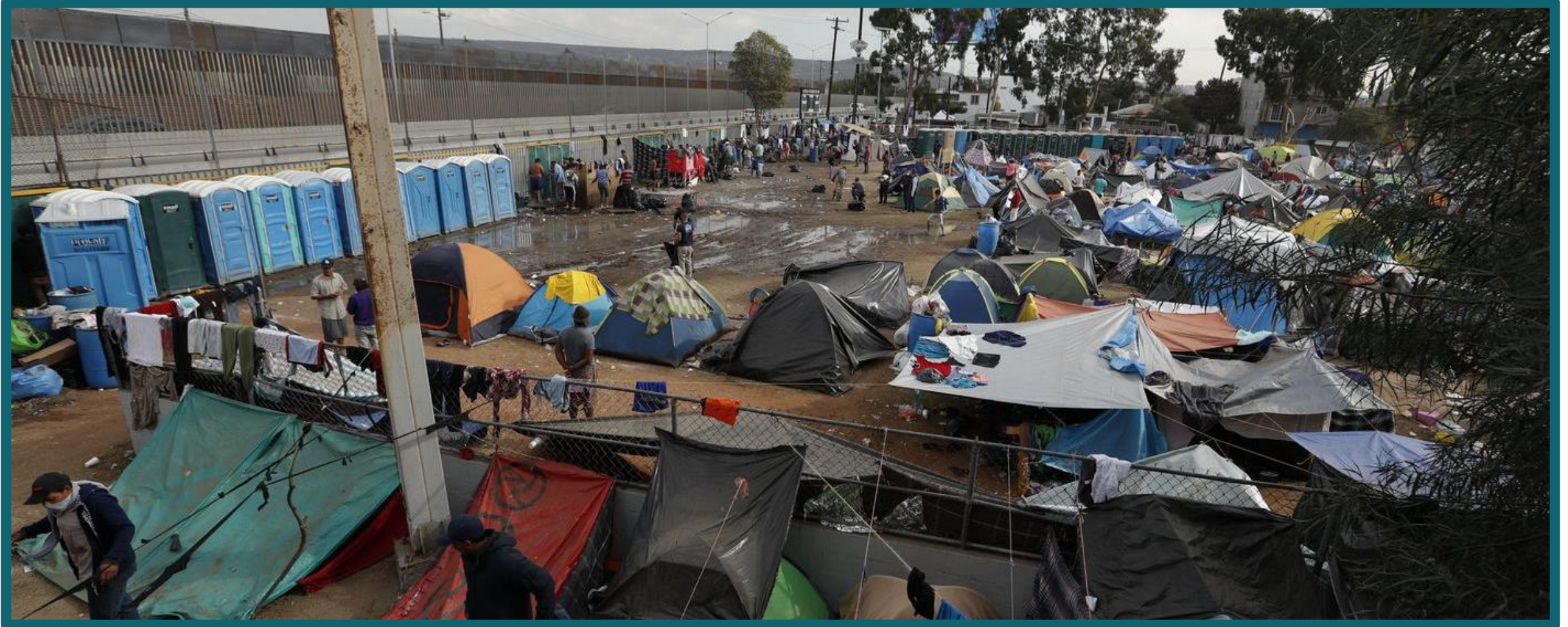
# Speakers

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- **Melanie Ramirez, BA**  
*Program Manager, Office of Child Health Equity*  
Stanford University School of Medicine
- **Dani Rey Ardila, BS**  
*Program Manager, Latino Family Resource Program*  
Stanford Children's Health



# Tijuana, Mexico





# Central American Caravans and the Migrant Protection Protocols

Nov 2018 – March 2020:  
60,000+ asylum seekers sent  
back to Mexico

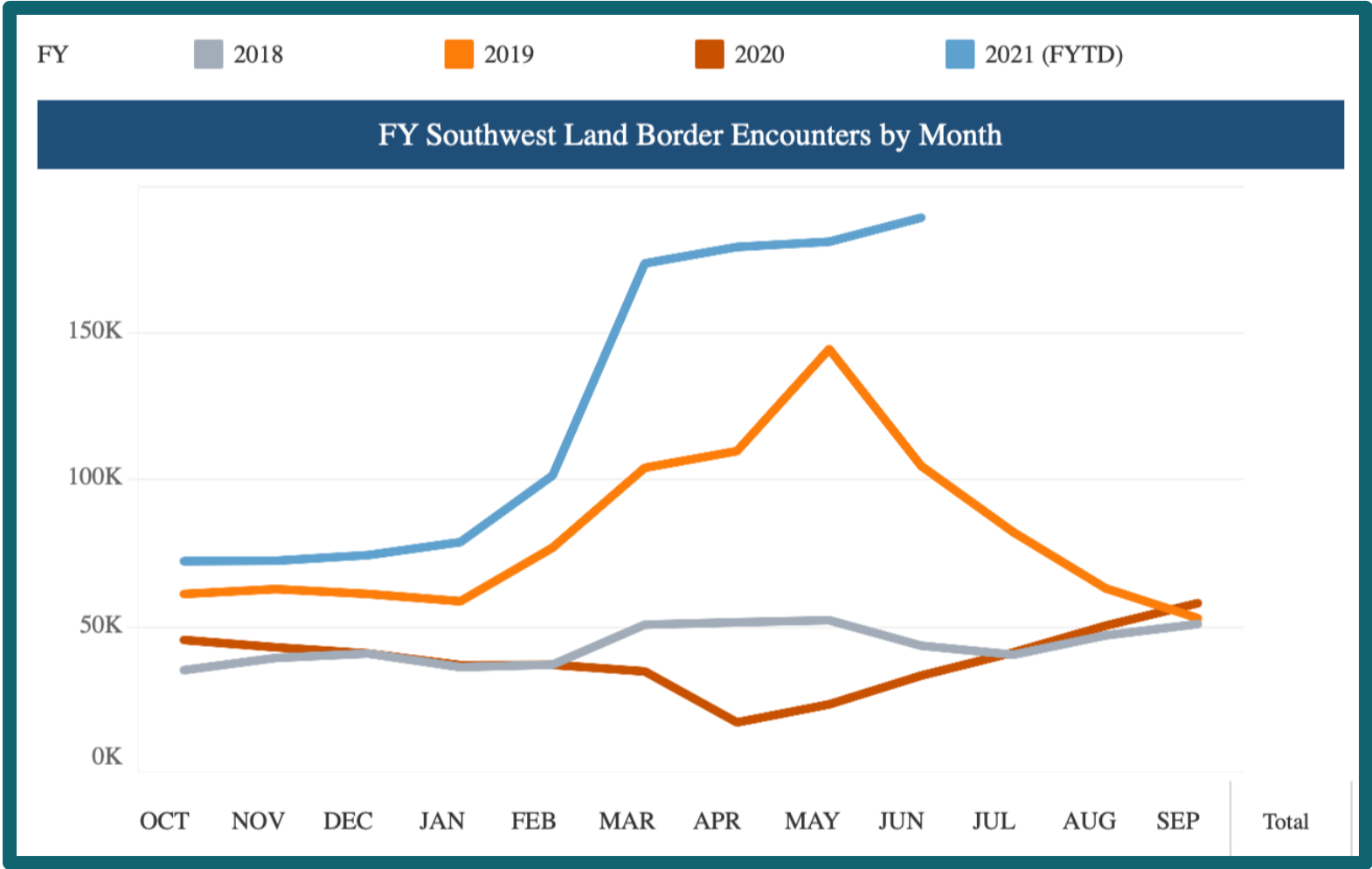
March 2020 (start of COVID):  
22,000 waiting for COVID court  
hearing

June 21, 2021: MPP terminated

December 6, 2021: MPP reinstated

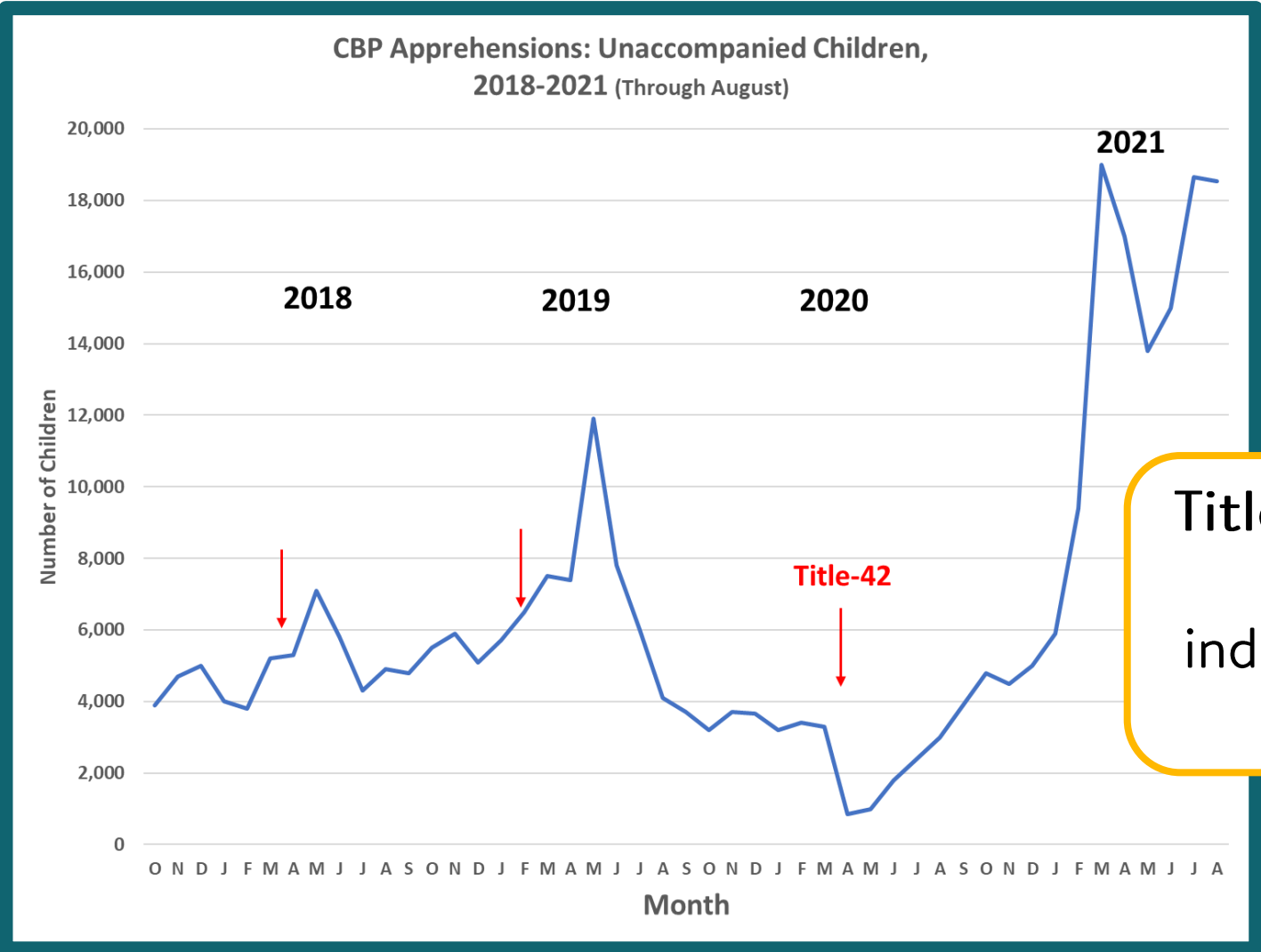


# Border Crossings Data



Border crossings per month over the last four years, provided by [US Border and Customs Protection](#).

# Unaccompanied Children Data



**Title 42:** Allows government to prevent introduction of individuals due to public health emergencies

# Pediatrics Town Hall: July 18, 2019





# From Outrage to Action

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Families at the Border

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graph TD; A[Families at the Border] --> B[Hospital Response: Identify and care for migrants in hospital]; A --> C[Border Response: Support migrants at the Cal-Mex border];
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**Hospital Response:**  
Identify and care for  
migrants in hospital

**Border Response:**  
Support migrants at the  
Cal-Mex border

# Border Team: Identifying Partners



Refugee Health Alliance



Prevensasa Clinic, Dra. Rebeca Cezares



Templo Shelter, Dra. Psyche Calderon



# Border Team: Leveraging Our Local Community to Support

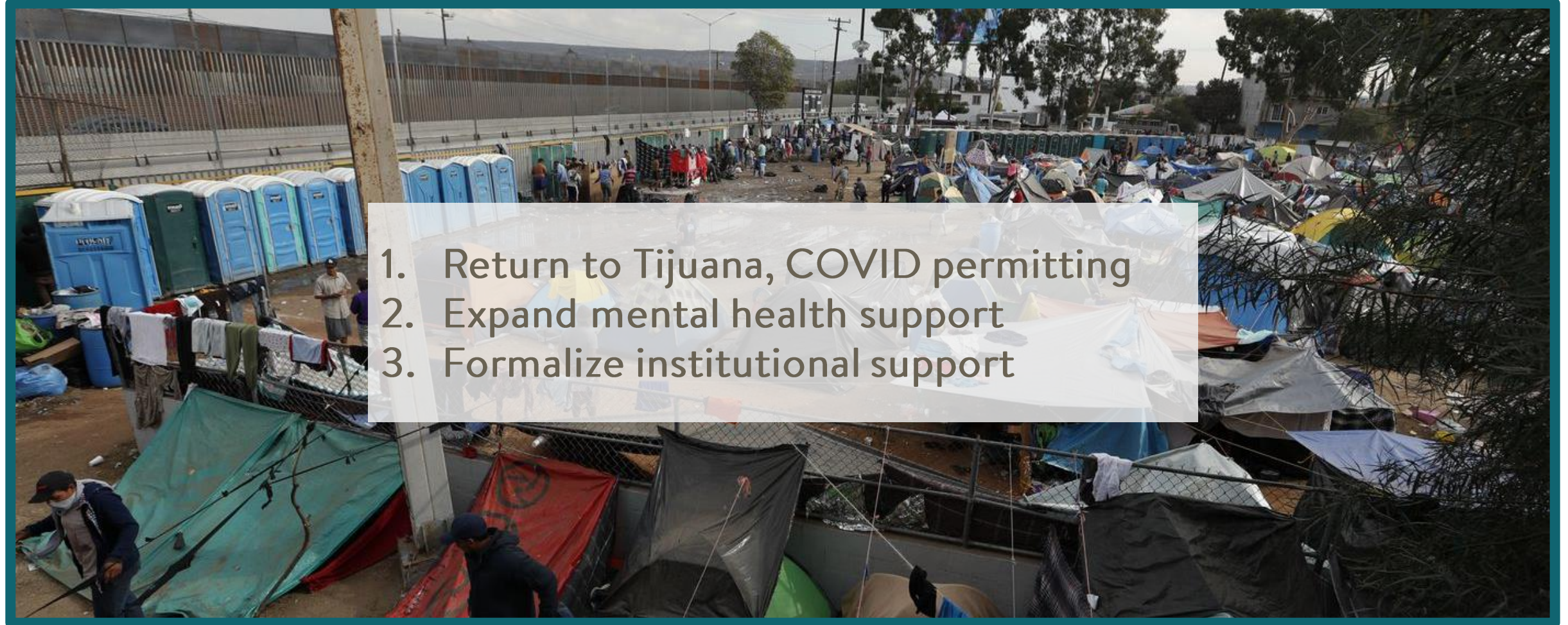


1. Clinical support - 7 medical trips
2. Public health assessments
3. Fundraising, material support - \$35,000
4. COVID – Early Education, Nutrition
5. COVID – Virtual Clinical Education





# Next Steps



1. Return to Tijuana, COVID permitting
2. Expand mental health support
3. Formalize institutional support



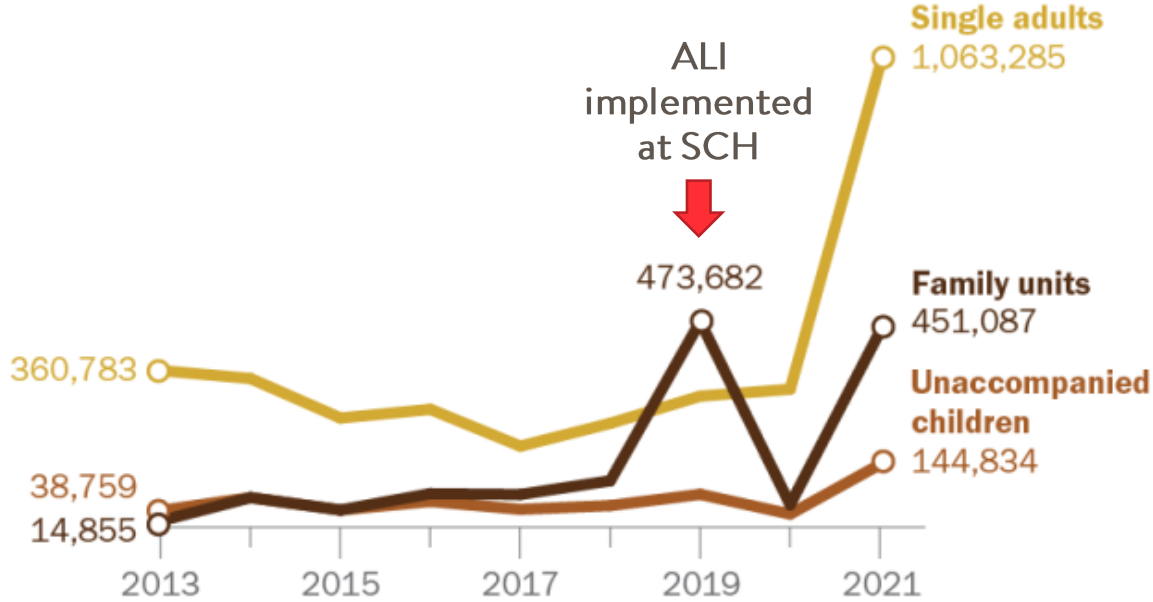
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# ASYLUM LATINO INITIATIVE (ALI)

# The 'Why'

## Border encounters with single adults, families and unaccompanied children all increased in 2021

*Migrant encounters at U.S.-Mexico border, by demographic type and fiscal year*



Note: Beginning in fiscal 2020, annual totals combine expulsions and apprehensions into a new category known as encounters. Annual totals before fiscal 2020 include apprehensions only.

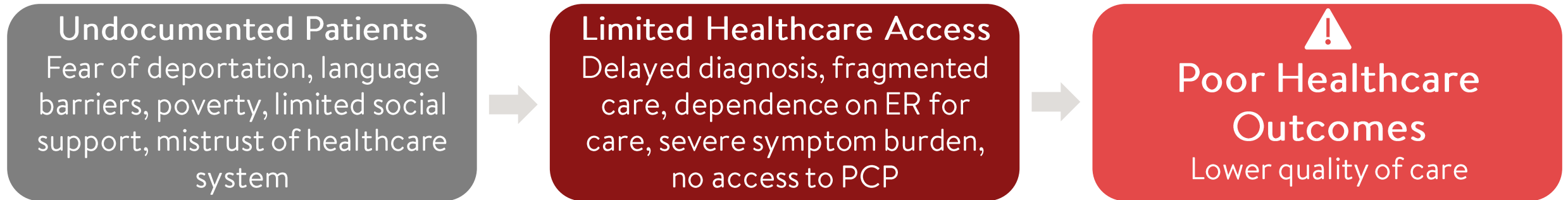
Source: U.S. Customs and Border Protection.

PEW RESEARCH CENTER



# Case Study

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Jaramillo, S., & Hui, D. (2016). End-of-Life Care for Undocumented Immigrants With Advanced Cancer: Documenting the Undocumented. In *Journal of Pain and Symptom Management* (Vol. 51, Issue 4, pp. 784–788). Elsevier BV. <https://doi.org/10.1016/j.jpainsymman.2015.11.009>

# ALI Team and Key Partners



Karen Wayman, PhD  
FCC Director



Dani Rey-Ardila, B.S.  
LFRP Program Manager



Cynthia Valenzuela, LCSW  
Social Worker



John Mark, MD  
CORE Medical Director




Monica Smith, RN, BSN  
CORE Nurse Coordinator


- Stanford School of Medicine Office of Child Health Equity
- Stanford University Center for Human Rights
- Social Work
- Case Management
- Chaplaincy
- IS- Clinical Informatics

# Mission

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To create and implement an **Inpatient Asylum Protocol (IAP)** to identify, screen and address the complex healthcare needs of asylum seekers coming from the southern US border.





# The IAP

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The inpatient protocol is activated by providers, inpatient social workers, and an automated trigger via our electronic medical record that sends referrals to our team when the “*patient reports move from another country*”. Once we receive a referral, we determine eligibility based on criteria we defined given our current capacity: the family is being monitored by ICE and has court dates in place, they arrived via US detention center, and they are new to the US healthcare system, meaning they came to the US less than a year ago at the time of referral.

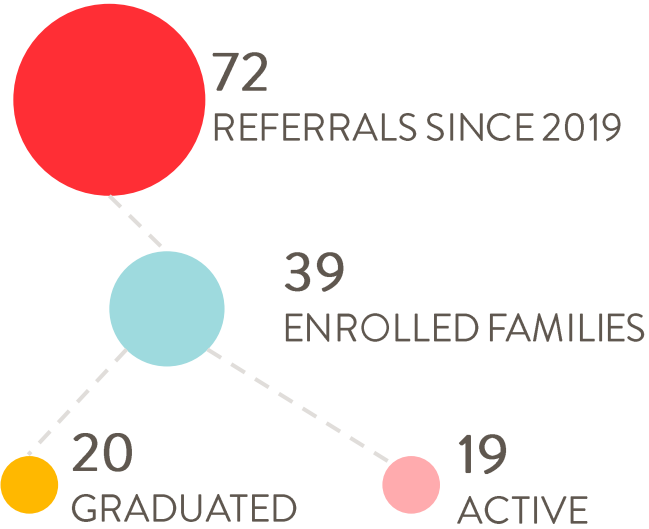
# Life in the US Packet (LIUS)



Legal aid services	Directory of contacts with pictures	Calendar with court dates
Closest pharmacy and directions	Free community clinics for the adults	Emergency MCAL basic information and Covered CA contact information
Local public transport information	Local financial assistance resources	Housing and shelter information if needed
Information on car seat policies in CA	County-specific immigration resources (e.g. SM handbook)	Talking points to request legal aid

# Program Data

The IAP was activated **72** times between July 2019 – December 2022 for pediatric and obstetric patients, with **39** referrals eligible for IAP services



COUNTIES OF RESIDENCE	COUNT
SAN MATEO	24
MONTEREY	9
SANTA CLARA	2
ALAMEDA	1
SAN BENITO	1
SAN JOAQUIN	1
OUT OF STATE	1
<b>TOTAL</b>	<b>39</b>

Most enrolled families reside in **San Mateo County (62%)**



# What's Next?

## FUTURE STEPS



Assessing impact by evaluating the experience and outcome data of patients engaged in the protocol



Incorporating trained university student volunteers to provide coaching on the asylum process



Developing a network of immigration lawyers for consults and referrals



Expanding the protocol to the Emergency Department



Chamberlain, MD, Penelope Van Tuyl, JD, Melanie Ramirez, Dani Rey Ardila




# Challenges


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Only one partnership with a legal organization for guidance to our teams





Saturated Legal aid offices or offices that no longer offer services for asylum




No intentional partnerships with community organizations for formal hand offs to the community



Unclear guidelines regarding the documentation of immigration status in the medical record



Medical record referral trigger is too general, but we do not want to burden families with questions



# Discussion

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- **Building capacity:** How can we make sure we reach more people with our current protocol (IAP)?
- **Feedback and suggestions:** What are gaps we are missing in our protocol? Gaps in our Life in the US Packet (LIUS)?
- **Outreach and partnerships:** How can community organizations support our families? How can we formalize streamlined handoffs from hospital to community?



THANK YOU!