



They are Children First: Caring for Refugee and Migrant Kids

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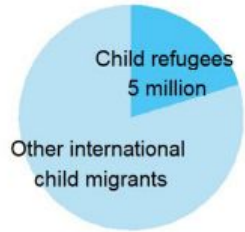
Faculty Disclosure

- In the past 12 months, I have relevant financial relationships with:
 - Cognoa, Inc.
 - DotCom Therapy
 - Happiest Baby, Inc.
 - Mattel, Inc.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

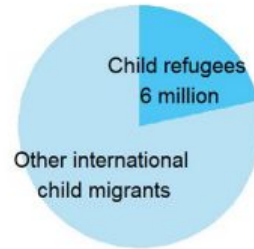
Learning Objectives

Recognize	Recognize immigrant children in our care
Consider	Consider approaches to conducting migration history
Review	Review key medical considerations for refugee and immigrant populations
Recognize	Recognize gaps in care for immigrant children
Identify	Identify opportunities for advocacy and change

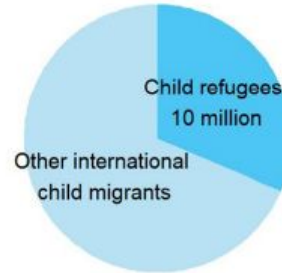
2005 - total 25 million



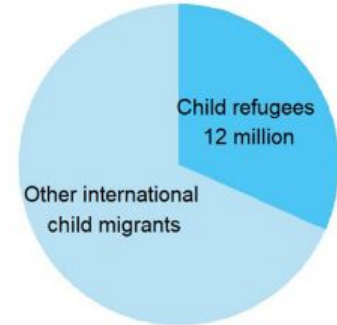
2010 - total 27 million



2015 - total 30 million

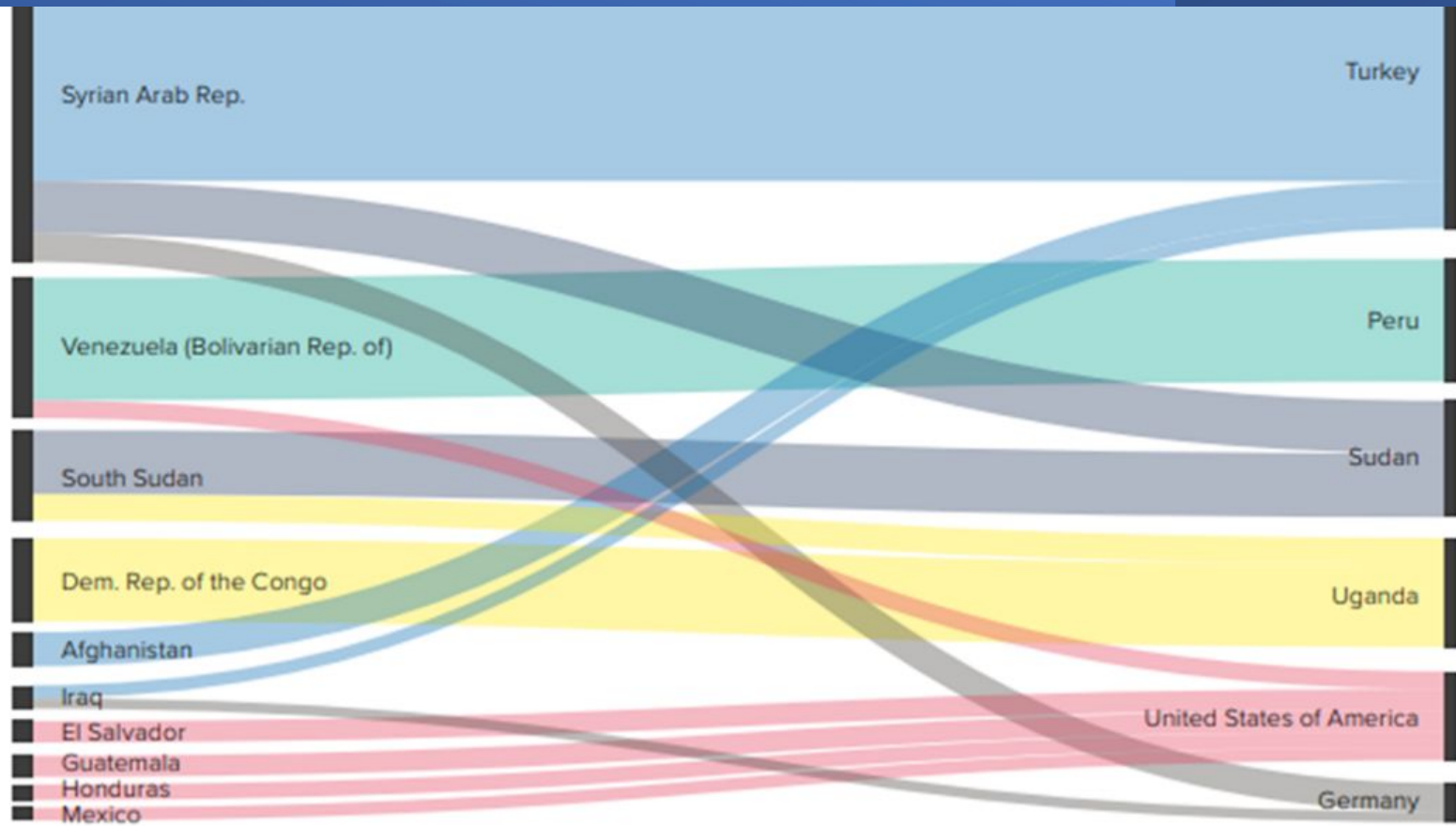


2020 - total 36 million



Scope of Global Displacement

- Stark increase (50%) since 2005
- Increasing percentage are children





UNICEF - Executive Summary

- “These children may be refugees, internally displaced, or migrants, but first and foremost they are children.”



Caring for Children in Immigrant Families: Are United States Pediatricians Prepared?

Blake Sisk¹, Andrea Green², Kevin Chan³, Katherine Yun⁴

Definitions

- **Refugees:**

individuals outside of their country who are unable or unwilling to return home because they fear serious harm, and are outside a new country when they seek protection

- **Asylees:**

individuals who fit the definition of a refugee, however, they seek protection at a point of entry or once they are within a new country

Definitions

- **Unaccompanied children (UAC):** individuals under age 18 without lawful legal status and without a legal guardian to provide care or physical custody
- **Unaccompanied refugee minors (URM):** refugee children under age 18 years old meeting definition above of 'refugees' without a parent or guardian and living with foster family with protection of the Office of Refugee Resettlement (ORR)

Where do the Kids go?



From the Shelters to Communities

Office of Refugee Resettlement

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graph TD; A[Office of Refugee Resettlement] --> B[Shelters for Unaccompanied Minors  
(Insurance and healthcare provided)]; B --> C[Post-release care in the community  
(insurance and healthcare variable)];
```

Shelters for Unaccompanied Minors
(Insurance and healthcare provided)

Post-release care in the community
(insurance and healthcare variable)



US: 'Remain in Mexico' Program Harming Children

Families Seeking Asylum Exposed to Violence, Illness, Trauma



MORE READING



May 31, 2022 | Report

US: LGBT Asylum Seekers in Danger at the Border



April 28, 2022 | Commentary

Large Shelters



Flores Settlement Agreement

- Proper physical care and maintenance
- Appropriate routine medical and dental care
- Individualized Needs Assessments; less than 20 days in custody
- Educational Services appropriate to a minor's level of development
- Recreational and leisure activities. A minimum of 1 hour per day of outdoor recreational exercise/activity and 1 hour of structured leisure time (may not include time spent watching TV)
- A minimum of 1 counseling session per week by a trained Mental Professional
- A minimum of 2 weekly group counseling sessions

Health Services in ORR Custody

- Initial Medical Exam must be conducted within 2 business days
 - Vital signs, hearing, vision
 - History
 - Physical Exam
 - Labs: TB testing for everyone + CXR if ≥ 15 years of age, flu if fever + cough or ST, HIV if ≥ 13 years or sexual activity/sexual abuse (SA), pregnancy if ≥ 10 years, lead if 6 months to 6 years, Hepatitis B/Gonorrhea/Chlamydia/Syphilis if SA, Hepatitis B/C if IV drug use
 - As needed: vaccinations, follow-up, referrals, medications
 - Psychological assessment in 48 hours





In our offices....

- Recognize gaps in care
 - Medical
 - Dental
 - Behavioral Health
- Trauma informed care = therapeutic relationship
- Migration history
- Community connections and Legal Aid
- Prevention

Proposed Patient Care and Follow-up Plan

Timing	First provider visit	~4 weeks after first provider visit	2 months after second provider visit
Goals	<ul style="list-style-type: none"> • Introduce family to clinic and health care system (ie when to call clinic, how to call, when to go to ER, interpretation use) • Elicit Migration History • Collect PMHx, Family Hx, Physical Examination • Review prior records including screening labs and overseas medical examination information for refugees* • Prescribe presumptive treatment (prn) • Connect with SW, nutrition, MLP (prn) • Referrals (medical subspecialty Head Start, etc) 	<ul style="list-style-type: none"> • Discuss adjustment for child and family • HEADSSS for adolescents • Developmental screening • Ensure enrolled in school and necessary forms completed • Dental varnish and referral • Follow-up concerns from Visit 2 	<ul style="list-style-type: none"> • Discuss adjustment for child and family • Follow-up concerns from Visit 2
Labs	Recommended list*	If unable to do at Visit 1	Consider repeat Lead (3-6 months after arrival)
Meds	Presumptive treatment	If necessary based on labs	
Imms	Initiate catch-up	Continue catch-up	Continue catch-up
Follow-up/Note	Code Z11.9 & change display as "Migration health maintenance": use ' newimmigrantproblem '	Update "Migration health maintenance" list	Update "Migration health maintenance" list

Migration History

Location of birth

Nationality

Migration path

Number of years in the country

Immigration status

Education and health status

Guatemala, Honduras, and El Salvador





1
1



Pre- and Post-Migration Trauma



“The adverse events that necessitated their flight are often only the beginning of a long period of turbulence and uncertainty” (Fazel *et al.*, 2012)

Studies discussed: von Werthern *et al.*, *BMC Psychiatry*, 2018; Perreira & Ornelas, *Int Migr Rev* 2013

Image: <http://globalriskinsights.com/2015/06/the-economic-impact-of-gang-violence-in-el-salvador>



Crossing the Border



Customs and Border Protection



Border Processing Facility



Where do the Kids go?



U.S. Immigration
and Customs
Enforcement



OFFICE OF REFUGEE RESETTLEMENT
An Office of the Administration for Children & Families



ORR Influx Intake Health Screening

Child's full name: _____

Child's A#: _____

Person completing check: _____

Date form completed (mm/dd/yyyy): _____

CHECKLIST	Cleared	Not cleared; refer to HCP
Temperature > 100°F (37.8°C)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Chills	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Shortness of breath/Wheezing	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Respiratory symptoms (cough, sore throat, congestion/runny nose)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
New loss of taste or smell	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Headache/Dizziness	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Muscle aches/Fatigue	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Gastrointestinal symptoms (including nausea, vomiting, diarrhea, poor appetite or poor feeding)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Altered mental status	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Rash	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Lice	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Scabies	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Physical injuries	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Allergies (Food, Medications, Environmental)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medications in minor's possession	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Positive COVID-19 antigen detection test on admission	<input type="checkbox"/> No	<input type="checkbox"/> Yes



Migration Health Maintenance

Introduction
to Preventive
Health

Growth

Screening labs

Developmental
Screening

Mental Health
Screening

Immunizations

Careref

1. Demographics

Select the state where the refugee patient resides *

Select the refugee's departure or host country *

Select the refugee's country of birth *

Enter the refugee's date of birth *

January	1	2021
---------	---	------

Select the refugee's sex at birth *

Male Female

Do you have the records from the refugee's pre-departure medical exam? *

Yes No

Recommendations

Cancel

Careref

CDC Alerts

Screening Labs

Physical Exam

Immunizations

Mental Health

Health Profiles

Common concerns

Malnutrition

Developmental
Delay

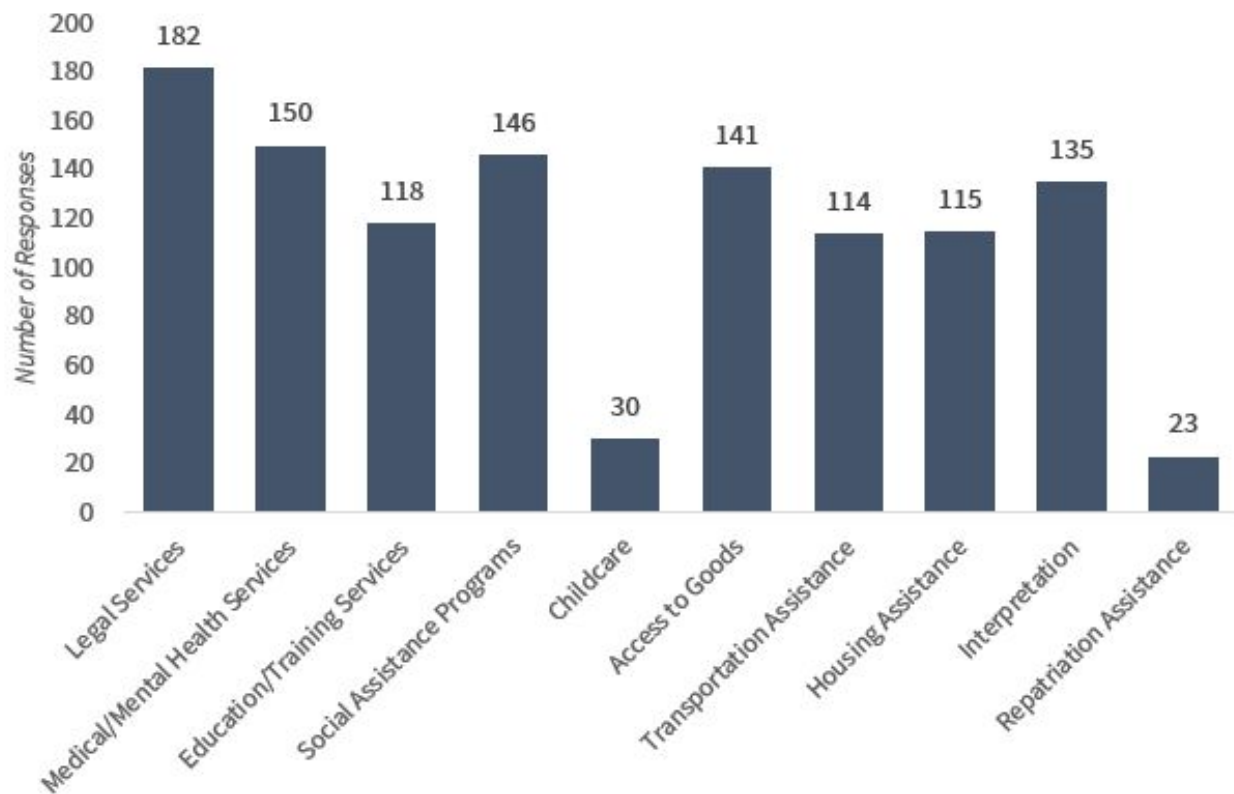
Mental Health

Oral Health

Infectious
Disease

Figure 1

Services that responding organizations reported providing to immigrants and asylum seekers during and upon conclusion of their immigration proceedings.



Migration Health Visit EHR template

School or preschool:

Current living situation

- Medical-legal, housing, food security

Therapies and progress

- Behavior:
- Dental:
- Speech:
- Other:

Eating/Sleep

Medical evaluations and follow up appointments

Migration Health Visit EHR template

Eating/Sleep

Medical evaluations and follow up appointment

New concerns?

Best tip or resource?

Follow up care plan

- Include new specialty referrals
- Common co-management includes Psychiatry, GI, Allergy

Medical Decision Making



Medical Decision Making

99204/99214: Moderate MDM

Moderate Problems

- 1 chronic with exacerbation or progression or side effects of treatment
- 2 or more stable chronic
- 1 diagnosed new with uncertain prognosis
- 1 acute with systemic symptoms
- 1 acute complicated injury

Moderate Data

Meet at least 1 of 3 Categories:

Category 1

- 3 of: ordering of unique tests, review of prior external record, review of results of unique test, historian

Category 2

- Independent interpretation of test performed by another provider (not separately reported)

Category 3

- Discussion of management with appropriate source

Moderate Risk

- RX drug management
- Decision regarding minor surgery
- Decision regarding elective major surgery
- Diagnosis or treatment significantly limited by social determinants of health

Medical Decision Making

99205/99215: High MDM

High Problems

- 1 or more chronic with severe exacerbation, progression or side effects of treatment
- 1 acute or chronic illness or inj. that poses threat to life or limb

High Data

Meet at least 2 of 3 categories:

Category 1

- 3 of: ordering of unique tests, review of prior external record, review of results of unique test, historian

Category 2

- Independent interpretation of test performed by another provider (not separately reported)

Category 3

- Discussion of management with appropriate source:
 - Historian and 1 unique tests and review of previous tests and independent interpretation of tests from an external provider
 - Independent interpretation and discussion with external provider on care/management;

High Risk

- Intensive drug therapy
- Decision regarding elective major surgery with identified risks
- Decision regarding hospitalization
- Decision not to resuscitate or de-escalate care because of poor prognosis.

Using Time

Time can be used to select a code level in the office or other outpatient services whether or not counseling or coordination of care dominates the service!

For coding, time for these services is the total time on the date of the encounter.

- Includes **both** face to face and non face to face time personally spent by the provider on the day of the encounter
 - Includes time in activities that require the provider and does NOT include time in activities normally performed by clinical staff.

Time could include the following activities, when performed:

- Preparing to see the patient (eg. review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and / or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)



Resources for Ongoing Care

- Find one non-profit partner
 - Trauma-informed care
 - Medical Legal aid
 - Supplies
- Find one school or preschool



**EACH
STEP
HOME**

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We Advocate

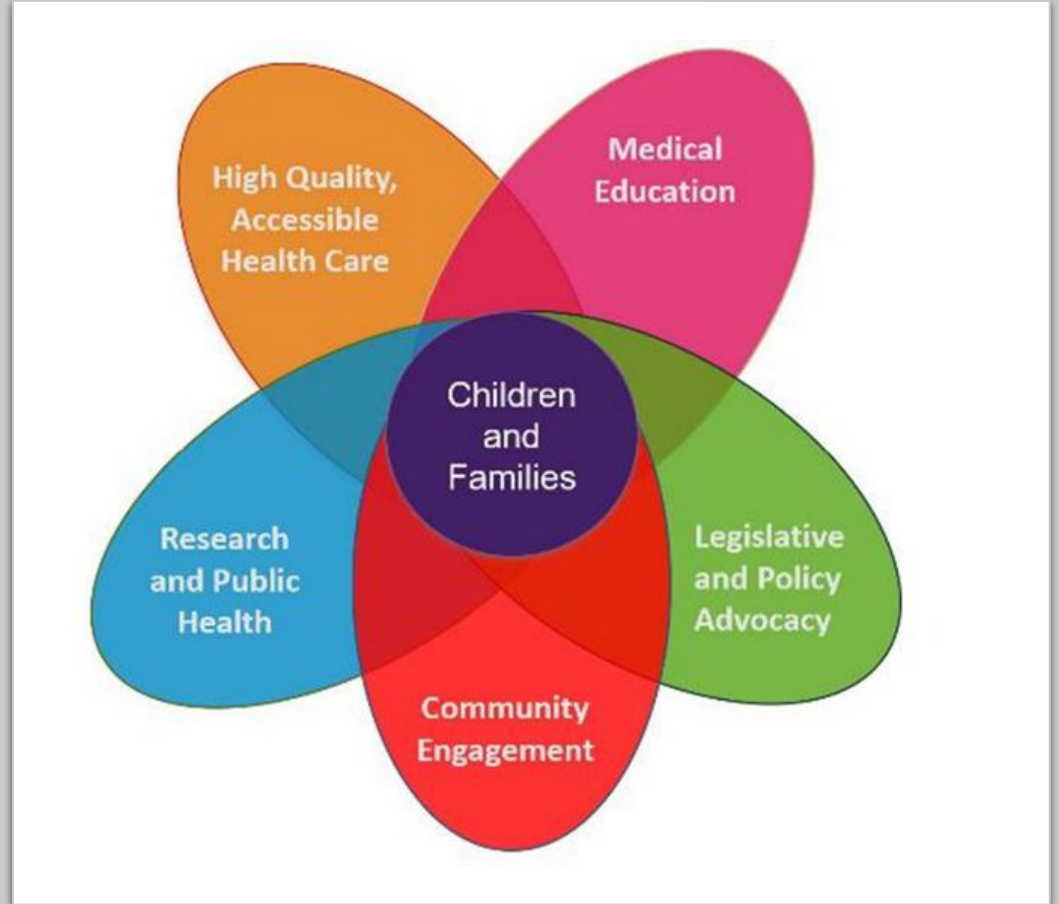
**Thousands of children are traumatized every day by
U.S. immigration policies.**

Some will never recover.

[DONATE NOW](#)

Advocacy, Policy, Messaging

- Shared prosperity
- Human potential
- Human dignity





Advocacy—Our voices as pediatricians

- Medical-legal resources
- Care Coordination
- Interpretation (partnerships with academic medical centers and FQHCs)
- Family Navigation (non-profit organizations)

Dear President of The American Academy of Pediatrics,

I think the world needs you especially the children. They have done nothing wrong. They are practically in jail just because they are immigrants doesn't mean they should be treated differently. Gandhi changed the world with kindness. I thank you for all of what you do.

Sincerely,
Maya
5th grade, Brea, California

Be the
Change you
want to
see in the world
-Gandhi

Kids
need
Parents

