MEMORANDUM

August 5, 2021

To: Jennifer Bryant, Director
   Office of Management and Budget

From: Tiffany Ward, Director
       Office of Racial Equity and Social Justice

Re: Supplemental Appropriation: Newcomer REIA #22-7

I. **FINDING:** The Office of Racial Equity and Social Justice finds that Special Appropriation #22-7 advances racial equity and social justice in Montgomery County by comprehensively recognizing and responding to the experiences of newcomer children and their families/sponsors. The County’s person-centered and whole of system response supports newcomer children and families/sponsors in navigating often complex education and social support systems, while also prioritizing critical data collection and analysis, which along with direct community engagement will give departments insight into what’s working and what can be strengthened in the County’s ongoing response to the arrival of unaccompanied children and their families/sponsors.

II. **BACKGROUND:** Special Appropriation #22-7 seeks to address the complexity of challenges existing and potential newcomers experience in their transition to life in Montgomery County. Since 2011 there has been substantial growth in the number of unaccompanied children arriving at the US-Mexico border; the US is currently expecting a 20-year high in the number of unaccompanied migrant and asylum-seeking children approaching the border. The majority of unaccompanied children are from Guatemala, Honduras, El Salvador and are over the age of 14. Notably, many of the children from Guatemala are indigenous, not Hispanic or Spanish-speaking and instead speak

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languages such as Mam, K’iche’, and Q'anjob'al. Young people, families, and single adults seeking asylum at the US-Mexico border are fleeing high-levels of violence, crime, natural disasters, the effects of climate change, food insecurity and poverty in their home country. As a result, most unaccompanied children arriving in the US have experienced Adverse Childhood Experiences\textsuperscript{2} and are coping with trauma-related mental health issues\textsuperscript{3}.

The majority of unaccompanied children are attempting to unify with family members in the United States and Montgomery County is a primary destination. Between 2014-2021, Montgomery County was the 11\textsuperscript{th} highest receiving county in the nation; the second highest (after Prince Georges County) in Maryland. As the Office of Refugee Resettlement accelerates its release processes, it is expected that the number of unaccompanied children arriving in Montgomery County will increase. Between January and May 2021, the number was already double the total number of children who arrived in FY2020.

Due to the complex harms unaccompanied children have experienced prior to and during their journey to the US-Mexico border and the inequities they and their family/sponsor are likely to face once in the community, it is critical that a coordinated response account for the following realities:

- Uncertainties in immigration status and complex systems of obtaining legal representation and status after release from federal custody
- Financial insecurity and indebtedness related to the migration journey, resulting in difficult decisions about school and work, often leaving newcomers vulnerable to further exploitation and abuse
- Traumatic experiences and inadequate healthcare before, during, and after release from federal custody leading to high rates of negative physical and mental health outcomes

The framework proposed as part of this special appropriation aims to address many of these challenges by strengthening interagency coordination and creating a navigation

\textsuperscript{2} Based on the CDC Adverse Childhood Experiences (ACES) are potentially traumatic events that occur in childhood (0-17 years). Some examples include experiencing violence, abuse, or neglect; witnessing violence in the home or community; having a family member attempt or die by suicide. Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use problems; mental health problems; instability due to parental separation or household members being in jail or prison. From “Preventing Adverse Childhood Experiences”. Available at https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Faced%2Faces%2Ffastfact.html

network; enhancing family and community-based supports including access to legal and wellness services; and strengthening education and school-based services. A robust response at the County-level is particularly important given that often when unaccompanied children are released from federal custody into the community, existing systems do not provide legal or social services to children or families/sponsors\(^4\). Each of the County’s proposed elements supports a comprehensive systems approach designed to align and leverage resources and center the specific experiences and resiliency of newcomer children and families/sponsors. In centering the experiences of newcomer children and families/sponsors, the proposal draws upon strengths of the County’s Latino Health Initiative’s Por Nuestra Salud y Bienestar model which prioritizes culturally and linguistically competent communication and services in the County’s Covid-19 response. By incorporating lessons from the PNSB model, the proposed navigation network proactively links newcomer children and families with education, health care, mental health and behavioral health supports, family reunification programs, legal services, gang/trafficking prevention/response, and other essential services.

The navigation network is strengthened by its recognition of the primary languages of newcomer children and families, and limited or interrupted educational experiences, as well as the structural barriers often inherent in accessing educational opportunities in the US. Barriers include linguistically inaccessible school enrollment and registration processes that require proof of residence or unnecessarily request a pupil’s social security number\(^5\). Discrimination and staff misperceptions about the root causes of student absenteeism and disengagement also persist as barriers. Further, limited provision of appropriate evaluations to determine the need for special accommodations and services\(^6\) prevents students from reaching their full potential. Teenage newcomers face additional barriers similar to those disproportionately affecting students of color in the County and are often steered into unequal alternative programs\(^7\) on the basis of gaps in educational achievement. Given this range of barriers and the ongoing socio-emotional complexities of family reunification and community integration, research suggests that amplifying the voices of children is key. A recent report from UNICEF confirms that “creating opportunities for young people to share their views and experiences is not only good policy – it is grounded in the science of resilience.”\(^8\)

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\(^4\) Markham, et al.  
\(^6\) Markham, et al.  
\(^7\) Markham, et al. See page 2 “Interrupted/Limited Formal Education”  
New to the County’s response is the addition of two positions—one in Department of Health and Human Services (HHS) and one in Montgomery County Public Schools (MCPS)—focused on supporting children, students, families/sponsors in navigating networks of community-based and school-based services. The creation of these new roles aligns with practices advocating for a district-level point person\(^9\) to coordinate services. The proposed coordinator roles in will also be responsible for leading data collection and analysis. The inclusion of data collection and evaluation in this role has the potential to advance transparency, learning, and accountability about the circumstances and outcomes of newcomer children and families. Such data and connectivity to the community, including the direct participation of children, will allow the County to consistently assess and refine programs for effectiveness.

To operationalize the proposed system, capacity building for professionals delivering services, whether in a school-based or community setting is also necessary. Leading practices, echoed in the County’s proposed response, indicate that professional development focused on supporting unaccompanied children and their families with trauma-informed and resilience-oriented approaches is important in fostering a welcoming culture that promotes healing, safety, and self-determination at school and in the community. Given the existing importance of English Language Learning (ELL) programs, leading practice advocates for ensuring that ELL programs are not at capacity\(^10\) during the peak times for migration. For some jurisdiction this likely involves overall expansion of ELL program capacity. The approach proposed by the County consciously maintains the funding levels needed to support existing children and families engaged with HHS, MCPS and Department of Recreation programs and services. The County is therefore better positioned to continue serving existing ELL students, even with the arrival of newcomer students.

III. **DATA ANALYSIS:** According to research conducted by the Migration Policy Institute, in FY 2020, of children who left Office of Refugee Resettlement (ORR) custody, about 39 percent were released to a parent, 46 percent to another close relative, and 16 percent to a more distant relative, family friend or other approved sponsor\(^11\). There is currently no available information about the families/sponsors with whom unaccompanied children live but given that most unaccompanied children are reunited with a family or relative it is likely that many will live in Latinx or Spanish-speaking households in the County. Given disparities in overall and childhood poverty rates as well as disparities in high school graduation and dropout rates compared to white residents, it is likely that unaccompanied children will face a compound set of challenges in the household and at school even as they navigate the uncertainties of family reunification and entirely new community.

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\(^9\) Markham, et al. See page 3 “District Level”.
\(^10\) Markham, et al. See page 3 “District Level”.
\(^11\) Greenberg, et al.
The below table illustrates relevant disparities affecting Latinx residents in Montgomery County in 2017.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Latinx</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall poverty rate</td>
<td>11.1%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Childhood poverty rate</td>
<td>15.8%</td>
<td>3.4%</td>
</tr>
<tr>
<td>High school graduation rate</td>
<td>78.5%</td>
<td>96.6%</td>
</tr>
<tr>
<td>High school dropout rate</td>
<td>13.8%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>


In addition, there are also disparities in mental health outcomes for Latinx residents compared to white residents. State-level data published\(^{12}\) in May 2013 by Maryland Department of Health and Mental Hygiene indicate Hispanic residents between ages 8 and 44 were 32% less likely than Non-Hispanic Whites to report having ever seen a provider for a mental health problem, yet more Hispanics of all ages reported experiencing poor mental health compared to Non-Hispanic Whites. This gap between mental healthcare sought and poor mental health among Latinx residents in Maryland supports the County’s concerted effort to be trauma-informed in all aspects of its proposed approach.

cc: Ken Hartman, Director, Strategic Partnerships, Office of the County Executive
    Raymond Crowel, Director, Department of Health and Human Services