

Approaches to Protect Children's Access to Health and Human Services in an Era of Harsh Immigration Policy

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Introduction

In the United States, 18 million or one in four children live with at least one immigrant parent.¹ Twenty-eight percent of all children of immigrants — 5.3 million children and youth — are growing up with either an undocumented parent or are undocumented themselves. Specifically, 4.5 million children are U.S.-born citizens with at least one undocumented parent and 775,000 have undocumented status themselves.² These children and youth are important to the nation's future, but their development and well-being are at considerable risk from harmful federal policy changes and the pervasive climate of fear these have engendered.

A proposed redefinition of 'public charge' for lawfully-residing immigrants follows on prior policy actions to force the separation of children from parents arriving at the U.S. border³ and heighten immigration enforcement in communities across the interior of the country. The proposed U.S. Department of Homeland Security regulation that targets millions of families, published in the Federal Register on October 10, 2018, would restrict immigrant families' access to the public safety net.⁴ The proposed regulation is remarkably broad and would expand the designation of 'public charge' to include the receipt of benefits for most-Medicaid covered care, nutrition, and housing assistance that millions of immigrant working families with children use to supplement their earnings to support the well-being of their families.

There is robust research evidence that suggests these safety net programs — including Supplemental Nutrition Assistance Program (SNAP, or food stamps); Medicaid and the Children's Health Insurance Program (CHIP) — have substantial positive impacts on child and youth development. One 2011 study published in the American Journal of Agricultural Economics found that the SNAP program reduces children's food insecurity by 20 to 30 percent. SNAP alone keeps nearly 5 million children out of poverty each year, according to the Center on Budget and Policy Priorities. Access to SNAP in early childhood has been found to reduce the risk of low-birthweight and improve the health of newborns; moreover, SNAP access was associated with multiple positive health outcomes through adolescence and adulthood (e.g., lower rates of childhood obesity, high blood pressure, and diabetes) as well as adult economic outcomes (e.g., higher rates of high school completion and higher earnings).⁵ Significant expansions beginning in the 1990s in public health-care coverage for children from Medicaid and CHIP eligibility and enrollment resulted in reduced child mortality and increased probability of accessing and receiving preventive health and dental care, and specialty care.⁶

This report provides an overview of the impacts of both the pre-existing policies on program benefit use and the enforcement climate and furthering of restrictions on legal immigrants' access to public benefits on children and youth development, as well as some of the policy responses that can potentially mitigate these adverse impacts. We begin by briefly highlighting key barriers facing low-income immigrant families in the U.S. immigration policy and enforcement context before then discussing strategies that aim to mitigate or overcome barriers to

safety net program access for low-income immigrant families.

Table 1. Summary Checklist of Mitigating Strategies¹

1. Confidentiality Provisions Regarding Benefits Use

- Provide guidance around the privacy of public benefit records as well as communicating these to benefit users and CBOs serving immigrant communities.

2. Expand state-funded eligibility

- Solely state-funded health, food, and housing assistance (use of solely state-funded programs does not count towards public charge determination in the proposed federal rule).
- These programs can be expanded for low-income immigrants and mixed-status families.

3. Expanding Eligibility by Easing Enrollment

- Communicate early in the enrollment process to parents that if they want to only enroll their children, they may provide a reduced set of personal information. Provide a simplified or shortened paperwork option for this circumstance.
- Expand “safe space” designation to settings where benefits may be accessed, like hospitals, health clinics, community-based organizations, and early childhood centers.

4. Partnering with Community-Based Organizations and Advocacy Groups

- Directly contract or partner with CBOs or immigrant-serving organizations to support eligibility and enrollment.
- Engage in regular communication and meetings between immigrant-serving organizations and public assistance agencies.

5. Establish Central Offices of Immigration Affairs at municipal, city or state levels

6. Drivers’ License or Municipal Identification Access

- States can institute two kinds of drivers’ licenses — those with the REAL ID features and those without.
- In states without access to drivers’ licenses for the undocumented, institute municipal identification cards and/or systems that require less paperwork to obtain, although they will not aid with boarding flights that require REAL ID’s.
- Provide driver’s licenses to DACA recipients and other undocumented immigrants; make it illegal for police to target or investigate drivers with new licenses.

7. Expand Access to Immigrant Legal Services that Integrate Service Referrals

- Provide state- or city-funded legal representation for those facing federal immigration courts.
- Ensure in legal services that immigrant families are properly and appropriately referred to services they are eligible for.

¹ As indicated below, each of these has been implemented by at least one jurisdiction (city or state) and/or in some cases by community-based organizations.

8. Local Law Enforcement-Based Strategies

- Implement local or state Executive Orders that limit ways in which law enforcement officers interact with federal officials and databases; institute non-cooperation on federal immigration enforcement for minor offenses.
- Institute Transparency and Responsibility Using State Tools (TRUST) Acts and Anti-Detainer Policies — officers can only enforce immigration detainers issued by ICE for persons convicted of serious crimes.

9. “Know your Rights” and Family Preparedness Education

- Disseminate “know your rights” education and support CBO’s to do own education; include family preparedness (e.g. designating family member as guardian in case of child care or school pick-up).
- Inform regarding what city services — e.g. legal services — are available regardless of status.

10. Tuition and Professional Licensing

- Provide in-state tuition to undocumented students; allow any combination of elementary and secondary schooling within the state to fulfill the 3-year requirement for in-state tuition.
- Provide professional licensing for applicants regardless of immigration status; allowing people to practice professions with only federal individual tax identification.

11. Employment and Housing Protection

- Implementation of policies that allow third or anonymous parties to file unpaid wage claims.
- Legal representation and education concerning wage theft.
- Laws that extend worker wage and overtime protections to agricultural, domestic, and home care workers.
- Landlord ordinances protecting identity of undocumented tenants (AB 291 in CA).

12. Data Systems to Support Mitigating Strategies

- Can track enrollment changes (e.g. precipitous declines) — e.g. that of child-only SNAP cases; early care and education.
- Such data can be broken out by county and analyzed according to immigrant concentration.

Background

Changes in U.S. immigration policy and enforcement priorities since January 2017 have led more mixed-status immigration families to live in a growing climate of fear and anxiety. First, shifts in federal policy have greatly expanded the criteria that local and federal enforcement use to initiate detention and removal proceedings. From Fiscal Year 2015 to Fiscal Year 2017, there was an increase in interior removals and a decrease in border removals.⁷ The Trump administration quickly eliminated guidelines for enforcement that had been set by the Obama Administration to prioritize for detentions and removals, undocumented immigrants who

had committed serious crimes (i.e., violent offenses and felonies), particularly for interior enforcement. The criteria have been expanded to include virtually any immigrant without legal immigration status including those who have committed misdemeanors, lesser infractions such as traffic violations, or those who happen to be present when a targeted person is being detained. The new criteria also include “abuse of any program related to public benefits,” although to date there have been no cases of detention or removal based on this factor. The current administration has thus indicated the use of any public program as a potential criterion for prioritizing detention and removal. As a result of these changes, more non-criminals are being deported, and a greater share of removals are occurring from the nation’s interior.⁸ Furthermore, prior guidelines to use prosecutorial discretion for parents and legal guardians have been revised such that minimizing the harm to U.S.-citizen children is no longer a criterion for non-removal or alternatives to detention while cases are adjudicated.

Second, Deferred Action for Childhood Arrivals (DACA, the Obama Administration’s program that offered temporary protections from deportation for undocumented immigrants between the ages of 15 and 30 who arrived to the US before the age of 15 and met several other criteria) was rescinded by U.S. Attorney General Sessions in September of 2017. The 800,000 youth and young adults who enrolled in DACA will be subject to job loss and deportation. Court injunctions have at least temporarily delayed the administration’s action, allowing individuals to renew their DACA status but did not allow new DACA applications. In August 2018, a federal judge, supporting these injunctions, ordered the Trump administration to resume the DACA program for renewal (new DACA applications are not permitted).⁹

Third, the administration ended Temporary Protected Status (TPS) for approximately 400,000 immigrants from El Salvador, Haiti, Honduras, Nepal, Nicaragua, and Sudan. The Center for Migration Studies estimates 273,000 children born in the U.S. to TPS recipients from El Salvador, Haiti, and Honduras will either need to leave when their parents repatriate or be separated from them.¹⁰

Fourth, the Trump administration has targeted immigrant families in an effort to curtail immigration at the U.S.-Mexico border. In the first half of 2018, more than 2,500 migrant children had been separated from their parents under a “zero tolerance” policy for families crossing the border. After a national outcry opposing this practice the Administration ended it and returned most children to their parents.^{11,12,13}

Fifth, the October 2018 proposed rule regarding public charge could have far-reaching direct and indirect consequences for access of children and youth to needed health care, housing or nutrition.¹⁴ The new proposed rule alters rules around what constitutes a “public charge” by allowing government officials to consider a broader array of critical services and work supports in the public charge determination for issuing a green card or Legal Permanent Residence (LPR) status.

Under longstanding practice, public charge has applied to two benefits — cash assistance for income maintenance (including Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI)) and long-term

institutionalization at the government's expense and only if a family was deemed dependent on these (over half of income or support based on these programs). The Trump administration has proposed to use executive rule-making authority to change the definition of public charge from someone who is "primarily dependent on the government for their subsistence" to "someone who uses one or more public benefits" in an expanded set that includes use of SNAP, Medicaid (except for emergency conditions), and public housing assistance (federally funded public housing or Section 8 housing subsidies). All immigrants seeking legal permanent resident status would be at risk of denial of admission or getting a green card if they use one of these programs.^{15,16}

All of these policy actions by the Trump administration build on the already high levels of family stress and risk of developmental disruption for children in mixed-status families. These have grown over the prior dozen years as federal immigration enforcement and resultant detentions and deportations significantly increased the actuality and potential of family separations. Immigrant families directly affected by detention and removal undergo severe income shocks that impinge on children's well-being and can create cascading effects on housing and school instability.^{17,18,19} These families also experience high levels of psychological distress and children's mental health problems, including high rates of anxiety, depression, low self-esteem, and withdrawal.^{20,21} In addition, those not directly affected face greater material hardship,²² and a chilling effect that can reduce their use of essential health and social services for which their children are eligible.^{23,24,25} Amuedo-Dorantes and Lopez (2015) in an *American Economic Review* article document how residing in locations with greater exposure to local immigration enforcement activities during this period led to higher retention in grade and dropout among students ages 6 to 13.²⁶

There have thus far been a few research studies as well as some reports from national and state policy advocacy and research organizations indicating the potentially widespread effects on immigrant communities, families, and children of the last two years of immigration policy, harsher enforcement and political climate.

- Researchers at George Washington University surveyed 213 immigrant parents (including parents who were U.S. citizens, green card holders, those with temporary protected status and undocumented immigrants) with adolescent children. Most of the children were U.S. citizens. The majority of parents reported that they feared family separations, sought to change their children's behaviors to remain close to home, and avoided medical care, the police, and social services. This was true for all four sub-groups of immigrants, including the two-thirds who had permanent or temporary legal status. Across the different types of mixed-status families, 23 percent of parents were found to have indicators of high psychological distress.²⁷
- A 12-state study of teachers and school officials from 730 districts, conducted by Patricia Gandara and Jongyeon Ee of UCLA, found a pronounced spike in the level of fears experienced by children in classrooms

regarding sudden family separations. These fears were widespread and were reported to include children whose parents were not immigrants.²⁸

- The Center for Law and Social Policy (CLASP), based on field work in six states focusing on early childhood programs and the families they serve, reported negative consequences of the Trump administration's immigration enforcement policies on the development of children and families' access to benefits. Program staff and parents indicated children as young as three years old showing distressed behavior, and families reporting increased isolation resulting in limited participation in nutrition, healthcare, early care and education programs.²⁹
- The Kaiser Family Foundation from a study based on interviews with pediatricians serving children in immigrant families and focus groups with parents also report that increased fears have led to health, behavioral and mental health changes among children, including increased levels of depression and anxiety, problems sleeping and eating, headaches and stomach aches.³⁰
- In the only causal study to date of the effects of Deferred Action for Childhood Arrivals (DACA), Jens Hainmueller and colleagues found that DACA cut in half the rates of mental health problems such as adjustment problems and anxiety disorders among children of undocumented mothers.³¹
- The Children's Partnership of California and collaborating organizations conducted surveys of 151 health care providers and 495 immigrant households as well as interviews with key stakeholders in community health and mental health, and focus groups with parents in two California communities with large populations of immigrant families. The immigrant parents reported increased uncertainty, stress, fear, frustration, anxiety, and sadness. Their children worried about their safety and exhibited increased fear and anxiety, greater difficulty focusing in school, decreased self-esteem, and being less likely to leave their homes since the 2016 election. The health care providers surveyed identified increased fear and anxiety among their immigrant patients, increases in children experiencing symptoms of depression, such as feelings of sadness, sleeping problems, loss or gain of appetite, and loss of interest in activities they used to enjoy. Finally, patients reported increased difficulty focusing in school or fear of going to school among children. Immigrant parents were increasingly likely to need treatment for a mental health condition themselves.³²
- Make the Road New Jersey conducted a survey of immigrant-serving organizations in New Jersey in the spring and summer of 2018, prior to the release of the proposed revisions to the public charge rule. New Jersey experienced a 42 percent increase in the number of immigrants detained by federal immigration enforcement in the 2017 federal fiscal

year.³³ Likely as a result, fear levels among immigrant clients were high. Among responding organizations, 97 percent stated that their immigrant clients expressed fear of accessing human or health-related services, 84 percent expressed fear of going to the doctor, and 73 percent expressed fear of doing routine errands. Almost half (43 percent) served clients who had been subject to detention or deportation in the previous year. Seventy percent of organizations report that their clients have requested legal assistance. Furthermore, in the months after the release of the draft revised public charge rule, New Jersey experienced a drop of 4,000 child-only SNAP cases, which are primarily made up of mixed status families.³⁴

Researchers and immigration advocates are working to understand the potential population impacted and effects of the proposed changes in the public charge rule on the enrollment in nutritional and health safety net programs. The most recent estimates (calculated after the proposed rule was published in the Federal Register) by Manatt, the Kaiser Family Foundation, the Fiscal Policy Institute, and the Migration Policy Institute indicate that over 20 million people in the United States would be affected by the proposed rule if applied, either directly or through a “chilling” effect. This includes between 9 and 10 million children.³⁵ The Kaiser Family Foundation further notes potential disenrollment rates of between 15% and 35% from Medicaid/CHIP, or between 2.1 and 4.9 million enrollees.³⁶

Barriers to Eligible Immigrant Families Accessing Social Services

In order to understand the impact of current U.S. immigration enforcement policies on immigrants’ access to safety net benefits, we review some of the longer standing barriers low-income immigrant families face in accessing social services. Krista Perreira and colleagues (2012) synthesized the research knowledge regarding the ongoing barriers to immigrants’ access to health and human services programs.³⁷ The barriers facing this population’s access to health and human services generally fall into the following categories: ineligibility due to their immigration status, fear of deportation and the resulting chilling effect, lack of transportation and physical mobility, and language barriers. Some of these barriers to access have become even more pronounced for mixed-status families since the increase in immigration enforcement policies and climate that began in 2016.

Eligibility

Prior to August 1996, immigrants who had entered and resided in the U.S. legally had access to safety net services such as WIC, Medicaid/CHIP, SNAP, and TANF on the same terms as applied to U.S. citizens. With the passage of the 1996 welfare legislation (the Personal Responsibility and Work Opportunity Act), immigrants’ eligibility to safety net programs became more restricted. Now, most legal immigrants arriving after 1996 must reside in the U.S. for a period of five years to become eligible for services. While undocumented individuals in any family

cannot access these social services, all U.S.-citizen children, including those in a mixed-status family, are eligible. Some states provide replacement benefits and there is some variation resulting from state discretion. As of 2017, seven states provide state-funded public health insurance and five states provide state-funded food assistance to Legal Permanent Residents (LPRs) during the 5 five-year ban on receipt—these resulted in expanded take-up among this group.³⁸ Five states—California, Illinois, Massachusetts, New York, Washington—as well as the District of Columbia (WA, CA, NY, IL, and MA) and DC provide state-funded public health insurance for undocumented immigrant children. Four of these —California, Massachusetts, New York, and the District of Columbia have also extended eligibility to their state-funded Medicaid and CHIP programs to DACA recipients.^{39,40} Many more states grant emergency Medicaid to undocumented immigrants and all states are required to provide WIC and free school meals to undocumented children.⁴¹

“Chilling Effects”

Changes in eligibility for public benefit programs typically occur through legislation or changes in government rules and regulations. These can affect the eligibility and enrollment most fundamentally for the subgroups directly cited in such legislation, but also the use of program benefits by groups that are not. Researchers have documented the “chilling effect”—the indirect effects that can accompany policies that reduce eligibility for certain categories of immigrants. “Chilling effects” are those that extend beyond the reductions imposed in a new rule or law and reduce enrollment or maintenance of benefits for those not technically affected. For example, Capps, Fix, and Henderson documented how reductions in utilization of benefits following the 1996 welfare and immigration policy legislation occurred among low-income immigrant families who were still actually eligible.⁴² As described previously, the public charge proposed rule is likely to bring about a chilling effect on enrollment in the targeted programs (Medicaid, SNAP, TANF, and housing benefits) that go beyond these programs to linked ones like CHIP and affect over 20 million individuals and over 9 million children (most of whom are U.S. citizens).⁴³

Fear of Deportation and Family Separation

Fear of deportation is a common barrier for parents and children in mixed-status families that prevents them from accessing safety net services. While federal policies and practices around immigration enforcement play into immigrant families’ fears, state-level policies related to enforcement can also have a significant impact. Section 287(g) of the U.S. Immigration and Nationality Act is one enforcement program that allowed local law enforcement to administer federal immigration laws during routine policing. It was intended to target criminal offenders but has led to increases in profiling potential immigrants for traffic stops with referral to U.S. Immigration and Customs Enforcement (ICE) for minor offenses that can lead to deportations.

Research has pointed to the relationship between risk of deportation and specific safety net programs. Potochnick, Chen, and Perreira (2017) provide evidence for the harmful effects of the 287(g) program enforcement on food

insecurity risk among Mexican non-citizens households with children. The risk of food insecurity was greatest for Mexican non-citizens in metropolitan areas that had used the program to remove undocumented immigrants and other Hispanic groups were not similarly affected.⁴⁴ Vargas and Pirog (2016) studied the relationship between the variations across jurisdictions in the risk of deportation and mixed status families' participation in WIC uptake and found that as the risk of deportation is higher, the odds of participating in WIC decreased.

Transportation and Mobility Barriers

Immigrant families' utilization of safety net programs also depends on their access to transportation and other forms of mobility.⁴⁵ Cristancho, Garces, Peters, and Mueller (2008) in a study that looked at barriers to healthcare access with rural Hispanic immigrants in Illinois, report that participants stated their struggles with attending medical appointments were either because they lacked drivers' licenses, shared one car with their family, could not afford the cost of gasoline, or had limited public transportation services in their communities.⁴⁶ The majority of states do not allow undocumented individuals to obtain drivers' licenses (twelve do as of fall 2018).⁴⁷

Language Barriers

Language barriers are commonly cited in studies about immigrants' access to public benefits.^{48,49,50} Immigrant families vary in levels of English comprehension and fluency, with first generation immigrant parents more likely to lack fluency, limiting their ability to navigate programs and the details of eligibility and the application process.⁵¹ Although many immigrant-serving organizations do provide quality translation support, they are limited in their capacity to cover all potential languages. And in many parts of the country, organizations have little experience serving immigrant parents and no ability to provide translation services in the application or enrollment process. One strategy parents use to surmount this barrier is having their immigrant children serve as language brokers (i.e. interpreters, translators) for their adult family members.⁵²

Mitigating Strategies to Support Mixed-Status Families' Access to Public Benefits

Several states and cities have sought to implement mitigating strategies to protect or limit the impacts on access to WIC, SNAP and Medicaid/CHIP, with particular concern for U.S. citizen children who are typically eligible for these programs when in low-income, mixed-status households. Some common mitigating strategies involve: (1) confidentiality provisions regarding benefits use, (2) expanding eligibility for certain groups through state or local provision, or actively reaching out to support eligible applicants access for programs, (3) engaging CBOs and advocacy groups to support improved information and access strategies, (4) creating Offices of Immigrant Affairs to provide focused policy coordination across public agencies regarding services to immigrants and direct lines of communication

with immigrant-serving organizations, (5) creating and maintaining municipal ID programs, (6) providing immigrants with legal services assistance, and (7) implementing local law enforcement-based strategies.

Confidentiality Provisions Regarding Benefits Use

Immigrant families are often concerned about the confidentiality of the personal information they provide when applying for public benefits, and whether the information could be supplied for federal immigration enforcement purposes. As such, it can be very important for states to pro-actively clarify how the laws and regulations that govern specific benefit programs as well as federal civil right and privacy laws all limit the use and disclosure of information provided by applicants and users of public benefits for purposes other than determining program eligibility and administering the benefit program

The National Immigration Law Center has provided detailed information and resources states can use on the privacy protections in selected federal benefit programs, as well as the provisions in the federal Civil Rights Act and The Privacy Act. These provisions require establishing administrative processes to ensure equal access to program benefits and not requiring disclosure of personal information not specifically required by federal statute. For example, when seeking disclosure of applicants' social security numbers, it is recommended states provide information about whether disclosure of an SSN is mandatory, the authority for the request, and how it will be used, and to make clear if an application can be submitted without SSNs, or for whom in an applicants' household they are specifically required."⁵³

In line with this federal guidance, states have clarified, re-issued, or revised guidance around the privacy of public benefit records. For example, the New York Governor issued an executive order that state agencies cannot inquire about immigration status, except in certain circumstances.⁵⁴ California Department of Social Services reviewed its eligibility and enrollment information systems to ensure that the state was recording only the data it was required to in case records. The San Francisco Department of Human Services took very pro-active steps early in 2017 to issue fact sheets and a set of frequently asked questions regarding immigrants' access and eligibility for public benefits to re-assure families in CalFresh, California SNAP program, Medi-Cal, the Medicaid program, including fear and confusion that was already building in the community about the potential of changes to the public charge rule.

Expanding Program Eligibility

Since the restrictions to immigrants eligibility for certain public benefits imposed by the 1996 welfare legislation, several states have developed solely state-funded programs in health, nutrition and welfare assistance for groups of immigrants effected by the restrictions. As of 2015, seven states provided public health insurance, five states provided state-funded food assistance, and 14 states provide

emergency cash assistance to Legal Permanent Residents during the five-year ban when they are ineligible for federally-supported assistance.⁵⁵ California and Minnesota provided all of these benefits. In addition 6 states provide Medicaid to undocumented immigrant children. Massachusetts, California, New York and Washington D.C. also permit DACA recipients to benefit from state-funded Medicaid benefits.⁵⁶ Yet, altogether only a minority of states and localities provide these forms of state-funded substitute program access to immigrants.

States can subsidize the healthcare costs for immigrants directly. For example, California provides undocumented immigrants access to state-subsidized health care coverage within the “California Package of Immigrant Integration.”⁵⁷ States could also decide to provide additional benefits to select qualified and non-qualified immigrant groups. Federally qualified health centers provide medical services to those without insurance (who may include the undocumented). Other possible strategies not yet implemented widely include: (1) decreasing out-of-pocket health care costs by increasing direct funding to providers that offer free or low-cost services; and (2) allowing immigrants to have bi-national insurance coverage that preferentially pays for high-cost services performed in Mexico, while funding primary care in the United States.

Despite the restrictions of the proposed public charge rule, states can still expand program eligibility to include the populations targeted in the public charge proposed rule. Among the major categories of programs included within that rule (cash assistance; health insurance; nutrition / food assistance; housing benefits; and long-term care), receipt of solely state-funded programs in health, housing and food assistance would not count towards public charge determination.⁵⁸

Expanding Program Access by Easing Enrollment

States can also pursue strategies to simplify enrollment in public benefits by linking enrollment processes for multiple programs. Integrating enrollment of families in WIC, SNAP, and Medicaid/CHIP can be based on the fact that many families are eligible for all three. Enrollment certification periods and information on family employment and income can be shared for enrollment in multiple programs.

Easing enrollment paperwork can increase access for U.S. citizen children in mixed-status families. The detailed information that parents must provide to access SNAP, for example, for themselves is reduced if parents are only enrolling their children. Some states proactively make this clear by consistently communicating to parents early in the enrollment process that if they want to only enroll their children, they may provide a reduced set of personal information. This is broadly in line with Title VI of the Civil Rights Act, which restricts requests for information that are not required for applications for specific benefit programs.⁵⁹ These efforts have eased enrollment of child-only cases in SNAP and other public benefits.

Finally, “safe space” designation for undocumented immigrants could be expanded to a range of settings where immigrants may access benefits. Currently, for example, school and churches are considered safe spaces where it is under-

stood that federal officers cannot enter to detain undocumented immigrants. These settings could be expanded to other settings such as hospitals, health clinics, community-based organizations, and early childhood centers, all of which may be locations for enrollment in or recertification of benefits.

Partnerships between Government Agencies and Community-Based Organizations

Community-based organizations (CBOs), including faith-based, immigrant-serving, health, and advocacy organizations, can be influential in assisting mixed-status families to gain access to public benefit programs, and addressing barriers related to the complicated nature of the application process, such as fear and mistrust. States can directly contract with CBOs to support eligibility and enrollment by allowing immigrants to directly enroll in public benefit programs through these organizations. When a state health insurance program for undocumented immigrant children was expanded in California, the state partnered with immigrant-serving organizations to encourage program take-up. Massachusetts also contracted with CBOs to provide SNAP application assistance and outreach. These examples support research showing that low-income immigrants' enrollment in public programs is improved when the application is facilitated in a trusted setting.^{60,61}

CBOs provide other services in addition to enrollment assistance. Since CBOs are embedded within local communities, they are well-positioned to perform outreach. Indeed, they often directly and indirectly help state agencies by providing immigrant communities with information about available public benefits and enrollment procedures.

CBOs are also a helpful setting for low-income families because they often provide more than one service or support. Through the relationships CBOs establish within their communities, immigrants can access a wide network of resources in a “one stop” approach. In addition, these CBOs can leverage immigrant social networks to increase access. The Los Angeles Healthy Kids program illustrates this innovative strategy. With the aim of reaching mostly undocumented children ineligible for federally-funded health insurance, this program trained community members as outreach workers who then communicated information and enrollment services in schools, churches, and faith-based organizations. The program successfully enrolled over 40,000 children in its first four years.^{62,63}

Creating Offices of Immigration Affairs

States or cities can create executive coordinating agencies dedicated to overseeing policy implementation, interagency relations, and public outreach on state benefits for immigrants to better protect immigrant families. Either within state, city, or county executive offices or within health and human services, these Offices of Immigration Affairs can be specifically devoted to serving the needs of immigrant residents in the state, city, or county.⁶⁴ They can serve coordinating roles

across state or city agencies; take on responsibility for communicating centrally with immigrant-serving organizations; communicate new policy developments in a single integrated way to the public; and link advocacy, implementation, governance and finance functions of the government regarding immigration issues.

New York City and Los Angeles both have such offices. Two of the goals of NYC's Mayor's Office of Immigrant Affairs (MOIA NYC), are to provide immigrant inclusive policies, such as language access eligibility, and increase immigrants' access to legal services. In New York State, this is complemented by the Liberty Defense Project, which expanded access to these services across the state.⁶⁵ The programs the office offers immigrants have grown to include leadership fellowship programs, information dissemination campaigns, and literacy programs for immigrant youth and adults.⁶⁶ With similar goals of integration, the Los Angeles MOIA leads the LA Justice Fund to provide legal help to immigrants in deportation proceedings, and the New Americans Initiative, which creates centers where immigrants can receive guidance on the naturalization process.⁶⁷

Municipal ID Programs and Driver's Licenses

If well designed, municipal ID users may be more likely to access public benefit services because these cards provide them with an alternative form of identification that does not expose their legal status. New Haven and San Francisco, for example, first utilized their discretionary administrative powers by developing ID programs that allow their city residents, including undocumented immigrants, to access basic city services for which they are eligible. This initiative was done prior to their states allowing the undocumented to obtain drivers' licenses. States can also increase access to public benefits by mitigating the challenges posed by the REAL ID Act of 2005, in which Congress limited access to state-issued photo IDs to those with legal residency. One approach is for states to institute two kinds of drivers' licenses—those with the REAL ID features and those without. Some cities have instituted municipal IDs that require less paperwork to obtain, although they will not aid with boarding flights that require REAL IDs.

Currently, MOIA NYC hosts the largest municipal ID card program in the U.S., which provides city photo identification cards to New York City residents age 14 and up, regardless of immigration status. Access to museums and cultural institutions make the ID card attractive to legal residents and citizens. In a New York City evaluation, municipal ID users reported gaining confidence in interacting with city agencies and engaging in more civic participation.⁶⁸

Immigrant Legal Services Supplemented with Program Referrals

Immigrant legal services can ensure that immigrant families are properly and appropriately referred to services they are eligible for in areas of health and human services. More generally, states or cities can help legal organizations provide special legal services to immigrants, which can include: offering free legal immigra-

tion representation to eligible people, educating immigrants on free services near them, and providing citizenship application assistance.⁶⁹ These referrals, however, should not include the sharing of identifying information across systems. New York State has an especially large program funded specifically to provide legal services to the undocumented (the Liberty Defense Project).

Local Law Enforcement-based Strategies

If local law enforcement is viewed primarily as a route to detention and deportation, trust in public institutions and government agencies may be eroded, including the willingness of families to seek needed public benefit supports for their children. The relationship between local law and federal immigration enforcement has changed during the last decade across administrations. The Secure Communities (S-Comm) program, launched as a pilot by the Bush administration in 2008, allowed participating jurisdictions to run the fingerprints of any arrested individual against ICE's electronic immigration database. If the individual's fingerprints matched with an existing ICE detainer, then local and state law enforcement could detain the individual under "an immigration hold" for an additional 48 hours after their release date.⁷⁰ During the Obama administration, the program was expanded and subsequently suspended. In January 2017, an executive order by the Trump administration called for its reactivation.⁷¹ The Secure Communities program has been controversial because of the detrimental impacts it has had on immigrant communities. To mitigate actual and perceived fear of ICE enforcement on undocumented immigrants, states can decouple federal immigration detention (detainer) and removal proceedings from local law enforcement for different types of offenses. Based on the California Package of Immigrant Integration, Ramakrishnan and Colbern (2015) recommended that states enforce detainers issued by ICE for only Level 1 offenses (e.g., national security violations, homicide, kidnapping, sexual assault, robbery, aggravated assault, and sex offenses).⁷² Localities can enact these policies as well. Transparency and Responsibility Using State Tools (TRUST) Acts and Anti-Detainer Policies can be used to better ensure that only immigrants identified by local law enforcement who commit serious crimes are detained by ICE officers. LA County, San Francisco, and NYC have TRUST Acts established that define what serious crime categories are and contrast to the more minor crime categories.

"Know Your Rights" and Family Preparedness Education

"Know Your Rights" campaigns, issued by faith-based organizations, CBOs, or governor's or mayor's offices, aim to equip immigrants with an understanding of their rights in the context of immigration enforcement when interacting with others in their community, such as local law enforcement, immigration officials, schools, and employers. These same organizations also offer other information campaigns about healthcare services and education to bridge the information

gap between immigrant communities and available community resources. Education workshops or resource fairs can inform immigrants about eligible free health clinics, assistance to help with various legal processes, and safety-net and other programs available to them, regardless of status. These efforts are often helpful for immigrants because they provide information on how to access free legal assistance locally, as well as how to avoid fraudulent immigrant-directed legal help.

The state of Connecticut, for instance, released a Family Preparedness Plan that provides the necessary documents through which parents can designate guardians for their children in case of parental detention and/or deportation. This toolkit can assist families in understanding the designation of parental relation which dictates who can pick up children from school and make minor health care decisions.⁷³ Similarly, in New York, immigrant rights advocates are working on passing a bill to designate a guardian in advance of deportation. States can also create a document that can be easily published online that details immigrant rights. In their Family Preparedness Plan, Connecticut includes a list of rights available to documented and undocumented individuals with specific examples of what to do when ICE comes to their home, or if ICE approaches, detains, or arrests them in the community.

State Legislation Providing Greater Inclusion to Immigrants

Several states have relied on their legislatures to create laws that extend undocumented immigrants' access to higher education and state driver's licenses. Advocates of these types legislative action consider undocumented immigrants' access to tuition benefits as a way to strengthen the state's economy, and access to drivers' licenses as a mechanism to increase public safety. As of May 2017, 12 states, Washington D.C., and Puerto Rico grant driver's licenses to undocumented immigrants. States' approaches to enacting these laws vary, including which government-issued identity documents are needed to be eligible, the application process, and their outreach approaches.⁷⁴ By offering driver's licenses to DACA recipients and other undocumented immigrant residents, states also aim to develop more supportive relationships between immigrant communities and local law enforcement. Owning a driver's license may also ease some of the perceived identification and paperwork barriers to accessing public benefits among the undocumented.

While no federal law prohibits undocumented student access to U.S. higher education, there are some states like Georgia that have passed laws barring these students from their public higher education institutions. Yet the major barrier for undocumented students' access to higher education is financial. Some states have allowed undocumented students to apply and benefit from in-state financial aid. California allows all students, which includes those who are undocumented, to use any combination of elementary and secondary schooling within the state to fulfill a three- or four-year residency requirement which then qualifies them for in-state tuition and/or financial aid. Other states, like Massachusetts, limit their in-state

tuition eligibility to students enrolled in DACA.⁷⁵ In April 2018, Connecticut enacted a law that allows undocumented students to benefit from institutional financial aid at state-run colleges and universities, building on an earlier law granting in-state tuition access to undocumented immigrants.⁷⁶ In addition to increasing access to higher education, some states, such as California, also offer professional licensing in professions such as law or medicine to applicants regardless of immigration status. These types of laws allow undocumented immigrants to practice these professions with only federal individual tax identification.⁷⁷

Employment and Housing Protections

Effective communication regarding and the enforcement of state laws regulating work conditions and housing can protect undocumented workers as well as immigrants more broadly, by penalizing discrimination based on legal status, citizenship, or language.⁷⁸ As such, they can engender some source of confidence that laws governing economic and social practices within these major spheres in which all individuals are applied for the benefit of all residents, and potentially similarly that as a matter of law and administrative practice public benefit programs are meant to serve and protect all who are eligible for those services.

Wage laws can also work to protect undocumented immigrants from the very high levels of wage theft they experience, or from workplace infractions where employees do not receive their legal wages (i.e. minimum or overtime wages).⁷⁹ Although not all undocumented immigrant workers are aware of it, they fall under the umbrella of current minimum wage laws. A 2009 study of workers in three major cities whose sample consisted of 38 percent undocumented workers found that more than a quarter of the workers in their sample were paid less than the minimum wage, with higher concentration of violation rates for female undocumented immigrants.⁸⁰ Yoshikawa (2011) found similar results in a New York City study; 31 percent of Mexican fathers (group with higher rate of undocumented status) in this sample earned less than the minimum wage, compared to 11 percent of Dominican fathers (a group with lower rates of undocumented status) and 5 percent of African American (group with no undocumented persons) fathers.⁸¹ The same study suggested that wage growth, on the other hand, can increase early cognitive skills for children in immigrant families.

Thus, certain state campaigns to regulate work conditions for all workers are particularly helpful for undocumented immigrants and their children. One example is the implementation of policies that allow third or anonymous parties to file unpaid wage claims, which Colorado and California have implemented. Some states like New York have enacted laws that allow third party claims and require the state's Department of Labor keep the complaining workers' identity confidential. New York's Wage Theft Prevention Act also requires written notices in the employee's home language of pay rates and policies of an employer; provides penalties for retaliation or threats of retaliation, and responsibilities for damages up to 100% of the unpaid wages.⁸²

States can also place bans on local landlord ordinances that discriminate

based on immigration status. AB 291 in California prevents landlords from reporting undocumented immigrants to immigration enforcement officials or disclosing their status. It also penalizes landlords if they attempt to influence a tenant to vacate based on the individual's immigration status. Policies similar to this one would allow undocumented individuals to safely engage in the process of renting a home.⁸³

Data Systems to Support Mitigating Strategies

Data can track the needs of immigrants in mixed-status families in this time of exclusion and crisis. One clear kind of data that can track enrollment changes (e.g. precipitous declines) is that of child-only SNAP cases. These cases have a relatively high proportion of children in mixed-status families. Declines in enrollment in SNAP among this population may be a signal of exclusion. Such data can be disaggregated by county and analyzed according to immigrant concentration. As a rough proxy other data on enrollment (e.g. changes in Head Start or child care subsidy uptake enrollment) could also be examined by geographic areas with varying immigrant concentrations.

Summary

In sum, although this review indicates that quite a few possible mitigating strategies exist (see Table 1 for the summary of mitigating strategies), it is challenging to create, implement, build support, and diffuse these strategies. A collaborative approach among community stakeholders, policymakers, and immigrant individuals ensures that resources are aligned and maximized. As suggested by Colbern and Ramakrishnan (2016), any strategy to mitigate the detrimental impacts of anti-immigrant sentiments and increased immigration enforcement should prioritize the local concerns of immigrant community members. In the case of informational campaigns like “Know Your Rights”, it is helpful to gauge the information gaps unique to each local community and customize the design of programs. Many successful mitigating strategies, such as the CT Family Preparedness Plan, were the result of a process of collaboration between governmental offices, immigrant advocacy groups, and undocumented family members.

A successful alignment of resources also requires adequate government infrastructure, which Offices of Immigrant Affairs can help spearhead. CBOs can also facilitate the implementation of mitigating strategies because they often have established community networks that can provide legal, health, and financial resources to further support immigrant families. This is also an excellent way to connect policymakers with grassroots organizations, which facilitates funding and legislation. Finally, state legislation around higher education tuition benefits and driver's licenses serve as examples of focused and organized efforts between CBOs, the broader community, and government officials.

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Ajay Chaudry, Ph.D. is a research scholar at New York University's Institute for Human Development and Social Change and the Robert F. Wagner Graduate School of Public Services. He conducts policy research and analysis on child poverty, children's well-being and development, the social safety net, and immigration. Chaudry served as Deputy Assistant Secretary for Human Services Policy at the U.S. Department of Health and Human Services (2012-15) in the administration of President Barack Obama, and as Deputy Commissioner for Early Childhood Development at the NYC Administration for Children Services (2004-06). He has also been a Senior Fellow & Director of the Center on Labor, Human Services, and Population at the Urban Institute (2007-12), faculty member at the New School for Social Research School of Management and Urban Policy (1992-2004). He is the author of *Putting Children First: How Low-wage Working Mothers Manage Child-care*, and co-author of *Cradle to Kindergarten: A New Plan to Combat Inequality*.

Sarah A. Rendón García is a fourth-year doctoral candidate in education, concentrating in Human Development, Learning, and Teaching, at the Harvard Graduate School of Arts and Sciences. In her research she employs a social-emotional learning framework and dual-generation approach to examine the well-being of families originating from Latin America and impacted by immigration status. Her dissertation focuses on the relationships between child development, the caregiver-child relationship, and children's understanding of immigration status. Prior to enrolling at Harvard, she worked for Child First, an early childhood, home visiting program in Connecticut. She was also actively involved in youth community work through her local Horizons Enrichment High School Program and Connecticut Students for a Dream. Sarah holds an Ed.M. in Prevention Science and Practice from the Harvard Graduate School of Education and a B.A. in Psychology and French from College of the Holy Cross.

Heather Koball, Ph.D. is the acting director of the National Center for Children in Poverty and assistant professor in the Mailman School of Public Health at Columbia University. In her 20+ year career, she has focused on actionable research on the impact of state policies on low-income families and children. Her current focus is the impact of immigrant-relevant state policies on the well-being of children of immigrants. She recently led a large qualitative study, funded by the U.S. department of Health and Human Services, of the well-being of U.S. citizen children across the U.S. whose immigrant parents have been deported. Her other areas of research include the implementation of state paid family leave laws, access to services among people with intellectual and developmental disabilities, and the interaction of public benefits within the social safety net. Prior to joining Columbia, Koball was a Senior Fellow at the Urban Institute and a Senior Researcher at Mathematica Policy Research.

Trenel E. Francis is a third-year doctoral student in the Psychology and Social Intervention (PSI) program at NYU Steinhardt School of Culture, Education, and Human Development, Department of Applied Psychology. Her current research interests include exploring and understanding parental academic expectations, parental involvement, and other academic socialization practices among racial-ethnic minority and immigrant families with an anti-deficit lens. Specifically, in her work, she examines how these parental expectations, beliefs, and practices influence adolescents' academic outcomes. At NYU, Trenel works alongside Dr. Diane L. Hughes on a longitudinal, mixed methods study that explores how early adolescents learn race. Trenel has a Bachelor's of Science with Honors in Human Development and minor in education from Cornell University.



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